Safe at Home: Experiences, Barriers, and Access (The SHEBA Project)

Research Report
November 2024

Acknowledgement of Country and Aboriginal & Torres Strait Islander peoples

The SHEBA Project team recognise Aboriginal and Torres Strait Islander peoples as the First Nations' People of Australia. We acknowledge the Traditional custodians of the unceded lands on which we undertook this research, and on which we live and work each day, the Wurundjeri Woi-Wurrung and Bunurong peoples. 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.

Acknowledgement of Lived Experience & Victim/Survivors

The authors and team would like to acknowledge and thank those women with lived experience who have contributed so generously 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, and we wish to acknowledge their contribution.

Dedication

We would like to dedicate this Report to all women and children who find ways to be safe while living with or escaping abuse. We hope this Report contributes to those steps to safety.

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Accompanying resources

Please visit https://vawc.com.au/the-sheba-project-safe-at-home-experiences-barriers-and-access/ to access the following accompanying resources:

Comprehensive evidence review
Breckenridge, J., Dubler, N., Lyons, G., & Suchting, M. (2024). *Safe at Home Victoria – Evidence Review.* Gendered Violence Research Network, University of New South Wales.

Knowledge Translation Report and Practice Guidance
Isobe, J., Diemer, K., & Humphreys, C. (2024). *Safe at Home: Experiences, Barriers, and Access (The SHEBA Project) – Knowledge Translation Report and Guidance.* University of Melbourne.

Policy Brief
Isobe, J., Diemer, K., & Humphreys, C. (2024). *From safety that supports surviving to safety that supports thriving - Safe at Home: Experiences, Barriers, and Access (The SHEBA Project) Policy Brief, November 2024.* University of Melbourne: Melbourne, Australia.

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> ***Some people may find parts of this report distressing. If you would like to talk to someone, you can call:***
> 1800 RESPECT – 1800 737 732
> Lifeline – 13 11 14

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Abbreviations and acronyms

ACCO	Aboriginal Controlled Community Organisation
AFM	Affected family member
ANROWS	Australia's National Research Organisation for Women's Safety
CSO	Community Sector Organisation
DFV	Domestic and family violence
DVV	Domestic Violence Victoria
FSP	Flexible Support Package
FSV	Family Safety Victoria
FVIO	Family Violence Intervention Order
IVO	Intervention order
KWSITH	Keeping Women Safe in Their Homes
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual, plus
MBCP	Men's behaviour change program
NDIS	National Disability Insurance Scheme
ORS	Outcomes Rating Scale
PDA	Personal duress alarm
PLS	Plain Language Statement
PSI	Personal Safety Initiative
PTSD	Post-traumatic stress disorder
TOD	The Orange Door
UNSW	University of New South Wales
UoM	University of Melbourne
WEAVERs	Women and children who have Experienced Abuse and Violence: Advisors and Researchers

Executive Summary

Introduction

In Victoria, policies and responses to family and domestic violence have progressed to support victim/survivors to live safely in the home of their choice by creating deterrents for the abuser to breach an intervention order and come to the home. The Universities of Melbourne and New South Wales (NSW), and McAuley Community Services for Women (McAuley) have been progressively building a body of knowledge on the requirements to deliver a comprehensive Safe at Home response for adult and child survivors of family violence in Victoria. The Safe at Home: Experiences, Barriers, and Access (SHEBA) research project was designed to build on this foundational knowledge base and identify gaps related to key mechanisms such as Personal Safety Initiatives (PSI) and use of Flexible Support Packages (FSP). The specific research aims were to hear from women who have used PSIs and staff coordinating the Safe at Home response to better understand:

1. Key components of an effective Safe at Home response

2. Facilitators and barriers to implementing an effective safe at home response

3. Evidence of how Safe at Home responses can be adapted to ensure the safety of victim/survivors to accommodate: a) emergency or disaster settings; and b) diverse population groups

4. Gaps in the current Safe at Home service provision for women in Victoria

Methodology

A qualitative research model was designed comprising four sample groups including: 1) victim/survivors with lived experience of PSI and Safe at Home responses; 2) practitioners delivering PSI;3) PSI and FSP Coordinators; and 4) policy workers. All project elements were informed by feminist intersectionality (Grabe, 2020) and using participatory action research methods to mitigate the disadvantage created by interlocking structured discriminations (McKibbin et al, 2015). All elements of the research design and analysis were informed by a panel of Experts by Experience (DVV & UoM, 2020).[1] Preliminary findings were workshopped with WEAVERs to ensure researchers' interpretations were meaningful in honouring the messages shared by women with lived experience, and insights from this discussion were used to inform the discussion and recommendations included in this report.

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[1] Ethical clearance obtained through the University of Melbourne (Ethics ID: 24921).

Key findings and recommendations

The project identified considerable benefits in the existing programs. Recommendations provided in this report provide opportunities to enhance the response and assist both victim/survivors and program staff with smoother and more timely service navigation and delivery.

Identifying the key components of effective Safe at Home responses was a primary research aim of this project. Twelve key components were identified through synthesis of findings from the evidence review, direct feedback from project participants, and research findings relating to key phases of service access and delivery.

A total of 62 recommendations for policy development or service provision have been made across the 12 components. This structured set of recommendations highlight opportunities to strengthen Safe at Home in Victoria and can be found in Section 6.2 of the report.

Each key component is presented in the following pages, with summaries of the overarching 62 recommendations. All recommendations have been written with the intention of fulfilling one of the research project aims of: removing access barriers; strengthening the program; filling service gaps; and improving access for diverse client groups.

Key Component 1	Support towards affordable, secure and stable housing as part of homelessness prevention.
Summary of recommendations	Recognise and resource Safe at Home as a homelessness prevention strategy including: • Expansion of available emergency accommodation • Increase the variety of short- and long-term financial relief mechanisms available to victim/survivors • More strongly link policies for alternative accommodation for the person using violence with Safe at Home aspects supporting victim/survivors.

Key Component 2	A range of accessible specialist family violence services offered over time as part of the response.
Summary of recommendations	Increase multi-sector awareness, knowledge and contributions towards Safe at Home responses. Including health, education and workforce sectors may provide improved long-term outcomes for clients. Increase the length of case support periods to enhance service support bridging short-term priorities and long-term recovery.

Key Component 3	Local partnerships and collaboration providing strong service coordination to address safety risks, stability needs and sustained wellbeing.
Summary of recommendations	Develop models to consistently support victim/survivors to apply for FVIOs and navigate criminal justice processes, including: • Timely access to legal aid support and advice.

Key Component 4	Program responsiveness through streamlined processes and flexibility to adapt service provision.
Summary of recommendations	Increase the number and EFT of PSI and FSP coordinator roles and support mechanisms to reduce administrative burden and streamline program delivery, including: • Develop and fund specialist coordinator and administrative roles; • Ring fence funding to support administrative processes; • Invest in specialist family violence workforce across crisis and non-crisis responses; • Consider funding support for a check-in/review point for victim/survivors following case closures to reduce risk of re-entry into the homelessness system; • Streamline the PSI applications process with specific attention towards minimising approval delays; • Monitor aspects of PSI and Safe at Home that are possible, feasible and effective in disaster and emergency contexts.

Key Component 5	Receive specific funding for components of the response, indexed to economic and contextual changes over time.
Summary of recommendations	• Review and indexing of FSP and PSI package funding informed by specific contextual analyses; • Exploration of separation of PSI and FSP funding; • Revision and extension of funded monitoring periods for PSI components incurring ongoing costs.

Key Component 6	Clients have a voice in decision-making to ensure that responses are accessible to, informed by, and empowering of diverse victim/survivors.
Summary of recommendations	• Investment and development of accessible and in-language client-facing resources; • Increased victim/survivor voice in decision-making and through review processes for policy; • System and policy authorisations to create and enhance opportunities for victim/survivor agency and expertise informing Safe at Home responses.

Key Component 7	Include children and young people as victim/survivors in their own right, with components to support their safety, wellbeing and recovery.
Summary of recommendations	Training and ongoing development of staff to support children and young people as victim/survivors in their own right when considering Safe at Home. • Develop guidance around PSI and the use of FSPs for young people; • Develop resources to support children in understanding service responses including PSI; • Develop young person peer-support; • Include schools and education settings in risk assessment and management supporting children; • Ensure alignment between child safety responses, family law court decisions, and court orders; • Further research to hear from children directly about their needs and understanding of Safe at Home responses.

Key Component 8	Focus on reducing risk and increasing victim/survivor safety through a suite of integrated responses.
Summary of recommendations	• Inclusion of specifically funded digital safety assessments and audits in PSI; • Support practitioners to respond to technology-facilitated abuse, including signs of mal/spyware, and refer into specialist services; • Consider creation and funding of technology-focused roles within specialist family violence services; • Work with justice to recognise and include technology-facilitated abuse in FVIOs; • Greater attention to coercive control when planning Safe at Home strategies; • Increased investment and provision of legal advice for victim/survivors to retain access to their home; • Training for key technology providers.

Key Component 9	Attend to safety concerns arising from multiple, changing forms of violence used within different family contexts.
Summary of recommendations	• Review and development of PSI and Safe at Home policy responding to adolescent violence in the home. • Increase alternative housing for young people; • Earlier and coordinated interventions to address intersecting issues for young people before a crisis point; • Expand eligibility criteria for PSI to include provisions for homes unknown to people using violence.

Key Component 10	Work alongside interventions with people using violence as part of a holistic response connecting safety and accountability.
Summary of recommendations	Stronger policy attention and practice implementation supporting information sharing across sectors to keep perpetrators in view including: • Targeted policy mechanisms to strengthen criminal justice and statutory responses • Active, family violence-informed policing, including increased numbers and availability of Family Violence Liaison Officers • Work collaboratively to ensure FVIOs applications for non-physical violence are taken seriously and there are consistent responses to all FVIO breaches.

Key Component 11	Provide cultural safety and cultural authority through intersectional service provision supporting diverse needs.
Summary of recommendations	Review of PSI Guidelines considering requirements and centrality of FVIOs and interaction with police and criminal justice systems. • Consider tailored, community-led programs to support Aboriginal victim/survivors, including funding for a dedicated state-wide Aboriginal PSI Coordinator role; • Improve policy to support flexibility in implementation for specific cohorts; • Provide increased resources for multilingual and in-culture services; • Capacity building mainstream services towards enhanced cultural safety and service provision inclusive of culturally specific Safe at Home strategies;

Key Component 12	Informed and improved by iterative data and evidence generation, capacity building and collaborative working.
Summary of recommendations	Update the PSI Guidelines in line with FSP Guidelines including: • Specific consideration of eligibility criteria; • Clarity of roles and responsibilities in delivering PSI; • Minimum standards for technology components including functionality aspects Continue and improve data collection and reporting of FSP and PSI program to inform policy and program development. including establishment of feedback loops among PSI practitioners and coordinators.

Conclusion

This research identifies firstly that the Safe at Home response is a highly valued component of the Victorian Family Violence sector response. It provides important bridging resources for women moving from crisis accommodation to a home in the community. The findings provide critical directions for improvement and modifications ensuring women and children seeking to live safely in the home of their choice are sufficiently protected from family violence, and service providers are sufficiently resourced to respond in a timely way.

1. Introduction

1.1. Experiences of family violence

In Victoria, 703,300, or more than a quarter (27%) of women have experienced family violence by an intimate partner or family member in their lifetime. Nearly all these women (85%) reported this violence was perpetrated by an intimate partner (ABS, 2023).[2] 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). Nearly a quarter of women who experience violence from a previous partner reported sufficient anxiety or fear that they installed security devices (24%), and just over 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).

Just under a third of women experiencing violence from their current partner (30%) and almost 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%), almost a third (30%) relocated to another property, and more than 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).

1.2. Safe at Home responses

These experiences of dislocation and instability have far-reaching impacts for victim/survivors' lives beyond immediate safety concerns. In response to these destructive experiences of dislocation, policy and services responding to family violence in Victoria and Australia have progressively prioritised 'Safe at Home' responses, including through a specific recommendation to 'support victims to safely remain in, or return to, their homes and communities' (Recommendation 13) from the Royal Commission into Family Violence (State of Victoria, 2014-2016). A lack of shared understanding of what 'Safe at Home' responses consist of was identified and addressed in 2021 with the development of the Safe at Home Operational Framework (GVRN, 2021), and a national definition.

> **Defining Safe at Home responses**
> *'Safe at Home responses are broadly defined as:*
>
> > *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.'*
>
> **(GVRN, 2021, p.10)**

1.3. Safe at Home research and response development

The Universities of Melbourne and NSW, and McAuley Community Services for Women (McAuley) have been progressively building a body of knowledge on the requirements to deliver a comprehensive Safe at Home response for adult and child survivors of family violence in Victoria. In 2021, McAuley, concerned about growing numbers of women entering the homelessness system because of family violence, convened a Victorian Safe at Home Working Group. Interested stakeholders included Victoria Police, courts, family violence, legal services and men's services. The Group came together to explore barriers and facilitators of a 'Safe at Home' approach and developed a comprehensive systems map. The University of Melbourne and UNSW were key members of this Working Group, which committed to continuing to meet and collaborate on addressing service gaps and identify areas of incomplete knowledge. The work of Professor Breckenridge on the national safe at home audit (GVRN, 2021), and analysis of Victoria's Personal Safety Initiative (PSI) response were central to this bank of developing knowledge. McAuley also conducted three initial pieces of research to understand the issue further (the McAuley Safe at Home project):

1. McAuley consulted with a small group of lived experience survivors of family violence and/or homelessness to gain insight into their 'safe at home' experiences.
2. Data on the connection between family violence and homelessness was analysed to identify trends over time and missing areas of data.
3. A social work student research placement with Melbourne University explored the views of frontline workers (Soraghan et al, 2022).

These pieces of work yielded considerable insights into 'safe at home' barriers and facilitators and pointed towards areas requiring greater understanding to inform both policy and practice particularly in relation to the details of the implementation of PSIs and victim/survivor experiences.

The *Safe at Home: Experiences, Barriers and Access* (SHEBA) research project was designed to build on this foundational knowledge base. The following aims for the SHEBA Project drew from the Victorian Personal Safety Initiatives Program (PSIs) and existing research to identify:

A. Facilitators, barriers and pathways to uptake and reach of PSIs including in emergency situations and disaster settings;
B. Impact of PSIs on short and long-term safety;
C. Safety needs not met by PSIs, other system responses, and identification of other barriers to keeping adult and child victim/ survivors safe at home.

Specifically, the research aimed to hear from women who have used PSIs and gain insight on the facilitators, barriers and effectiveness of the measures that were put in place. It also aimed to hear the perspectives of practitioners about the service system enhancements that could increase access, reach and effectiveness of PSIs. The following research questions guided the project:

1. What are the key components of an effective Safe at Home response?
2. What are the facilitators and barriers to implementing an effective safe at home response?
3. Is there evidence of how Safe at Home responses can be adapted to ensure the safety of victim/survivors: a) in emergency or disaster settings; and b) from diverse population groups?
4. Are there gaps in the current Safe at Home service provision for women in Victoria?

Specific sub-questions were addressed to each group of participants described in Section 4, available in Appendix A. In the next section, we provide additional background to the Victorian Safe at Home response, including two key programs: the Personal Safety Initiative (PSI), and Flexible Support Package.

2. Background to the current Victorian Safe at Home response

In Victoria, Safe at Home includes a suite of state-based service responses to support adult and child victim/survivors. Case management, brokerage and perpetrator accommodation can all be identified alongside two primary programs: Personal Safety Initiatives (PSI) and Flexible Support Packages (FSP).

2.1. Personal Safety Initiatives

PSI is a non-crisis response that utilises property modifications, technology, safety and security items to support victim/survivor safety concerns and to contribute to perpetrator risk management and justice responses. An initial trial of PSIs was conducted in 2015 in Inner and Outer Eastern Melbourne and Inner Gippsland, which established that victim/survivors of family violence had an increased sense of safety and there was a decrease in breaches of intervention orders by the person using violence. As part of the trial, victim survivors were provided with case management, safety audits and installation of technology such as CCTV and alarm systems, personal safety devices and ongoing monitoring and support of technology by a security provider. PSIs are now delivered across Victoria, funded through the FSPs (see below) and are an identifiable component of a suite of family violence services that can be combined to provide a Safe at Home service.

PSI provision is guided by the Personal Safety Initiative Operational Guidelines (Victorian Government, 2019). In this section, we have quoted from these Guidelines to provide context for subsequent discussion, while recognising that at times, policy as written may differ from policy in practice.

> *'PSIs include both safety and security audits and any security responses (including technology) or property modifications implemented on the basis of audit recommendations.' (Victorian Government 2019, p2).*

While there is some professional discretion available to practitioners, generally the eligibility to receive a PSI includes the following (Victorian Government, 2019, p.16-17):

- Have recently experienced, or be experiencing, family violence, as defined in the Family Violence Protection Act 2008
- Have received a comprehensive risk and needs assessment, aligned with the MARAM Framework
- Be receiving case management support, from a specialist family violence agency or related agency (such as a housing service or Child Protection) that identifies how a PSI response will address safety and security goals and sustainably assist in managing family violence related risk
- Meet the eligibility criteria for a family violence Flexible Support Package
- Have, or be in the process of applying for, a Family Violence Intervention Order (FVIO) with exclusion conditions* (victim survivors cannot receive a PSI response while cohabiting with the perpetrator)
- Provide informed consent for a PSI response.

Additionally, there are assessments that the PSI is financially sustainable in the long term; and that if it is not safe for victim survivors including children to be safe in their home that alternative emergency accommodation options are provided. It is expected that the process is undertaken over a 3-month period, at which point the PSI initiatives are reviewed and the case is usually closed.

Figure 1: Personal Safety Initiative (PSI) pathway - flowchart (FSV, 2024, p.21)
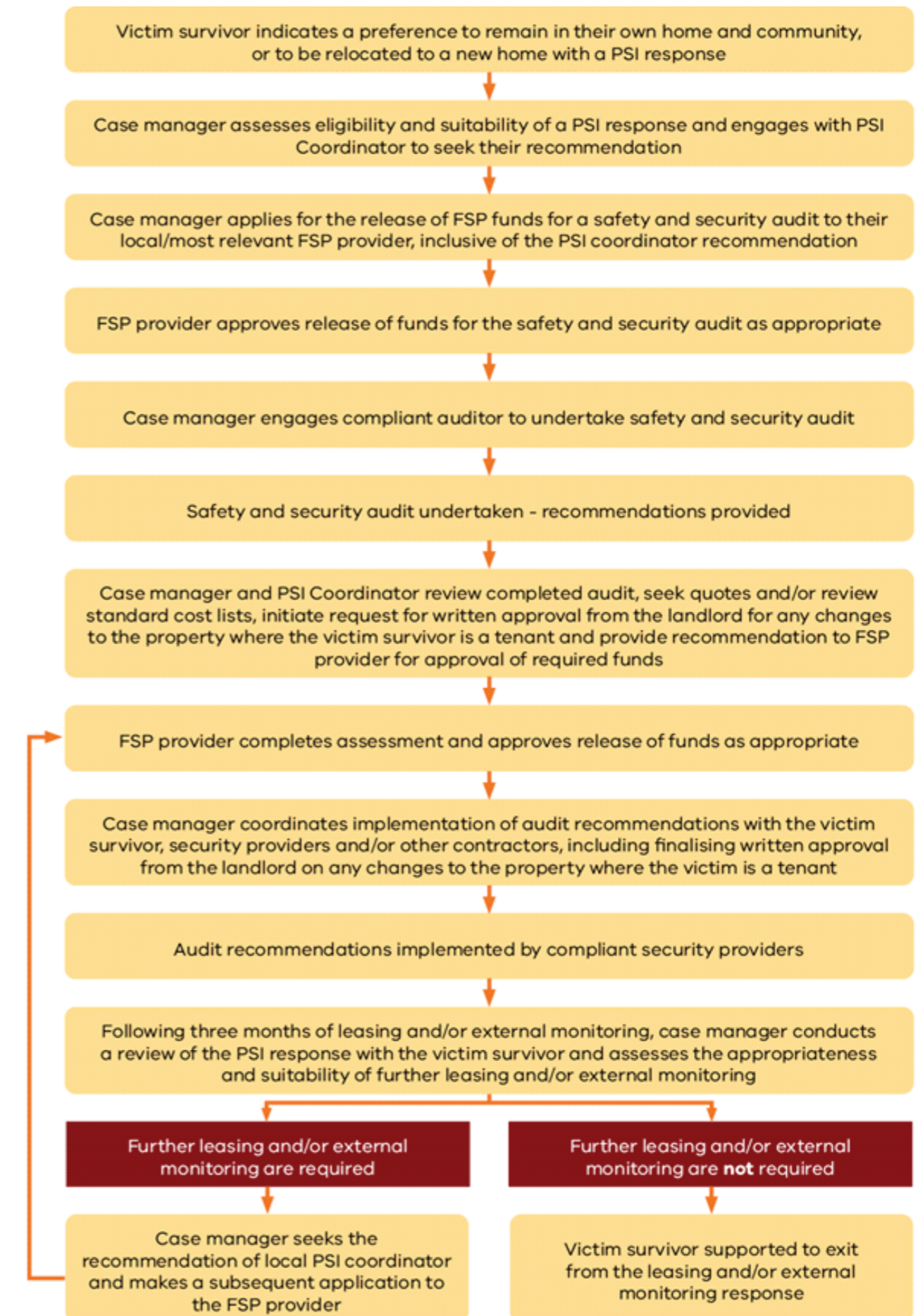
The PSI is seen to have three purposes: to keep women and children safely in their own home; to deter the breach of intervention orders; and to gather evidence of the tactics of abuse and violence that continue to be used. PSIs are delivered by case managers, PSI coordinators, and FSP providers through the steps outlined in Figure 1. The Guidance (Victorian Government, 2019) is clear that the PSI is not a crisis response as it takes time to access a case manager, organise and conduct a safety audit, arrange installation of security supports, and initiate or receive an intervention order. The Guidance outlines 10 steps from the survivor's initial agreement to use the PSI process through to final installation of technology and security support for their safety (Victorian Government, 2019, p. 27 – see Figure 1). In the interim, immediate safety supports such as new locks, fixing broken windows, and basic security can be installed within the FSP framework or through crisis brokerage, outside the slower PSI process (for example, through The Orange Door network).

2.2. Flexible Support Packages

Flexible Support Packages are delivered though family violence case management, and provide access to a range of flexible, tailored and practical supports for victim/survivors. The Flexible Support Package Program Guidelines (Victorian Government, 2024) state:

Flexible Support Packages (FSP) aim to deliver personalised and holistic responses to assist adult and child victim survivors experiencing family violence to transition from crisis, and establish long-term sustainable arrangements to improve their safety, wellbeing and independence in recovery from family violence.

Individualised packages provide flexible brokerage to victim survivors to purchase a range of tailored and practical supports based on their case management/support plan. This may include counselling, wellbeing, education, employment, financial counselling, transport, housing stability, financial security, and other

practical or material needs (Victorian Government, 2024, p. 5).

Across Victoria, FSPs are administered through organisations who hold FSP funding and who receive and assess applications made by family violence case managers on behalf of victim survivors. These organisations are known as 'FSP providers' and include a mix of specialist family violence services, Aboriginal Controlled Community Organisations (ACCOs), and organisations delivering targeted family violence support services to culturally and linguistically diverse and LGBTQIA+ communities (Victorian Government, 2021). The Flexible Support Package providers are critical in facilitating the gateway for victim/survivors to FSP support and PSIs through the appointment of a case manager for assessment of risk and support needs. A significant issue currently facing the specialist domestic violence sector are the issues of demand and the pressures on a workforce where there are significant vacancies and difficulties with staff retention (Longhurst, 2023). Wait times for case management support were reported to average 1-3 months with 22% reporting an average period of over 3 months (Longhurst, 2023, p.11).

Figure 2: Flexible Support Package (FSP) pathway - flowchart (FSV, 2024, p.20)

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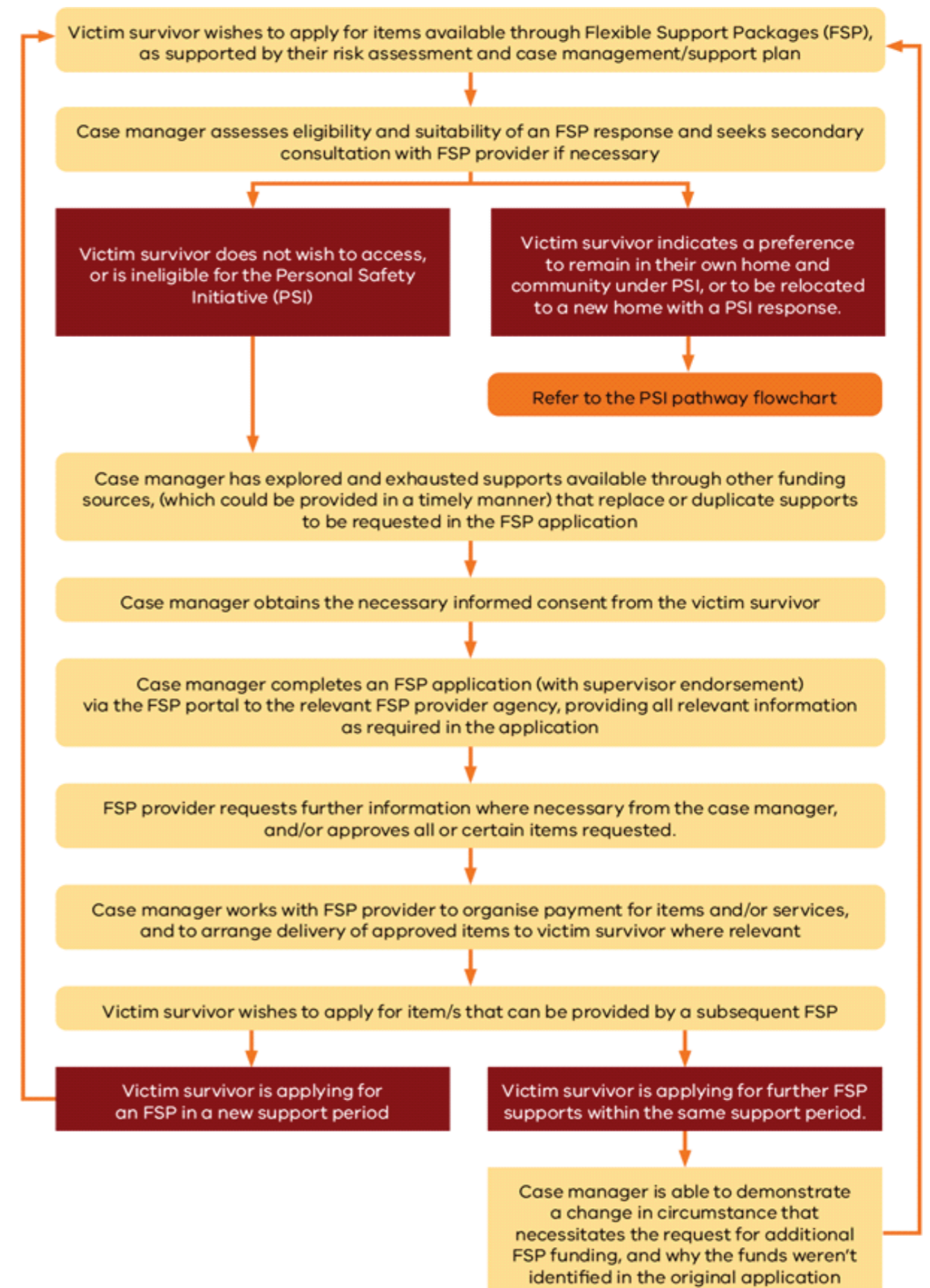
3. Literature Review

As the first component of the SHEBA Project[3], an evidence review was undertaken by Jan Breckenridge and her team at University of NSW. A brief summary is provided below[4], including findings extracted from the review relating to key components of a Safe at Home response.

Of the 34 studies included in the Review, only six focussed specifically on Safe at Home programs and responses (Diemer, Humphreys & Crinall, 2017; Bignold, 2020; New Zealand Ministry of Justice, 2017; Soraghan, Bignold, Humphreys, Grgat & Kan, 2022; Breckenridge, Chung, Spinney & Zufferey (2015); Gender Violence Network (2021). The remaining 28 articles addressed DFV service responses more broadly, and specifically related to at least two of the four pillars identified in the meta-analysis of Safe at Home approaches commissioned by ANROWS (Breckenridge et al, 2015). These four pillars provide the principles for understanding Safe at Home responses across diverse programs in different states of Australia. They include: A focus on maximising women's safety; A coordinated or integrated response; Safe at Home as a homelessness prevention strategy; Recognition of the importance of enhancing women's economic security.

Overall, the largest focus area which emerged through the Review was housing security, with 12 articles exploring housing-related needs during and after DFV separation (35%). Other relevant areas included service integration (n=5; 15%), economic support (n=2; 6%), safety for women (n=2; 6%), perpetrator interventions (n=4; 12%), COVID-19 affecting experiences of seeking support for DFV (n=4; 12%), and assistance with family law procedures (n=1; 3%).

An issue identified in the Safe at Home Meta-Evaluation (Breckenridge et al, 2015) was that there was no common or agreed upon definition or criteria of Safe at Home programs in the literature. The Safe at Home Operational Framework (Gender Violence Research Network, 2021) provided the most robust and well-rounded definition and structure for programs as well as mapping the Safe at Home services in each Australian jurisdiction. The other five articles which focus on Safe at Home either evaluated specific programs (New Zealand Ministry of Justice, 2017) or looked at select program elements such as housing outcomes (Soraghan et al, 2022), ouster provisions and protection orders (Diemer et al, 2017), and technology (Gendera et al, 2019).

An evaluation of the Keeping Women Safe In Their Home (KWSITH) Technology Trials, a technology-based initiative delivered as part of a suite of responses provided by four DFV specialist services in Queensland, found overall positive outcomes for clients (Gendera et al, 2019). The trial program elements included home and personal security, risk assessment, safety planning and technology-driven solutions such as 24/7 security monitored personal duress alarms (PDA), security cameras, and conducting of property and/or cyber audits. The program was regarded positively by staff and clients interviewed for the audit, and outcomes data showed improvements for a majority of clients who engaged in the trial. Client survey data showed that most respondents who had been issued with a security camera reported increased feelings of safety (84.5%) and increased child's safety (71.8%), and a majority of respondents issued with a PDA reported increased safety (84%), and increased child's safety (80%).

While the Technology Trials showed promising results in the provision of technology support, the evaluation found ongoing issues with technology provision in the Queensland Safe at Home response, including issues with usability and reliability of technology, high IT and technical knowledge required by service providers, privacy concerns, and

the perpetrator using the technology to harass the client. The research suggests that while technology can be an important tool to improve safety, it cannot guarantee safety for women and families because partners and/or family members may choose to continue to perpetrate violence and abuse regardless of whatever technology is implemented (Gendera et al, 2019; Soraghan et al, 2022). While perceived to be effective, both studies conclude that technology options should not be treated as a standalone Safe at Home response.

One empirical study from Victoria focussed on client decision making about accommodation options and the role of civil protection orders in supporting women and children who are engaged in the Safe at Home program, living separately from the perpetrator (Diemer et al, 2017). Implementing a questionnaire to a sample of 138 heterosexual women accessing domestic violence support services, the study found 69% of women had a current protection order, with 77% of these women also having an exclusion order. The study found that only a minority of women (26%) reported that the abuse stopped after obtaining the order and the level of breaching was high particularly for women who remained in their homes and did not relocate. Yet despite a high level of breaching and continued abuse, most women reported feeling safer after gaining a protection order, although a majority of women did not believe the protection order would keep them safe long-term (Diemer et al, 2017).

The focus on housing security in the context of client choice identified a number of both barriers and facilitators of safety. A qualitative study exploring practitioner perspectives on housing outcomes for clients found that central to effective Safe at Home provision was client choice (Soraghan et al, 2017). In interviews with 11 frontline Safe at Home workers in rural and metropolitan settings in Australia, the participants emphasised that remaining in the home should be a choice, although control of the decision to stay or leave the home was often removed from the client's hands as a result of perpetrator behaviour, housing affordability, worker perceptions

of a lack of safety, and housing system flaws. The study noted that some women choose to move due to distressing memories associated with the house, as well as fear of the perpetrator if they remained in their shared home. Along with ensuring clients have a choice in their housing situation, the article emphasised the critical role the Police can play in an effective Safe at Home response which could directly affect both safety and housing decisions (Soraghan et al, 2017).

The New Zealand based Safe at Home program, The National Home Safety Service – WhŌnau Protect offered adult and child victim/survivors the option of remaining in the family home. The program offered a six-month service that included monitored safety alarm and home safety upgrades such as lock changes, security lights, window, and door repairs. The evaluation found overall positive outcomes for clients (New Zealand Ministry of Justice, 2017). Specifically, the program was extremely highly regarded by clients and staff, with service success attributed to four key areas: responsiveness; interagency collaboration with police and other agencies; strong relationships with contractors; the complementary nature of the technology upgrades (monitored alarm) and physical safety upgrade (New Zealand Ministry of Justice, 2017). Staff praised the robust referral and assessment processes and the risk assessment tool as an effective mechanism for determining eligibility. However, some staff suggested that the eligibility criteria should be relaxed to include both high risk and medium risk clients.

Framed in the context of the four Safe at Home pillars (Breckenridge et al., 2015), Box 1 presents the key components of an effective Safe at Home response identified in the literature (Breckenridge et al., 2024, p.8; emphasis original).

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[3] See Section 4 of this report for details about how this review is situated within the overall project.
[4] The full Review can be accessed at: https://vawc.com.au/the-sheba-project-safe-at-home-experiences-barriers-and-access/

Box 1: Key components of an effective Safe at Home response, identified in the literature

- **Receive specific funding** contributing to one or more components of the SAH response
- **Ensure DFV services are offered** to the client as part of or in addition to the response
- **Provide access to housing support** to prevent women entering or remaining in specialist homelessness or supported accommodation
- **Ensure women remain safely** in independent accommodation of their choice
- **Focus on women's safety** as part of or in addition to the response, in particular, criminal justice strategies, consistent risk assessment processes and safety planning, security upgrades and innovative technologies used to increase safety and reduce risk
- **Encourage local partnerships** and provide strong service coordination
- **Work alongside perpetrator interventions** as part of a holistic response to support victim/survivor safety
- **Listen and respond to the needs of children**, including their need for physical safety, emotional wellbeing, relationship support and trauma-informed recovery services
- **Provide cultural safety and cultural authority** and address intersectional and specific needs of different population groups
- **Integrate technology-driven solutions as one component** of a suite of safety responses ad not as a sole or primary intervention
- **Ensure clients have a voice in decision-making**
- **Prioritise responsiveness** as a key program element, including timely referral and assessment, and flexibility to respond to changing circumstances.

Key barriers of an effective Personal Safety Initiative identified in the literature

- **Limited case management support periods** for risk assessment and technology and security upgrades to be conducted.
- **Intervention order focus on physical violence**, with other forms of violence and abuse that may affect housing stability (e.g., economic and financial) less prominent.
- **PSI accessibility for gender-diverse, trans and same-sex** attracted women.
- **Lack of focus on homelessness prevention** in case management.
- **Perpetrator risk and patterns of behaviour determining the suitability of a PSI** response for victim/survivor, and the importance of including clients in decision-making.

Key findings relevant to the SHEBA Project and Victorian Safe at Home response include

- **Responsiveness in service responses**, and in the context of PSI as a non-crisis response, which is potentially impacted by issues relating to wait times and compromised housing.
- **Applicability of the current Safe at Home response to Aboriginal and Torres Strait Islander communities and cultural contexts**, particularly relating to Family Violence Intervention Order eligibility criteria and co-habitation between victim/survivors and perpetrators of family violence.

Systemic issues affecting the broader DFV sector integration and collaboration

- **Housing stability can be affected by permissions** being denied for installation of safety and security items for rental properties, even if case management includes support to seek these permissions.
- **The Victorian housing crisis** and limited public housing availability
- **Information sharing related to the perpetrator's location,** including releases from prison of postponed hearing dates, may not be provided to victim/survivors where communication breakdowns occur between Police and service providers.
- **Advice and support relating to legal processes** and aid is lacking.

The Review highlights specific issues associated with different programs for Safe at Home responses and identifies the principles (pillars) associated with Safe at Home programs across Australia and elsewhere. It also identifies that research in this area is still at an early stage with only a small number of targeted programs and evaluations. Gaps emerge in relation to the voices of those with lived experience, the lack of diversity in the samples, as well as the details of the mechanisms through which programs such as PSIs work. The SHEBA Project as described below addresses these gaps and contributes to the growing body of knowledge and evidence concerning Safe at Home responses.

4. Methodology

4.1. Project design

The research approach is informed by feminist intersectionality (Grabe, 2020) and participatory action research building in knowledge translation from inception (Cameron et al, 2021). Feminist intersectionality is cognizant of the gendered inequalities that dominate violence against women, and also recognises the disadvantage created by interlocking structured discriminations (McKibbin et al, 2015). While Black feminists, drawing on their experience, originally identified the importance of inequalities beyond gender (Crenshaw, 1991), the definition of intersectionality has expanded to include discrimination in relation to sexuality, race and ethnicity, age, class, and (dis)abilities (Grabe, 2020; McKibbin et al, 2015).

The design is also informed by 'the knowledge diamond' heuristic (Humphreys & Kertesz, 2012) recognising different facets of knowledge building drawn from: those with lived experience; practitioners; policy workers; and researchers. The Experts by Experience framework (DVV & UoM, 2020) underpinned our approach to engagement with women accessing PSIs and the involvement of the lived experience panel (WEAVERs) throughout the project. The project was structured with four key elements and knowledge sources:

1. Evidence review conducted by UNSW colleagues (Breckenridge et al., 2024) described in the previous section
2. Interviews and focus groups with practitioners providing PSI and safe at home responses
3. Interviews with women accessing PSIs
4. Focus groups with PSI and FSP coordinators and policy workers

With full details of the evidence review available separately, elements 2 – 4 are discussed in detail in subsequent sections of this report. Interviews and focus groups with practitioners delivering PSI and Safe at Home responses were conducted first, leading into recruitment of women accessing PSIs.

4.1.1. Project Advisory Group

A project advisory group was established and met bi-monthly to guide and support the SHEBA Project. Membership included 14 representatives from all CSOs partners (senior executives and managers), WEAVERs, and researchers. The role of members was primarily advisory and consultative providing feedback and input into research processes and tools.

The Advisory Group was particularly important to support participant recruitment by providing key contacts, access to teams providing PSI responses, and sharing information with other services as required. Their involvement also ensured that knowledge translation was embedded throughout the project implementation, with regular discussions between researchers and members including updates on preliminary findings, feedback from participants and opportunities for information sharing and collaboration beyond the project.

4.1.2. Victim/survivor involvement

The WEAVERs

The WEAVERs are an established group of survivors who have undertaken training to support research at the University of Melbourne. The WEAVERs were involved from the outset of the SHEBA Project, including advice on the funding application and project design, participation on the Advisory Group, input into ethics applications, safety protocols, research tools, data synthesis, and knowledge translation. Their involvement was guided throughout implementation by the 'Experts by Experience' framework (DVV & UoM, 2020), developed with Safe and Equal and the WEAVERs. The WEAVERs are provided with on-going support, training, and payment for their work in line with these guidelines. Feminist research ethics were reflected in ethical protocols with attention to safety (emotional and physical) and were cognisant of the potential for re-traumatisation as well as validation of the expertise from the WEAVERS.

Women accessing PSIs

Women with lived experience of PSI and FSP participated in the research as 'experts by experience' not only discussing their experience, but also providing ideas for improvements. The recommendations include specific listings from the experts by experience.

4.1.3. SHEBA Project team

Researchers from University of Melbourne experienced in domestic violence and child abuse research draw from a range of different disciplines including Social Work, Sociology, Linguistics and Criminology. The team also included a lived experience researcher and representatives from McCauley CSO.

4.2. Ethics permissions

Ethics clearance for the research was provided through University of Melbourne (ID: 24921). The ethics process was on-going with eight amendments to the original research as small changes were made to participant organisations, and recruitment methods, including the use of focus groups where appropriate.

 At the heart of ethical research practice lies attention to human rights (WHO, 2016). This project sought to hear from those with the lived experience of PSIs and Safe at Home responses. Included in this group are women who are marginalised through their structured experiences of discrimination (McKibbin et al, 2015). Hearing from these women ensured that those most impacted could contribute to policy and practice developments and provides the rationale for the research. It was therefore imperative to scrutinise ethical practices to ensure safe and meaningful involvement (Green & Morton, 2021). The approach taken was to consult women as resourceful experts on their own experience, while recognising vulnerability, thus shifting the focus to resilience and the value of their expertise. Given the scope of the project, men were not included as a target participant group, and further work will be needed to understand the experiences of men seeking PSIs. All but two responded when contacted for the second time, and agreed to be interviewed at Time 2, suggesting that the attention to transparent information, options for support, an honorarium, on-going consent, respectful engagement, and consultation were undertaken as an enactment of ethical principles in practice.

4.3. Procedures and participants

To address the project aims and objectives, data was collected using interviews with women with lived experience (N=23; n=44 interviews across Time 1 and Time 2); individual interviews or focus groups with practitioners from partner organisations (N=25) and policy workers (N=5); and focus groups for coordinators attending statewide forums/ communities of practice (N=20). Interviews were

conducted via phone, Zoom or Microsoft Teams, and focus groups occurred via Zoom or Microsoft Teams. Interview and focus group recordings were transcribed by either the researcher (with the use of Otter.ai transcription software), or by a professional transcription service. All transcripts were de-identified before being imported into NVivo to support analysis.

Demographic data was collected using an online Qualtrics survey provided to practitioners and policy workers prior to interview/focus group. For women accessing PSIs, the researcher talked through the Qualtrics form (sharing screen where applicable) and entered information directly into the form with permission from participants.

Procedures and specific focus areas for each participant group, along with a description of the final cohort who participated, is provided below. Specific recruitment processes were critical to realising the aims of the project and drew on established relationships developed by McAuley from their initial safe at home research pilot.[5] Building on previous partnerships and experience working with a small number of organisations in which there is trust, investment, diversity, and agreed safety protocols, was an effective strategy for recruitment and participation from practitioners and women accessing PSIs.

While the recruitment through trusted organisations was a strength of the project, there were also some limitations in the recruitment process. When there were particular participant groups that were under-represented, focus groups and recruitment of practitioners and co-ordinators were sought to ensure issues specific to these groups were raised (specifically, Aboriginal women and children and women from culturally and linguistically diverse backgrounds). However, the ethical complexities and time associated with recruitment of children, and lack of access to LGBQI+ women and Trans people through our organisation partners remain limitations associated with the SHEBA Project.

4.3.1. Practitioners delivering PSIs and safe at home responses

Practitioners were invited to participate in either individual interviews or focus groups with peers. Information about the project (plain language statement and consent form) emphasising the voluntary nature of participation was provided to relevant programs and teams through coordinating staff (e.g., team leaders and senior practitioners). Contact details for practitioners who consented to participate were provided by coordinating staff to the research team, and practitioners were also able to contact the researchers directly to express interest. The research team confirmed each participant's consent to upon receiving their contact information.

Nine individual interviews and three focus groups were conducted online via Zoom or Microsoft Teams between January 2023-February 2024. One focus group concentrated on issues related to culturally and linguistically diverse populations. Interviews averaged 42 minutes in length (ranged from 24 to 59 minutes) and focus groups were one hour. Interviews and focus group were either recorded or with participant consent or detailed notes taken. Recordings were transcribed using a combination of either a research team member using transcription software, or by a professional transcription service.

Most practitioners were in family violence case management roles (n=20, 80%). Other roles included integrated practice worker, program coordinators, and senior family violence practitioner (combined to n=5, 20%). A small number of case managers had a speciality area of practice such as working with children, providing support in family law court or policing contexts, or responding to natural disaster contexts. A large proportion were currently involved in or had previously worked specifically in crisis support, refuge, and outreach services.[6]

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[6] To maintain participant confidentiality, we have not reported the specific number of practitioners in these specific roles.

A copy of the interview schedule is included in Appendix C and covered barriers and facilitators to accessing PSIs, safe at home approaches (including service system responses), effectiveness of PSIs, administration and access to PSIs during times of disaster and emergency (including COVID, fires and flooding where relevant), and recommendations for policy and practice to keep more women safely in their own homes.

4.3.2. PSI and FSP coordinators

Safe and Equal, the Victorian peak body for specialist family violence services, became involved in the SHEBA Project through the Advisory Group in mid-2023. Following ethics amendment and approval, coordinators from the statewide Flexible Support Package (FSP) forum and PSI Coordinator Community of Practice run by Safe and Equal were invited to participate in two focus groups per cohort. The Safe and Equal convenor of these groups circulated project information and worked with the research team to schedule focus groups at a convenient time.

Four focus groups were conducted, two each with PSI and FSP coordinators respectively. Nine individual PSI coordinators participated, with three individuals participating in both sessions. Eleven individual FSP coordinators participated, with one individual attending both focus groups. Each focus group lasted approximately an hour, and all were recorded and transcribed with permission from participants.

The 20 FSP and PSI coordinators who participated in focus groups were based in fourteen different organisations and services across Victoria. These included specialist family violence and sexual assault, community service and support, health, and Aboriginal Controlled Community Organisations

Similarly to the areas explored with practitioners, in the first two focus groups respectively, PSI and FSP coordinators were asked about their experiences working with women accessing PSIs, their perspectives on barriers and facilitators to effective implementation and access, as well as their

thoughts on policy aspects of PSI and safe at home responses. In the second focus group with each cohort, the same issues were explored with particular attention to issues as they affected Aboriginal women and communities accessing PSI.

4.3.3. Women accessing PSIs

Women accessing PSIs were recruited through the partner organisations and their sector colleagues. Practitioners participating in interviews and focus groups were invited to consider raising the project with their clients accessing PSI within the last six months. Women were only invited if assessed as safe and at a stage where they could engage with the research, and who met the following additional criteria to participate:

- Police were aware of violence and the perpetrator;
- They were over 18 years of age;
- Lived in Australia;
- Were currently receiving or have recently received (in the previous 3-6 months) support from one of the recruiting organisations; and
- Had accessed PSIs.

Clients who met these criteria were provided with the PLS and consent form for consideration, and permission sought to pass their safe contact details on to the researchers. Where practitioners had opened a conversation about the project, women were also able to contact the researchers directly. The researchers then contacted women via text message to confirm interest and set up an initial conversation to obtain consent to proceed to an interview. This recruitment strategy progressed more slowly, and additional recruitment avenues were implemented through the PSI and FSP coordinators who participated in focus groups, and sector colleagues working at similar organisations providing PSIs.

Time 1 interview

Between March and October 2023, the research team received referrals and or contact details for 29 women accessing PSIs. Of these 29, six either did

not respond to initial contact from the research team or were unable to participate at the time when contacted. This resulted in 23 women able to participate. Initial interviews were conducted between April and November 2023, either over the phone or via video conference according to the participant's preference. No women chose to be interviewed in person. At the conclusion of the initial interview, the research team invited women to participate in a second interview 3-6 months later. Safe contact details were confirmed for use to arrange the second interview, and women were assured they could decline or withdraw consent at the second interview.

Time 2 interview

Researchers contacted women via text to confirm interest in the second interviews, which were completed between October 2023 and March 2024. Twenty-one of the original 23 women returned for a second interview (return rate of 91%), with two non-responses at the second contact stage. A total of 44 interviews were conducted with the 23 participants across first and second round interviews.

First round interviews averaged 50 minutes (range 25 - 95 minutes), and second round interviews averaged 48 minutes (range 26 -111 minutes). Participants received a $200 gift card following each interview in recognition of their time and contribution to the research. A copy of the interview schedule is included in Appendix C and included brief demographic information, their initial experiences accessing PSI (including facilitators and barriers), and the types of items they received and used. Broader Safe at Home approaches and service system aspects were also explored, but particular attention was paid to outcomes from PSI for the women's safety and ability to remain in their homes. Based on their experiences and perceptions of the strengths and limitations of PSI, participants were invited to share suggestions for practice and policy changes to support more women and children to stay safely in their homes.

Second-round interviews built on these areas of inquiry and were considered an important and rare opportunity to understand how longer-term outcomes and safety can be supported through safe at home approaches. Women were asked whether their perception of PSI and its outcomes had changed since the first interview, if they were using their safety measures in different ways, and how their understanding and sense of safety may have changed over time. Based on these conversations, women were invited again to share suggestions for policy and practice. Participants were not asked to disclose specific experiences of domestic and family violence, though many drew on examples of perpetrator actions against them, and the strategies they used to keep themselves and their children safe.

Outcomes Rating Scale

During both interviews, participants were asked to complete a version of the Outcomes Rating Scale (ORS) (Miller, 2012; Miller et al 2003) via Qualtrics. The ORS is a brief, formally validated four-item scale designed to assess client functioning across individual, interpersonal, and social domains. It is used to track ratings of well-being and to support discussions around goal setting, perceptions and reflections between clients and practitioners. The client is asked to think back over the previous month or another specified time-period, and to mark an 'x' on a 10cm line corresponding to each item of the scale. As a practice tool, the ORS is flexible and suitable for use with diverse populations and does not require practitioners to adhere to any one model or approach (Miller, 2012).

The four items covered in the scale are:

1. Personal distress and individual functioning (personal well-being)

2. Interpersonal well-being (how well a client is faring in important relationships)

3. Social Role (satisfaction with work or school and relationships outside the home)

4. Overall self-assessment of client's general sense of well-being

The original ORS was designed to be completed face-to-face in discussion between a client/consumer and a supporting practitioner. For the purposes of the SHEBA Project, an online version of the ORS was created using Qualtrics.

4.3.4. Policy workers

Five policy level participants took part in the SHEBA Project recruited through the Project Advisory Group and Family Safety Victoria. Policy workers held director, senior coordination and project and policy officer roles, with professional backgrounds ranging across specialist family violence and sexual assault, mental health, housing, homelessness and crisis accommodation sectors.

Policy workers were asked about barriers and facilitators to implementation of Safe at Home responses at a state level, service system responses and tensions relating to safe at home approaches, and their perspectives on PSI and FSP program effectiveness.

4.4. Analysis

Analysis of interviews and focus groups progressed iteratively alongside data collection. Practitioner interviews and focus groups were initially analysed using a six-phase thematic analysis (Braun & Clarke, 2006) employing NVIVO as a data management software: familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and reporting the themes. Preliminary thematic areas were used to inform initial analysis of interviews with victim/survivors. A specific type of thematic analysis, template analysis (Brooks et al., 2015), was then employed, involving: becoming familiar with the accounts; carrying out preliminary coding of the data; organising themes into meaningful clusters; defining an initial coding template; applying the template to further data and modifying as necessary; and finalising the template and applying to the full data set (Brooks et al., 2015, p.203-204). Two researchers developed the initial template (see Appendix D) by reading through a small sample of victim/survivor interviews (matched time 1 and time 2), which was then applied to the full set. Researchers met regularly to discuss and cluster key thematic areas, and preliminary themes from the interviews with victim/survivors were also workshopped with eight WEAVERs to ensure researcher interpretations of the data were meaningful to people with lived experience and that the integrity of women's messages was being honoured. This involved sharing preliminary themes and a selection of quotes with the WEAVERs, and discussing:

- What resonated with WEAVERs and what might not in the materials shared;
- WEAVERs' thoughts on what the key takeaway messages were, and how they might want to see them communicated to best honour what had been shared; and
- What stood out as most important to take to policy makers.

The discussion points from WEAVERs were then used to guide engagement with the preliminary findings across participant groups, and to inform the recommendations included in this report.

Preliminary findings from the practitioner data were then integrated across the thematic areas developed through the analysis of the women's interviews, with the template applied to PSI/FSP coordinator and policy worker data as this was collected.

Descriptive statistics were generated for demographic information using Qualtrics in the first instance, followed by Excel for final analysis.

Demographics of the survivors with experience of PSI

Most women participating in interviews were between 36 and 45 years of age (56%), and approximately four in five women (83%) had children in their care. Two thirds of participants were living with disability or a health condition that had lasted more than six months, including a range of physical injuries, mental health concerns, neuro-developmental and or complex and post-traumatic stress disorders (C-PTSD and PTSD). Women's self-described cultural backgrounds were a majority Australian non-Aboriginal (52%), Australian non-Aboriginal and other background (17%), with a minority describing non-Australian cultural backgrounds across Central America, Eastern Europe and Asia (17%). A small number of participants identified themselves or their children as having Aboriginal heritage.[7]

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[7] Number not reported to maintain confidentiality.

5. Findings

This section of the report provides the qualitative findings from: in-depth interviews with 23 survivors (n=44 interviews over two rounds); focus groups and interviews with practitioners (N=25), and policy workers (N=5); and focus groups for coordinators attending statewide forums/communities of practice (N=20).

The analysis is presented with a focus on strengths, facilitators, limitations and barriers to an effective PSI and Safe at Home response in Victoria with a view to key practices and experiences, and immediate and long-term opportunities to enhance the response.

Results are presented according to the following over-arching thematic areas:

- The types of safety and security items women accessed
- Access to services
- Experiences of accessing and implementing PSI and Safe at Home responses
- Longer term effectiveness and impacts of PSIs
- Gaps in the service system response

There were common themes in the gaps in the service response across the women's journey and these have been drawn together towards the end of the Findings.

Notes on the presentation of results:

- Each thematic area is discussed in terms of strengths and facilitators, limitations and barriers, and includes examples of recommendations for enhancements or improvements.
- Findings related to lived experience and expertise are included in a separate section.
- Key findings relating to issues impacting Aboriginal and culturally and linguistically diverse communities and emergency, disaster, and COVID-19 contexts are highlighted using text boxes.
- Where possible, the participants' own words have been included in the form of illustrative quotes[8] (quotes have been attributed using pseudonyms).

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[8] Many participants used the term IVO interchangeably with FVIO. We have used FVIO in our descriptions and discussion keeping with the PSI Guidelines but retained participant wording where illustrative quotes are used.

5.1. Safety and security items

Table 1 presents an overview of the types of items women in our study accessed as part of their PSIs and or as immediate safety supports outside of PSI. In line with reporting of PSIs from statewide data (Family Safety Victoria, 2020), CCTV and lock changes were the most frequently accessed safety measures. Other measures included 'house and or technology sweeps' to ensure that the devices and home were cleared of tracking and listening software used by perpetrators to continue stalking both woman and children victim/survivors.

Table 1: Safety and security items accessed by participating women (n=23)

Items accessed	Percentage of women who accessed the item
CCTV	87%
Lock changes	61%
Personal Safety Devices/ Alarms	52%
Security doors	39%
Sensor lights	30%
Electronic sweep	13%
Dashcams	13%
House sweep	9%
Fences	9%
Window security	9%
New electronics	4%
Wi-Fi modems	4%

5.2. Access to services

This section presents the key points relating to initial stages of accessing services to pursue PSI and Safe at Home outcomes. This includes consideration of some of the pathways and referral routes that connected women with services, and the factors that hindered or facilitated this access.

5.2.1. Strengths and facilitators

Funding for PSI and FSP packages and recognition of family violence

While emergency accommodation, refuge and specialist housing services are key mechanisms in supporting women's safety, specific programs like PSI which support women to stay safer in their homes or communities of choice was highlighted as a significant strength. This extended to the FSP as the overarching program in which PSI was located. Though not without implementation issues (discussed below), the ability of practitioners to tap into resourcing and programs such as PSI when supporting clients was seen as inherently positive.

> 'The difference is now we, there's a lot more recognition, and funding, which has been great for us as workers to be able to tap into these things for our clients.' (Practitioner 2, Organisation B)

Some women reflected on having been surprised that specific, funded support was available, especially participants and policy workers who had moved to Victoria from interstate. They noted differences in national Safe at Home responses, including the development of funded programs and services, the establishment of The Orange Door network, and the presence of services such as Safe Steps as initial response and intake avenues providing pathways to a Safe at Home response.

> 'Other parts of Australia have got zip, you know, or very, very minimal access to programs. […], we've got the Orange Doors, you know, we've got all the reforms in Victoria.' (Sector-based Policy Worker)

All participant groups acknowledged that many of the women who were able to access safety and security items funded under PSI would otherwise not be able to afford these measures. Some who had accessed emergency accommodation and or spent time in women's refuges prior to returning to their homes highlighted that access to funded packages supporting material essentials had been a key facilitator to considering a Safe at Home response. Where the person using violence had been removed from the property but had also removed materials and resources that belonged to victim/survivors, this was particularly important, as well as when victim survivors were moving into a new property with very little in terms of household items to set up a new home.

> 'I had no idea. Especially the safety measure side of it. I wouldn't think that anyone would -- 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)

Practitioners also spoke about practice and system-level frameworks that supported effective use of the available funding, and increased safety for women. The MARAM framework, information sharing schemes and associated legislation provided practitioners and coordinators with a shared foundation to work from, and to leverage when needed to support multi-agency working.

> 'The legislation and all that collaborative practice and everything has really moved things in the right direction to bring everybody on board and really focusing on working collaboratively so that you're not having barriers with information sharing and you're always prioritising the safety of the victim-survivor.' (FSP Coordinator, FG4)

Active outreach

While many women who accessed PSI spoke about receiving referrals to The Orange Door following violence from a perpetrator, a few women described engaging with services after being contacted as part of active outreach from services and partner support aspects of men's behaviour change programs. One participant described being too

fearful to reach out to family violence services about her current partner's behaviour but was able to respond to her concerns following the proactive contact from the partner support worker. This conversation led to disclose concerns about her current partner, and access to case management support including a PSI response after he was removed from the property.

> 'All I needed was just that one person to ask those questions and […] everything sort of came out from that. […] I was thankful that I actually got that call […] and it was just that link to the children that sort of ended up with me feeling safer.' (Kate, T1)

When women had no prior knowledge of services that existed to support women leaving violent partners, active outreach and strong referrals became even more important.

> 'I didn't even know it existed until [supporting organization] contacted me and offered it. So it was good, once I knew about it.' (Angela, T1)

Alongside active outreach, having more than one available mode of communication was identified as facilitative to reaching out and or engaging – for example, having online chat and email contact options alongside phone and in-person presentation options was seen as particularly supportive for women who struggled to verbalise their experiences and need for support.

Paced referrals

Pacing of referrals facilitated better access to services. Particularly where women were initially in contact with The Orange Door and Police, being referred to multiple different services at the same time could be intimidating and overwhelming. Women found it supportive to discuss and prioritise urgent referrals and those they could pursue down the track (e.g. Family Law and property settlements). Having a case worker assist in this process helped to avoid overloading their capacity to engage with support.

> **COVID-19 adaptations and facilitators**
> Women spoke about some of the positive adaptations to service access and delivery enacted during the COVID-19 pandemic or that were made more common-place following the long lockdowns in Victoria throughout 2020-2021. The enablement of FVIO applications online was mentioned, with some women describing a sense of relief at not having to appear at a police station or court. This was not the case for all women, discussed further below.

5.2.2.   Limitations and barriers

Awareness and knowledge

A lack of awareness about PSI and Safe at Home responses was a primary barrier. While some women were aware of specialist family violence services prior to their personal use of them (often through the experiences of family, friends, colleagues, or their professional lives), many women were referred through police and this was their first contact. Those who had interacted with services such as 1800 RESPECT or Safe Steps did have prior knowledge of crisis support and emergency accommodation services but expressed frustration about not having been told about PSI and Safe at Home responses previously. A few indicated they would have left their violent relationships years earlier if they had known about these supports.

> 'I think it should be the first thing that the DV specialist, intake worker, or whoever the earliest point of contact is, I think it's important for them to do the risk assessment and disseminate the information on what the Flexible Support Package is, and also […] the safety device or the camera or safe at home initiative. […] It's important for them to give that choice and agency to the victim survivor to decide and to tell them, and to reassure and tell them that you know, think about this maybe.' (Raiya, T1)

Similarly, women who had experienced Child Protection involvement reflected on the opportunities that could have been taken to inform them of specific safety-focused initiatives, rather than the punitive approach to issues of safety for their children.

> '[Child Protection] took my kids and left me in that situation and she told me that I will fail. When I did eventually learn about [supporting organization] and women's refuge, I said to her, why did you never offer for me to go to a refuge? Her response was, "You wouldn't have gone." I said, "But you never asked me so how do you actually know that?" I'm like, that was never an offer.' (Charlotte, T1)

Across participant groups, the issue of awareness and knowledge was raised consistently. Many women reflected on potential contact points where information about Safe at Home responses could be promoted to raise awareness such as medical clinics and GP practices, community hubs, public libraries and women's bathrooms, workplaces, and hospitals – places women might access without arising suspicion from perpetrators. Increased family violence training in these sectors could make a significant difference.

Choosing not to pursue PSI

Practitioners and coordinators highlighted that a barrier to use of PSIs and Safe at Home responses also lay with some women not wanting to engage in these programs in the first place. Particularly with respect to PSI, some practitioners described women's desires to relocate permanently as part these choices, but also women's concerns about how safety and security measures would impact their mental health, or their children's sense of being under surveillance.

Communication, information and follow up

Women also indicated communication difficulties with services – both at initial contact and follow-up. One participant described receiving an initial missed phone call from a case management service she had been referred to following a violent incident. A long and complex message about the service was left. The service did not follow up again, and this participant was only able to return to the message months after the fact. She reflected that she would have appreciated a follow up call, and that a brief, but clear, explanation of the service would have helped her engage sooner.

Related to this, some women doing their own research online described a lack of accessible information specifically about PSI. One participant described reading through the PSI Operational Guidelines and reflected that while the information was comprehensive, it would be largely inaccessible to many women (particularly those with lower literacy skills, who spoke English as an additional language), and was not geared towards providing potential users of the initiative with information about what to expect from the process of accessing PSI.

Some women received very helpful verbal explanations from their case managers and would have appreciated accessible written information that they could take with them. Particularly at times of high stress, being able to process information in their own time and at their own pace was seen as a barrier to understanding access and what the initiative could do to support them.

> *'There needs to be some kind of document, in plainer language. You know, 'cause we've got all these documents catered for case managers, and then we do have the consent form. But there needs to be, I think, an extra document for clients to be really clear on expectations, as well, because it does make it really hard for us, otherwise, as case managers. But also, you know, to avoid disappointment from their end, as well.' (Practitioner 2, Organisation B)*

Eligibility criteria

The requirement to have or be pursuing a FVIO with exclusion conditions was one eligibility criteria frequently raised as a key tension when accessing PSI. While understanding the need to have the perpetrator not be present in the property where a PSI was going to be implemented, the FVIO process was not always accessible for many victim survivors. This was heightened for communities who experienced historic and current over-policing or problematic police responses, including Aboriginal and culturally and linguistically diverse populations.

> *'For lots of my clients, they never reported any violence to the police. Everything's sort of sorted within the family or within the community, they don't want to report to police, it's almost impossible to get intervention order. But it doesn't mean violence never happened at home….[it] … is a big barrier to lots of my clients.' (Practitioner 8, Organisation A)*

Intervention orders were also highlighted as a problematic eligibility criterion given their focus on physical violence, with coercive control behaviours described as being not well understood or integrated into the justice sector's response to family violence despite being high-risk.

> *'I think there's such a lack of understanding of the impact of coercive control still. […] When we've had victim survivors being killed and they've never been physically abused. […] The control was really strong, and the victim survivor decided to leave the relationship and that's when actually the homicide occurs. Nobody would have expected that because there was never physical abuse, but it's that control that drives that motivation to kill the victim survivor.' (PSI Coordinator, FGA-1)*

Where intervention orders were in place, non-physical breaches were discussed as often not taken as seriously despite growing use of technology-facilitated abuse in concert with coercively controlling behaviours. While practitioners discussed understanding the importance of suitability assessments for PSI, they also expressed frustration with the way these could act as barriers to accessing PSI in these circumstances.

> *'I had an incident where I had a conversation with the PSI coordinator, and there was intervention order in place, perp was texting client. So that is definitely a breach. But I was informed that since he's not coming physically, doing anything, so it is it is not quite a situation where they can apply the PSI audit and everything. So, I would say that, that was shocking to me.' (Practitioner 6, Organisation A)*

Intervention orders and systemic oppression

PSI coordinators reflected on the requirement to have an FVIO in place and how this intersected with oppression and systemic abuse of Aboriginal communities. This included the nuanced nature of this issue, with appreciation for why FVIOs might not be feasible or even wanted.

> *'Aboriginal and Torres Strait victim-survivors have a very different lens around how they manage and survive domestic and family violence and what that trauma bond looks like. Also […] what the cultural implications are in going through these processes. If they're going to be more traumatized by the system in getting an IVO.' (FSP Coordinator, FGA-6)*

Coordinators also emphasised that even if an FVIO was not present, understanding the specific reasons and context around that for individual Aboriginal clients was still an important part of consultations around PSI responses.

> *'I think there's a big push from ACCOs to really just understand that there may not be intervention orders in place due to the oppression that this client group face from police and the court system and our system at the moment. But I think, again, for our purposes we still need to understand why there's not an intervention order, the context around that, because it is, again, so nuanced and there can't be a blanket rule.' (PSI Coordinator, FGA-2)*

Policy workers also raised the eligibility criteria that requires victim survivors not be co-habiting with a perpetrator of family violence as a key complex barrier to PSI, connected to the requirement for and FVIO with exclusion conditions be in progress or obtained.

Another eligibility barrier mentioned by women and practitioners related to risk assessments and contexts where a perpetrator might be held in remand or incarcerated at the time when women were engaging with services and or considering applying for a PSI. Some cases of applications being rejected based on the perpetrator being physically unable to attend a property due to these circumstances were described as problematic, particularly when they may have extended family, associates or unknown contacts who could and would attend the property to threaten or harm victim/survivors. Discussed further below, these cases were particularly limiting in terms of addressing safety concerns when corrections, courts and police did not actively share information about upcoming review and release dates with victim survivors where the perpetrator would then be able to attend the property physically.

Raised by all participant groups, was the requirement to be receiving case management support to access PSI. While the reasons behind this were understood in terms of ensuring a coordinated response connected to identified goals and safety plans, participants raised the issue of months-long waitlists to be allocated a worker, unless victim/survivors were assessed to be in a very high need or high-risk category.

> *'It's fine if you're receiving family violence case management […]. But unless you're very high needs or very high risk, you may not actually have access to that for two or three months, because […] of the waitlists and limits. See, that's already additional time. […] All these initiatives are great. And I do think they achieve their goals. I just think there's barriers in terms of timeliness.' (Practitioner 3, Organisation B)*

This is discussed further below in terms of bridging the gap between immediate safety concerns and crisis responses, and non-crisis responses and longer-term support in Section 5.5.

Practitioners and coordinators acknowledged that exceptions to criteria were possible as written in the PSI Operational Guidelines, where they were supported by a risk assessment or the presence of additional barriers.

> *'Every dynamic, every perpetrator, every victim survivor's dynamic is very different. The flexibility of the process becomes a really significant protective factor to achieve a positive outcome for victim/survivors so that we can respond, I guess, in a way that meets their needs now based on what's happening within this violent relationship.' (FSP Coordinator, FGA-6)*

However, some practitioners described having seen very little consideration on a case-by-case basis in practice. PSI coordinators reflected on the FVIO requirement and practitioner frustrations in terms of the capacity to implement effective responses when these measures were not in place to remove the perpetrator from the property.

> *'I absolutely get that; it can feel a bit like they're saying to a client, "You have to do this, you have to do that". But especially if it's been a jointly owned property or a jointly owned tenancy, we're really limited in actually what we can [do without an] exclusion.' (PSI Coordinator)*

Interacting with Police and FVIO applications

Women and practitioners described specific barriers to obtaining an FVIO, even when women were willing to engage in this process. Women described being met with disbelief and suspicion by police when trying to report violence and have statements taken. Even with a documented history of violence and clear concerns about future safety, one woman was left feeling like the 'problem' and without a statement taken.

> *'I remember going into the police station again and saying, look, there's been a history. There's been a previous IVO with an extension. You've charged him, I need you to take another statement. I need to get another IVO. Here are the messages of him threatening homicide. I'm scared he's going to do something. […] And the guy, the desk said, "the poor guy's just heartbroken […] he's got every right to take you to family court, just because he is psychotic, he still has a right to see his children". […] I knew he was escalating; I knew the behaviour. And I wasn't taken seriously. […] And I almost felt guilty. I was like, oh God, I'm the problem here. You know?' (Grace, T1)*

This was particularly the case if coercive control and non-physical forms of violence had been used by perpetrators, as compared with physical violence and injury. This left victim survivors feeling that their situation had to be at crisis point including physical violence for them to be able to receive a response from police. Practitioners also reflected on the dominant focus on physical violence across justice

system responses, and the 'burden of proof' often required to justify a PSI response.

> *'It can be really challenging to prove some of the experiences that women are having, and sometimes it can be really hard to get an intervention order, to be honest. And yeah, that that being kind of like the burden of proof for justifying PSI. […] It's really challenging, like the legal system is really challenging, the police are really challenging. Unless the police get called out to an incident they're just gonna tell you to go to the court to apply for the order, and then the court are gonna ask, why didn't you go to the police?' (Practitioner 1, Organisation B)*

Other women described receiving very little support to apply for FVIOs from anyone including police, The Orange Door or other sector actors. While some women found the option of applying online a facilitator, others felt it was dismissive to be told to go home and apply online by themselves. Women accessing refuge and/or crisis accommodation, already in a distressing environment, often with young children in their care, and having left personal devices behind, found completing an online application without support to be a profoundly challenging experience.

Language barriers and lack of safety when requiring an interpreter

Practitioners working with culturally and linguistically diverse clients highlighted how language barriers manifested at the point of giving police statements. In some cases, clients had reported police using their violent partners as interpreters. This impacted risk assessments and trust in police.

> *'We've seen in some incidents where the perpetrator is being used as the interpreter by the police. […] You think, how can the police assess the level of risk. They're using the perpetrator as an interpreter.' (Practitioner 4, Organisation A)*

Barriers for key cohorts

Practitioners identified key cohorts facing additional barriers to accessing services, and by extension, PSI. As one practitioner put it, '*As soon as you add an additional layer of intersectionality, or identity, it can be a little bit harder*' (PR_O1-I3). Key cohorts specifically mentioned by practitioners included:

- Parents, particularly single mothers, and those with more than one child;
- Culturally and linguistically diverse communities, particularly where an interpreter may be needed for the victim survivor and/or the perpetrator;
- People living with disability, or whose children live with disability;
- Victim survivors living in regional/remote areas;
- Victim survivors with restricted residency or visa conditions;
- Victim survivors in lower socioeconomic brackets, and who may be dependent on perpetrators financially or facing financial instability; and
- Those experiencing violence and abuse from high-risk perpetrators.

Of particular concern was that women with children, women financially dependent on the perpetrator, and those facing abuse from high-risk perpetrators were difficult to support. These women would represent a notable proportion, if not a majority, of victim survivors.

For example, an issue for women who are financially dependent upon the perpetrator of violence is that they need to be able to sustain a tenancy or mortgage, such that it is viable to use PSI safety measures in the home. Women who are not in a position to financially sustain their own home have difficulty in accessing PSI support when it is not clear where they (and often) their children will be living. As challenging for support are those cases where the person using violence is so dangerous and so unperturbed by any physical, legal or emotional constraints that the safety of women and children is jeopardised, with serious concerns for lethal actions

by the perpetrator.

Other issues increasing the complexity of accessing a safe at home response included having pets or animals in their care (often with no options to have them cared for by others) or low(er) literacy levels, including technology literacy and capacity. Low(er) literacy limits the ways in which victim survivors can access or coordinate supports as they need them. Having animals in their care was a barrier to accessing crisis accommodation and refuge in the initial response, as well as locating alternative housing to be able to implement a safe at home response in the first place.

Natural disaster and emergency contexts and rural settings

Practitioners identified several specific barriers to effective PSI implement during times of emergency or disaster (e.g. widespread flooding or bush fires) and in rural and regional areas:

- Availability of tradespeople and providers significantly reduced.
- The availability and capacity of service staff, such as local specialist family violence practitioners, can be significantly impacted, particularly where they also live in affected areas and dealing with the same disaster or emergency context.
- Physical access to regions or remote/isolated properties can be completely cut off or dangerous, and damage or destruction of properties increases risk to providers as well as women, and severely limits feasibility of a safe at home response.
- Disaster contexts may be used by perpetrators to further isolate victim/survivors.
- Damage and or destruction of homes.

'A lot of people don't have homes at the moment. So I guess they're either safe or unsafe, depending on the situation, but we can't really do much about it until they get a home.' (Practitioner 1, Organisation E)

PSI coordinators reflected on some of the impacts that COVID-19 had on PSI that would need to be addressed in any similar future contexts. These included:

- More connections between case managers and auditors being conducted via phone rather than in person, particularly in terms of being able to attend security audits to better understand recommendations and how measures might be effective given perpetrators' behaviours.
- Impacts on the cost of services and items rose dramatically during COVID years, impacting how much PSI and FSP funding could cover. Coordinators reflected on the rise in applications they had seen in recent years with requests to go over the FSP packages standard $10,000, given these impacts.

5.2.3. Summary: Access to services and safe at home responses

Key strengths of PSI and Safe at Home responses include primarily the existence of the program and adequate funding to make it useful. Facilitative practices such as active outreach and paced referrals, and positive adaptations during COVID-19 periods were positively noted. Some of the key barriers and limitations to service access included: lack of awareness and knowledge of PSI and Safe at Home responses among both victim survivors and non-specialist service providers, accessible communication and information, and strict eligibility criteria where few exceptions were applied. There were barriers to engaging with police, which impacted on the eligibility requirements, and key cohorts facing additional limitations such as a dearth of culturally and linguistically diverse services and disability supports, as well as living in rural and regional areas. Of particular concern was that core client groups faced access barriers such as women with children, women financially dependent on the perpetrator, and those facing abuse from high-risk perpetrators.

5.3. Accessing and implementing PSI and Safe at Home responses

This section presents findings relating to the access and implementation stage of PSI and Safe at Home responses following women's initial engagement with services. Findings in this section include: consideration of the key overall strengths of PSI, as well as its specific items; approaches used by practitioners; experiences of implementing PSIs; and the strengths and limitations impacting this phase of a Safe at Home response.

5.3.1. Strengths and facilitators

Authenticity, trust and collaboration between women and practitioners

The ability to connect and feel seen and heard as a whole person, and have their experiences acknowledged, were described by women as underpinning an increased sense of psychological and emotional safety. This in turn enabled them to disclose details pertinent to assessing the most impactful ways PSI might be implemented and increase the safety of themselves and their children.

> *'I've always managed to get workers that… I really like connect with. You don't just feel like another number, you actually feel like you have a personal connection with them.' (Charlotte, T1)*

An authentic connection and trust between women and their workers also extended to their perspectives on their medium- and longer-term recovery. A supportive, non-judgemental, and ideally consistent presence throughout their service engagement and PSI implementation was described by one participant:

> *'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)*

Women described a supportive and enabling relationship with the case worker impacted positively on a victim survivor's sense of self and reality, especially in the face of perpetrators' use of gaslighting, coercive control and undermining of

their self-esteem including as a parent.

> *'There are people that understand and believe you and understand what you're saying and take away that feeling that you're crazy.' (Chloe, T2)*

Some of the practices that women described as facilitative of building trust throughout the PSI process included:

- Early, open conversations about what a service could and could not offer as part of a PSI, and other services. These conversations needed to be backed up by practitioners following through on components of their services' available supports and organising contact with other agencies as required.
- Exploration of a Safe at Home response including the PSI but linked to the FSP and other supports that would address longer-term goals. These conversations were most effective when clear information was given about what to expect from the PSI process, including timelines and how PSI components might interact with justice responses and the family law court. This was essential to women's planning and management of expectations.
- At the point of application, comprehensive exploration of all potentially relevant PSI items and how they might be supportive to safety concerns. Women expressed appreciation when workers gave them an overview of the types of items covered under PSI, rather than recommending only certain measures and later finding other options were available.
- Practitioners responsive and keeping women updated as to where their applications were in the approval process, and any additional information required, rather than women needing to follow up their workers to obtain an update.
- Providing women with names, contact details and time estimates for when safety auditors and contractors would contact them, and checking for conflicts with any local providers.

- Active follow up from practitioners (where possible) about how PSI measures have been implemented and whether further work was needed to maximise their effectiveness.

Alongside the PSI process, women described positive facilitative measures for of accessing a Safe at Home response more broadly:

- Practitioners creating a list of immediate and longer-term actions that women might need to take, including engaging with other services through referrals or applications for support not covered by the case managing service, supporting women to keep track of referrals, and considering their capacity and realistic timeframes.
- Where possible, workers undertaking administrative tasks on behalf of women and advocating for their access to other supports such as housing and NDIS. These practices also included advocating across systems, such as writing letters to support family law processes and property settlements and seeking information to support women's safety. Particularly where criminal justice responses were underway involving the perpetrator, practitioners being able to request and share information such as hearing dates, parole review dates, incarceration and other information. This was viewed as working towards a Safe at Home outcome even within limited case support periods.
- Active and accurate record keeping, information sharing across systems to reduce the likelihood that victim survivors would be asked to repeat traumatic histories or stories.
- Actively consulting women about all their children's needs. This was an area that women described as less common, but that they highlighted as something indicative of a holistic approach to safety for their family as well as for themselves as individuals.

- Practitioners prioritising women's understanding of family violence, its impacts and their rights to safety. This included discussion of what constitutes family violence (particularly including technology-facilitated abuse and sexual harm), key periods where escalation from perpetrators might be expected, legal and social aspects of gender inequality and services addressing these, and discussion of ways to support children's understanding.

Taken together, these practices supported an inclusive and collaborative approach to PSI applications and implementation as part of a broader Safe at Home response aligning expectations and trust.

PSI coordinators reflected on effective case management being an essential component of PSI, and one part of the overall picture, connected to safety planning, risk mitigation, and holistic approaches to wellbeing and recovery from family violence.

> 'A PSI response is one part of hopefully mitigating risk, but there's a lot of other things that need to be done in that space to help mitigate risk, which the case manager can do. Around looking at, you know, a PSI response needs to work in conjunction with the woman's safety plan.' (PSI Coordinator)

FSP coordinators discussed how much positive relationships between clients and case managers impacted the quality of information they were able to include in applications for FSP and PSI.

> 'When there's that good relationship between case manager and client, that often goes really smoothly. [...] It's really clear from package applications that when a case manager has all the information about a client and when they have bits and pieces of information, the applications that go smoothly are the ones where the caseworker just knows everything. I understand that different agencies have different support periods that they have with clients, so for the really short support periods, it can be challenging with getting that rapport and getting all of the information.' (FSP Coordinator, FG2)

Key roles and relationships

Aligned to women's comments about the practitioner – client relationship as a strength of their PSI experiences, practitioners also highlighted PSI coordinator responsiveness and capacity as key to positive outcomes for a PSI. Practitioners acknowledged that complex PSI coordinator roles limited responsiveness from some co-ordinators. They underscored that a strong working relationship with open communication was foundational to navigating these pressured roles and responsibilities. Echoing women's comments, practitioners expressed appreciation when PSI coordinators were responsive and knowledgeable about the effective functioning of PSIs, including professional discretion within the guidelines.

> 'When [the PSI Coordinators] have a really great understanding and knowledge of their role, and what, what their role stands for.' (Practitioner 1, Organisation D)

PSI coordinators reflected on the value of their specialist role inclusive of accumulated knowledge and experience to tailor the response.

> 'The benefit of consulting with the PSI coordinator and having half an hour to really look at and examine from different angles the safety and security of that client, looking at physical safety, looking at tech safety, tracking. Really lucky as a PSI coordinator we have got that time. We think about that stuff all day every day and when a case lands on us we're having a look at that case very much from that lens.' (PSI Coordinator)

PSI coordinators also spoke about some of the ways they actively engaged with referring agencies, including Aboriginal Controlled Community Organisations and LGBTQIA+-specific services, to build relationships and knowledge about PSI.

> '[Presentations] about the process, about how it works, how to refer, what the expectations and limitations of the whole thing are, and also having, yeah, like, we do that very regularly. That really does help.' (PSI Coordinator, FGA-2)

Engagement with Aboriginal Controlled Community Organisation

PSI coordinators discussed their engagement and relationships with Aboriginal Community Controlled organisations as crucial, particularly given the unique barriers that exist for communities in relation to accessing PSI. One PSI coordinator reflected on the mutually beneficial aspects of engagement that increased understanding and nuanced assessments by non-Aboriginal coordinators, with positive impacts for Aboriginal clients accessing PSI.

> 'I feel the close collaboration with Indigenous specific services is very important. So those regular chats - because they really support the aboriginal people to be able to get the PSI response that they need and helping the process as well. They can also help us understand the risks around the PSI response and what's required. So, yeah, I think that great collaboration with those services really makes a difference.' (PSI Coordinator, FGA-1)

PSI coordinators and practitioners also highlighted their relationships with PSI providers as key to implementing the response. The minimum standards and vetting processes required for contracting providers was critical, particularly for rural areas with fewer providers. Prioritising relationships with contractors who were responsive and sensitive to the context of PSIs was a key facilitator to effective delivery of the initiative.

> 'I think the companies that we use are really good and helpful. They're people. The clients that they go out for, they go out to their houses, have always given really positive feedback.' (Practitioner 2, Organisation E)

> 'I think that really works well in having those same contractors and having that understanding and building that relationship.' (Practitioner 3, Organisation D)

PSI coordinators and practitioners gave examples of provider flexibility and prioritisation when the relationships were strong. This applied particularly to the safety audit step, including where women had relocated to a new property and a new audit was required, or where services crossed catchment areas requiring auditors to travel to maintain continuity of service.

COVID-19 adaptations and remote assessments

Policy workers highlighted a shift that had occurred during the primary COVID-19 pandemic restrictions in Victoria that included remote assessments when on-site audits were not feasible. Since COVID-19 restrictions were wound back, audits were described as returning to in-person, with little consideration of how adaptations such as a remote assessment might be carried forward in certain contexts.

Appropriateness and functionality of safety and security items

CCTV was the most often mentioned safety and security item and was discussed in terms of a range of functional and supportive capacities. While there were problems noted in relation to the installed

safety and security devices (see section 5.4.2), women overall highlighted the peace of mind that CCTV brought them. This included checking surroundings when returning home, when they heard noises, or when sensor lights were activated at night. CCTV was also noted as valuable for evidentiary purposes and deterrence for some perpetrators, particularly where a perpetrator's profession or job would be threatened by breaching a non-attendance order. Some recidivist perpetrators stopped trying to enter their property as soon as the cameras were installed. The deterrence effect of PSI significantly increased feelings of safety.

> *'I'm pretty lucky that my ex doesn't want to lose his job. And if he has a breach on the order, he'll lose his job. So, having those cameras has really made it that he can't, I'll have evidence.' (Abigail, T1)*

Other PSI items such as sensor lights and screen doors were also consistently described as effective in addressing safety concerns.

> *'I love the lights and the screen doors, they're the best. Yep, but they were great the second they went in and they're still fantastic now. They're really bright, they pick up everything, a possum, a cat, whatever goes into the backyard.' (Donna, T2)*

Specialised security measures for women with impairments were also available. For example, a woman with hearing impairments might not be alerted by sounds of someone trying to enter their property without a tailored system.

> *'If she gets installed with the video bell and the other cameras, it will be very, very helpful for her because she can't hear, she can't speak, so she doesn't know what's happening during nighttime, who is entering who is coming. So. in order to keep a check on all of that, I think safety, this measures they're really important to put in place.' (Practitioner 2, Organisation A)*

Other specific items like personal safety devices were discussed with mixed feelings across the women who had used them. Some women described a life-changing sense of safety in being able to carry the device and only needing one push of a button to call for help. Women highlighted how perpetrators often targeted their phones, so they were unable to call for help or record conversations. A personal safety device could be activated discretely and begin one way recording that perpetrators were not aware of. This was viewed positively in terms of mitigating risks that perpetrators would escalate if a phone or other obvious call for help was used. Not needing to explain where they were, what the situation was, and why they were calling for help was viewed as a key strength of these devices, particularly for women who experienced shut down responses or were unable to speak in emergency situations.

Having the minimum technology standards of PSI was an additional strength. These standards ensure that any items installed as part of PSI were appropriate to their intended purpose of increasing safety and providing admissible evidence to support victim survivors through judicial processes. Also noted were the minimum standards for vetting providers who install safety and security items, for relevant licenses, police and working with children's checks, and basic understanding of family violence and the service sector needs.

Homelessness prevention and time to decide

For some women, the decision to stay in the property where violence had been used against them or their children was linked to a decision to try and pace significant life changes. While many women would prefer to change their location and home environment to one with no connection to their previous traumatic experiences, they highlighted the value in being able to take time to make a decision rather than be forced into one. Moving properties, aside from the difficulties in finding a new one, was seen as something to explore later when they felt more stable.

> *'It just helps ground you for a while, and get your stuff organised, get your shit together, as they say, and then, you know, maybe a year, or two years down the track, I might look at going to [bigger city], maybe after the IVO is over, I've got two years. [...] I think it's important for the boys, that they do have that routine and consistency. As much as there's a lot of stuff I don't like in this house, I think I do need to stay and just keep my roots down.' (Alexis, T1)*

Some women spoke of balancing the need to remain in their home and against the longer-term psychological impacts of violence and trauma, particularly with children. Being able to access a Safe at Home response allowed time to prepare.

> *'The downside of that is with the PTSD, [son] every time he walks down the hallway, he was being triggered and having flashbacks. So I do think we probably will need to move. But we're just not like quite ready for that yet.' (Abigail, T1)*

Practitioners, PSI coordinators and policy workers consistently reported that increasing safety of a property that otherwise would be unsuitable to remain in prevented homelessness, particularly where no other option for accommodation was suitable or feasible.

> *'The positive thing about the program itself, its prevented a lot of clients from being homeless.' (Practitioner 5, Organisation A)*

> *'I think it's also acknowledging the lack of access to those resources such as refuges and emergency accommodation as well. Realistically getting a woman into a refuge is still pretty challenging even if the risk is there and they want to leave.' (PSI Coordinator, FG8)*

Stability and routine

Time to decide about relocation also allows adult victim survivors and their children to maintain a routine and stability by staying embedded within their communities and networks. While this was not the case for all women, the sense of stability was linked to children's schooling, friendship groups, women's networks and sense of familiarity and connectedness to both people and places. These strengths were emphasised among women and children with disabilities and access needs that were met in their current property and would be hard to replicate.

> *'[My worker] probably did suggest to me have you considered moving, and I would have said, I mean, with [daughter] having [developmental disorder], you know, her whole life's just been thrown upside down, I hoped we could stay in our house. [...] So that's probably why we ended up going forward with the security stuff. [...] I felt like the kids have lost so much - but they hadn't really - with their dad leaving, that I just wanted something to be familiar to them by not having to leave the house.' (Abigail, T1)*

Increasing understanding of family violence and safety

All participant groups highlighted PSI as a facilitator for increased safety in a physical and psychological sense, but also as an intervention for knowledge-building. Women felt they were supported to learn and understand more about family violence through their engagement with services delivering PSI. Women particularly appreciated practitioner knowledge about periods of heightened risk, and how safety issues may change.

> *'For me personally at the time, I was like, "oh, it's not family violence because he is not, he wasn't physically hurting me the way he was hurting other people." I didn't see myself as a victim for a very long time. I think that needs to be really highlighted that it's a range of things that make it violent, not just the physical things.' (Charlotte, T1)*

The process of assessing risk and thus eligibility for the PSI facilitated understanding about family

violence dynamics. Examples included discussing the period six months to one year after leaving a violent partner as particularly high risk, when a perpetrator might realise the victim survivor was not returning and suggesting the use of a personal safety device in that time period. Safety auditors and contractors who installed their PSI measures also shared strategies and tips with them that increased the efficacy of the security items attached to their property.

> 'He sort of told us, oh, look for things here. So, say if I started getting a bit worried now, I'd know where to look myself. It sort of gave me a little bit of a bit of reassurance and a bit of confidence of being able to settle my own mind if I was a bit worried.' (Ava, T1)

Women also mentioned strategies and tips related to living life outside of the home such as, taking different routes to work, using PO boxes for mail, only withdrawing cash from ATMs outside their suburb, and backing their cars into driveways. The act of discussing the strategies and sharing additional options contributed to a sense of support and concern for their safety.

Organisational contexts and key provider relationships

PSI coordinators identified that having coordinators of both PSI and FSP programs working within the same organisation was a key facilitator. In some cases, coordinators had the opportunity to work across the two programs (for example due to colleagues taking leave or when backfill occurred), which provided significant insight and facilitated a more integrated way of working. Practitioners also recognised internal co-coordinators as a facilitator and those external to the organisation as a barrier.

> 'I think it's 100% necessary to me for those two roles to be in the same organization. [...] Just for a smooth, like a seamless, more seamless response, you know.' (Sector-based Policy Worker)

Coordinators working within the same organisation that held FSP funding described the importance of accessing internal administrative support to pay invoices from providers and auditors. Coordinators working externally to their FSP provider described a much higher administrative load for case managers, requiring initial quotes and approval for initial audit processes.

5.3.2. Limitations and barriers

Application process and administrative load of PSI

For practitioners, the biggest barrier to effective PSI implementation was described as the PSI application process, and administrative load this entailed. Though this was not the case for all practitioners who took part in this research, many described the steps required (see Figure 1) and back and forth this created as prohibitive in the context of their caseloads.

> 'I think the only barrier is, is how long it would take a case manager to complete it! Only because, we honestly, and I would love for this to be documented... But the amount of work that the PSI and FSP, the introduction of it, has created for case managers, has probably doubled our workload.' (Practitioner 2, Organisation B)

PSI coordinators described having had conversations where case managers avoided using PSI because of the workload, and instead trying to find workarounds to access other brokerage funding.

> 'When I first started, I had a case manager say to me [...] that they pretty much will avoid at all costs ever doing a PSI response again because the amount of work that it took them to get it done.' (PSI Coordinator, FG8)

While acknowledging the need for strong governance and administrative processes, the impact on workloads impacted on relationships between practitioners and clients.

> 'I get it. Why it's needed and all of that. But as a practitioner, it's I do think it takes away from that direct client work and I, I find that quite challenging.' (Practitioner 3, Organisation D)

Policy workers also identified the application and administrative processes of PSI as necessary, but 'clunky'. The safety audit, particularly, was highlighted as an important element, but hard to deliver in a timely way. PSI coordinators relayed that practitioners often got stuck at the point of having to complete an FSP application to be able to access the funds for the audit. Others spoke of the complexity and lack of clarity as a deterrence.

> 'Like the whole audit process really slows things down. I mean, it's necessary. Yeah, completely necessary. Yeah, PSI is really clunky to operate in. [...] Too many, too much process, too steppy... I mean, case managers struggle with that [...] ... often calling 'how do I do this'? [...] I've read this stuff on the internet, I've read what your tips are on your site that we use, we put all of our forms and information and... I still don't understand, what am I waiting on? Do I do this? Do they do this? It's murky, murky as. You know, and I mean, you would have seen the flowchart you know, like, there's a lot of boxes on there. Yeah, it's, that is the biggest barrier and I know for, from at least, like people in my own family violence program... They avoid it.' (Sector-based Policy Worker)

Some practitioners described a change over time in the roles and responsibilities for the PSI administration. Coordinators receive a referral, organise the safety audit and contact contractors. Previously, invoicing was also provided by some PSI coordinators. In some services, there has been a recent shift in responsibility from PSI coordinators back to case managers which created a high administrative load:

> 'So, we send our referral to [PSI Coordinator]. She either approves the referral or sends back further questions. If it's approved, she books the audit in, the audit report will get sent to us, we have to contact all of the contractors, to book them in to do a quote. The quote gets sent to us, we then have to upload the quote to the FSP portal. Once the funding is approved, we let the contractor know, they book in the job. Once they complete the job, they send us the invoice, and then we upload the invoice again.' (Practitioner 1, Organisation B)

PSI coordinators identified the shift in roles and responsibilities as a consequence of under-resourced coordinator roles. Coordinators emphasised the value they saw in keeping the main contact point with clients in case management, even if administrative responsibilities might be inconsistently shared between practitioners and coordinators. Existing rapport, knowledge of case elements and perpetrator behaviours held by case managers were emphasised as key to being able to make the most of a PSI.

> 'If we want to be client focussed it needs to be actually the case manager who has built a rapport with the client rather than myself.' (PSI Coordinator, FG6)

Practitioners from specialist organisations such as those working with culturally and linguistically diverse clients discussed the complexity of working across catchment and geographic areas, and the differences in the expected roles and responsibilities for delivering PSI. They highlighted how some coordinators had capacity to take on some of the administrative tasks, and others none. These inconsistencies created challenges for managing client expectations.

> 'It really depends on the area as well. Some areas got a really good system in place. They have their preferred providers, so they know exactly who to contact, we just need to get their approval. We just need to get the invoice and payment made. They will handle the rest for us. But some, we have to do everything.' (Practitioner 7, Organisation A)

When asked about the way they navigated working with practitioners and contractors to implement PSIs, coordinators highlighted the diversity of geographic areas and service constellations.

> 'Because we work in different regions... there is some difference in how we work. I think Orange Door and how we interact with Orange Door can differ region by region.' (PSI Coordinator, FG2)

Policy workers also highlighted the diversity of interpretations of PSI across regions, including differences in processes and ways of working which posed challenges to effective service delivery.

> 'Even though it's a standard program, there's many different interpretations of it. And if you're a case manager that's used to working with PSI in [catchment A], and all of a sudden you have to do something in [catchment B] through [system], it's different.' (Sector-based Policy Worker)

When speaking about the FSP portal that PSI applications are submitted through, some practitioners highlighted inefficiencies that could be addressed to streamline the process and reduce manual tasks for case managers. One example included repetitive information, or a requirement to manually enter all the information contained in quotes and subsequent invoices uploaded. Some practitioners discussed the potential benefits of PSI having its own portal, particularly if a separation of FSP and PSI funding was explored.

'It's an age-old thing that they just don't make it simple. If it was that simple […] it will be happening a lot easier, more women's lives would be saved. And more women will be making to feel less at risk and things like that. Yeah. The process would be quicker.' (Practitioner 1, Organisation D)

Practitioners spoke generally about administrative burden and large caseloads in a high stress sector contributing to worker turnover and burnout. While recognising efforts to recruit more specialist family violence workers, they commented on these systemic issues that were leading to turnover in the first place and the need for increased attention to these at a policy and practice level. Reducing administrative burden wherever possible could be a step towards retaining a skilled workforce.

'People are leaving our sector in droves. That's the other thing. […] Like, if you look at, if you look at employment pages like this, there are so many jobs going in family violence, and I know that it's in part […] extra funding to employ new staff. But people also leaving. There's a high turnover of staff because it's tiring, and it's stressful.' (Practitioner 2, Organisation B)

A further suggestion to retain workforce was to generate feedback loops so the workforce could see the impact of their effort.

'It would be really sustaining if we did. How lovely would that be if we kind of understood how it actually fit into a victim/survivor's safety. It would be amazing to hear that.' (PSI Coordinator, FGA-3)

Limited support periods

One of the most salient barriers for women to the effective implementation of safety measures lay in the limited time for case management support. Most women described having access to their case manager for approximately 12 weeks, which was insufficient to adequately build trust, create a robust safety plan, apply for and implement PSI, and address the next phase support needed to keep them safe longer-term (both for themselves and their children). Some women described being supported by case managers who only worked part-time, thereby limiting access over this already short support period. Similarly, where workers took leave during the support periods, women were uncomfortable being passed to other case managers with whom they had not built trust and rapport. While this was not the case for all women, it was a significant concern for those who did speak about it.

The impact of short support periods where women had been able to make a connection of trust was described as almost creating harm when cases were closed, and women left unsupported.

'I don't agree with well, you only have three months for this client, because you know, when you make progress, and you've got someone to support you to give you that strength. And all of a sudden, they have to leave you. […] After that three months you're on your own, but do they know that it's hard for us to actually have that belief and that strength to carry on knowing that we don't have anyone to support us or to talk to or to tell us that that you know, I mean, like everything's gonna be okay.' (Marie, T1)

Women were often provided with further referrals to services for themselves and their children, but most women and workers reported that there was a vacuum in support following the closure of the case at 12 weeks. While some women described being able to get back in touch with case managers following closure of their support period, others described needing to go through intake processes over again and having to wait out long periods to be re-allocated a worker (often not their previous case manager who they trusted). This acted as a

significant barrier to both following up safety related to PSI, and to pursue the longer-term therapeutic and psychological supports many women were in need of beyond one support period.

'With PSI, the issue with it is that, you know, there's this three-month criteria, and then there's the assessment again, and that's kind of that's something that I've had a lot of clients kind of be like, oh, well, you know, why go through it, if it can all be taken away again in three months. But that's just something that you have to talk to them about, and kind of be upfront and just transparent about.' (Practitioner 3, Organisation B)

Support periods and Aboriginal victim/survivors

Poor historical and current experiences with the service system hindered engagement and ability to deliver PSI responses to Aboriginal victim survivors. Where negative experiences were ongoing, they disengage from services. A longer period of time is required to build trust. PSI coordinators attempt to keep PSI applications open for as long as possible in case it became feasible to re-engage and deliver measures. However, funding and service structures, such as limited support periods, often required them to close these cases before meeting their needs.

Limited support periods were also seen to hinder meaningful, impactful work.

'Slowing things down to really do meaningful work and really assessing what the actual support needs are. You can tell those caseworkers that have maybe been in the role for a bit longer or are very in tune with the guidelines of packages and really critical thinkers, they're really thinking it through and doing really meaningful work and working intently with that person to get a better outcome instead of throwing money away and then closing the support period because that's what your organisation wants you to do.' (FSP Coordinator, FG4)

Time delays and bottlenecks

While all participants were clear in their understanding of PSI as a non-crisis response, delays to access and implementation of PSI were discussed as a barrier to an effective Safe at Home response, and as a point of significant risk to victim/survivors' safety and wellbeing. Coordination and time delays resulted in long periods of weeks, and in some cases months where a PSI audit had been conducted, with security measures deemed necessary but not yet installed. Some victim/survivors reported an ongoing need for emergency accommodation in these extended periods. FSP coordinators highlighted the toll that these extended risk periods had on case managers trying to support women.

'I know it's not a crisis response and I understand that. But I guess the people that we work with are in crisis. So I think sometimes that doesn't really meet the needs exactly of our clients.' (Practitioner 3, Organisation D)

'It's just ludicrous the amount of time it takes and that that's not a swift turnaround, like the steps involved for that to happen. I think that's an area that really needs to be managed better. […] That's really stressful for staff as well, because they have to hold the women in that space for that amount of time as well as doing all that paperwork and processing all that through. I really think that's a big area we need to look around is that timeframe around that.' (FSP Coordinator, FGA-3)

Participants emphasised the administrative processes to access funding outlined in the previous section as contributing to these delays.

'It's just too much back and forth. […] And then if your FSP funders are people down, your PSI are people down, then you've got women's lives at risk. I think there has to be a better way, than for people to be the gatekeepers of the funding.' (Practitioner 1, Organisation D)

Communication barriers

Communication barriers took many forms for women accessing PSI. With many women reporting PTSD, trauma responses in the form of verbal shutdowns, they highlighted a need for increased

recognition of these communication barriers and more alternative communication options. This was particularly evident when needing to report breaches to police including evidence captured through their safety and security items. Other communication barriers included the use of blocked or private numbers by practitioners. Women expressed hesitancy to answer these calls due to experiences of perpetrators using blocked/private numbers to harass or try to contact victim/survivors or having other people do so on their behalf.

Language and cultural safety barriers to implementing PSI

Both women and practitioners highlighted the increased challenges at the coordination phase for women who did not speak English, who used AUSLAN, or who had complex communication needs. Practitioners coordinating between women who did not speak English and providers who did not speak the women's language described creative workarounds they had used (such as three-way conference calling with women and providers to interpret PSI item instructions or questions), but that only filled the gap for the individual women they were engaged with if the practitioner could facilitate the conversation. If an external interpreter was needed, the additional time required to find and coordinate suitable options, was identified as a systemic communication barrier to effective implementation of a PSI and safe at home response overall.

Both a lack of English language, and poor cultural sensitivity prohibits women from communicating their safety concerns, asking questions and having discussions about specific measures that would be recommended. This affects both the safety audit and the installation.

> 'Who's going to explain what they're doing, what the clients say if they don't speak English? And how will they understand the client's safety concerns, if they are not communicating with each other. In the past, I've been asking the clients to have friends or family members over. But there are always situations where clients are so isolated, and they, or they feel really, not wanting to tell the community what happened.' (Practitioner 8, Organisation A)

> 'It's very important for the client to understand what's going on in their property and how it works and why, when it's installed, and that language is really important.' (Practitioner 12, Organisation A)

Where interpreters were not available, practitioners highlighted how this could create fear around miscommunication, and some women feeling security items like CCTV were being installed to monitor them rather than others.

> 'Whole point is for safety: it's called personal safety initiative – but I feel that the criteria is based around reporting of risk to police. Generated towards the legal system - which is not supportive of CALD people. The legal system is biased, racist and has language barriers.' (Practitioner C5, Organisation A)

Additional system barriers occurred in public housing. In some cases, local administrators delayed approval for PSI items to be installed. In others there were delays due to layers of inefficiencies. For example, one practitioner described emails requesting PSI approval going into the same inbox as general maintenance requests. This created communication and approval delays of weeks, with little recourse to address the issue without a direct relationship or contact to work with.

Navigating multiple systems and services

Women described navigating multiple services they were engaged with as a 'full time job' (Anya, T1). For women from who were dealing with additional administrative and or social services (e.g., Centrelink, Housing, Visas), this issue was further compounded. In relation to the PSI, women described this overload of engagement across multiple services impacting on their ability to be physically present during safety audits to provide input into potential recommendations. It also extended to being mentally present and have capacity to explore and consider their options and identify their needs. Some women found it difficult to respond to provider appointment requests or be present when safety and security items were installed.[9] This impacted their ability to provide input, for example on the placement of CCTV cameras, and to ask questions and seek clarification about both the functionality and capacity of safety and security items.

> 'I really had only one midweek day where I could do that. And I spent all my day off on that. It was a Friday at that time, but my whole Friday was Centrelink, Medicare, social workers trying to get things sorted. And I really didn't have downtime. I was running myself into the ground.' (Donna, T1)

Practitioners also raised this as a challenge to effective implementation as coordination between women and providers for installation was complex and time consuming and hindered when women were trying to engage with multiple services at once.

Some women spoke about the need for greater collaboration, shared risk and capacity assessments across these multiple systems.

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> 'Because it's always, they always point the finger to the DV service. Did you talk to your worker there? I think we just need to shift our thinking, that it's everyone's responsibility, like if we just ask someone are you okay? …Do you need some other support because the device is just one piece of the puzzle now.' (Raiya, T1)

Recognition of competing and contradictory directives within one care team consisting of different service sectors that clients might be engaged in was articulated by one FSP coordinator.

> 'I think something that I've noticed with some clients is that depending on the number of workers from different agencies who are involved in a care team for that one client and family, there can be differences of requirements, you know, that they're requiring the client do. So, for example, Child Protection, from their perspective in a care team might say, "You can't go back to that property. You need to go somewhere else" and that's just it. But often there's nowhere else to go and the client might feel that they can manage in that property with appropriate measures in place but then there's some conflicting, I don't know what you'd call it, instructions from different care team members.' (FSP Coordinator, FG5)

Women identified safety risks when navigating systems and services that lacked risk awareness. For example, courts require current addresses on documentation relating to FVIOs and family law cases. Where women required their address to be kept confidential, a request for this information was seen as a risk of being disclosed to the perpetrator or their legal representation and not adequately safeguarded. Particularly given the need for an FVIO to be obtained as part of a PSI response, the address is required on the FVIO and seen as a significant barrier to a Safe at Home response.

Some practitioners highlighted positive cases relating to systems involving children. For example, they highlighted that kindergartens and primary schools handled information sharing and implementation of processes such as sing-in/sign-out of children that were supportive of family violence safety concerns. As children and young people became more independent and attended

campuses with multiple access points, these strategies became less used, and risk increased.

PSI coordinators reflected on the way PSI interacted with multiple other programs and services, such as Safe Steps and The Orange Door, with their own processes and at times their own brokerage. For PSI coordinators, navigating these relationships often involved confusion and uncertainty about processes and what was most effective to ensure PSI standards were upheld.

'Should services/organisations with their own funding still be required to go through PSI in order to maintain minimum standards? The lack of consistency is concerning and confusing for everyone involved, FSV should provide guidance for everyone to adhere to the same standards and processes. This allows for the victim survivor to receive a consistent approach, regardless of which service they are supported by over time. The implications on the victim survivor due to the lack of consistency have not been considered and this is not a client-centred approach.' (PSI coordinator group feedback)

'Push back' against use of PSI

Community push-back

Some practitioners who worked specifically with women from culturally and linguistically diverse backgrounds described their clients experiencing 'push back' and stigmatisation from community members when they began using PSI items such as personal safety devices. Community members were reported to have viewed these devices negatively and as monitoring of victim survivors as well as their communities. Other FSP coordinators highlighted how community responses to PSI were based in community knowledge, tight-knit relationships and more embedded social responses to family violence (both victimisation and perpetration). Particularly for Aboriginal communities, one FSP coordinator described their experience of low engagement with PSI since its inception closely linked to oppressive experiences of Child Protective and Policing systems.

'With our Koori population, […] you're in community and everyone knows everyone, people know what you're doing. No-one wants a PSI response in the Koori community, no-one, because everyone knows your business. Women and children don't want Child Protection involved, they have a fear of having their children removed and they have a fear of police. They don't trust police. In the Koori community, you're well-connected to your mob, you don't want to move away from your mob, you don't want to be removed, you don't want to have to go somewhere else and they're your supports. So yeah, we don't have a high response at all.' (FSP Coordinator, FG1)

Across participant groups, liaising with real estate, housing and associated sectors was a barrier to effective and timely implementation of PSI. Real estate agents, landlords, or public housing managers were often non-responsive or objected and delayed approval or implementation.

'I had a client who lived in a public housing property, […] it was recommended that she just needed an extra, like a doorbell with video. […] We went through lots of stages, but then there were some issues like building management said, this extra like device attached to the

building, so there might be some issue. So it didn't work and then the client said she would rather just apply for a transfer, to another public housing property rather than having to go through all that. So it's just a lot of stress for many clients living in public housing property, because it's not even easy to move to another public housing property, you have to wait for years. But then, they didn't make it easy at all.' (Practitioner 7, Organisation A)*

However, other practitioners described public housing's interface with other government systems as an enabler to quicker approvals, with private rentals being harder to implement PSI due to individual landlord or real estate agency issues.

'Maybe the funding is available, but because the house is a private rental, then it will be hardest to, to install the cameras while the woman is renting privately. And it's easier for women that are renting in with public housing, because public housing understand the need to, they're working with other funded government agency…' (Practitioner 5, Organisation A)

When women owned their own homes or were living in homes owned by supportive family members, these issues were less of a barrier.

Emphasis on women's actions, but lack of survivor voice in solutions

Some women spoke about the focus on their actions, including leaving and not leaving a relationship or home, reporting to police and pursuing an FVIO, as a point of significant tension. One participant articulated this in terms of restrictions on women's freedoms and a focus on her 'lack' of action without recognition of the barriers that women face from perpetrators and systems.

'Even case managers always during the safety assessment "don't go where he's commonly frequenting." So many restrictions. Already restricted with so many barriers but the system is also telling us to be limited and restrictive. You just get stuck, and you get immobilised and then you get discouraged and then you tell women from migrant and refugee you're not leaving. Well, when I leave this is the reality and it's freaking terrifying.' (Raiya, T2)

Coordinators added that victim/survivor agency and a history of keeping themselves safe can be under-acknowledged, particularly in the context of eligibility criteria and requirements to engage with legal protective measures like FVIOs.

'The victim-survivor has actually been able to keep herself safe and alive for a significant period of time in managing this behaviour. By her not wanting to get an IVO is a reflection of, I know that I know the behaviour that's going to happen. If I get an IVO by the person using violence, I know that I'm going to be at significant risk, therefore that's not something that I want to do to achieve ultimate safety.' (FSP Coordinator, FGA-6)

Some practitioners also described victim/survivors' fear of their actions being the focus of attention and monitoring when they may have been using substances or engaging in risky or illegal activities. This was particularly highlighted when discussing the use of CCTV and its evidentiary functions intended to support reporting of perpetrator breaches. Some women fear and or distrust of how this might be used against them. PSI and FSP coordinators reflected on the need to fully inform victim survivors about how items like CCTV might impact them, particularly when interacting with legal systems.

'Some people's cameras don't work out because they get concerned that anything that's on a camera can be subpoenaed, whether that's a family court or whether that's from child protection or the police and so they often just switch them off or don't use them anymore.' (FSP Coordinator, FG1)

Inconsistencies between messaging and delivery of support

Some women described experiencing inconsistency between the messaging and actual support they received from services as part of a safe at home approach. Women particularly noted the need for transparency and follow through in regard to the consistency of financial support they were told they were eligible for, and what was delivered as part of PSIs and or FSPs.

'They were like "Oh, we've got thousands and thousands of dollars to help you and support", and then when I asked for help in the areas where I really needed it they were sort of like "Oh, we can't really help you there", or "We can give you maybe a $20 voucher" or something which was it definitely helped but it was sort of like well… […] the $20 isn't the thousands of dollars that'd help me, you said you could help with bills and all sorts of things like that, that never really happened.' (Isla, T2)

Some women felt there was a presumption on the part of services specifying what money could be spent on and what they understood as needs, that did not match up with women's lived experience.

'I mean these organisations have the funding there, but they pick and choose what they do with that money, and they shouldn't be allowed to do that, you know.' (Mia, T2)

Mismatches between women's and services' assessments of safety and need

Some practitioners spoke about mismatches between service system and victim/survivor assessments of risk. At other times there is a sense of mistrust of women to keep themselves safe, or a paternalistic approach and purporting to 'know what's best' for the victim/survivor. At other times, there are limits to what the funding can be used for, which may not be what a woman needs to keep her safe.

'Sometimes there'll be a bit of dissonance between what the victim/survivor's identified, or preferences for what will make them feel safer, and what PSI will actually approve. […] The biggest one is when it's, [victim/survivors] are unable to get something included that was really important to them. But the PSI justification doesn't align with theirs.' (Practitioner 1, Organisation B)

PSI coordinators discussed the need for greater consistency in how case managers framed their discussions around PSI with their clients, and a need to manage expectations around timeframes and scope of the program before applications were submitted.

'It's tricky to have that conversation with clients. If that's what they're linking into your service for, it's hard to say no and to have that conversation because if that's what they want, we support the support needs that they identify. […] It's not convincing them but it's really developing a strong understanding of what we need, what's the best support that we can provide and doing meaningful work.' (FSP Coordinator, FG4)

PSI coordinators highlighted that often the applications for PSI that required additional work around understanding risks, suitability and potential for positive impacts on safety were those that came from non-specialist services rather than the specialist family violence practitioners.

'Those are the smoothest because those case managers know the process and know how to navigate those service systems and have the relationships with the clients.' (PSI Coordinator, FG2)

The mismatch between women's and services expectations also concerned the purpose of PSI. A key tension related to evidence collection functions versus the peace of mind that CCTV enabled for women.

'In the rationale for funding a PSI, it's actually to be able to gather evidence that if somebody who's perpetrating is coming to the home and actually is causing a lack of safety, it may be that they're breaching. […] many of the victim survivors who would be requesting a PSI, it's because they really feel that for them and their children, they want one because it makes them feel better, it makes them feel safer, you know? Yes, it may document evidence, but that's not always top of mind for them.' (FSP Coordinator, FGA-7)

Perpetrator risk and escalation

Policy workers raised the need for better recognition and understanding of the mindset and behavioural patterns of people using violence and abuse in order to better target the response:

'I asked a PSI provider, so you know the men […] that go out and do the sweeps. And I said, what's your biggest learning in this work? They said that there is no limit to the lengths a perpetrator will go to, to find and kill their partner. […] I think there's a real lack of understanding of that mindset and how dangerous it is, including at FSV, if I'm honest. […] This is an area where justice system needs to catch up. Recognize patterns are predictors of future behaviour.' (Victorian Government Policy Worker 1)

Perpetrator escalation and disregard for law enforcement or consequences of breaching orders were discussed as always posing significant safety risks. PSI items were minimally effective against these perpetrators, however, could still provide peace of mind in notifying a victim survivor if the perpetrator came onto the property and record evidence of a breach of an order.

'To be honest, you could have as many measures in place as you possibly could, and it's not going to stop their behaviour. I have AVOs in place that have been made forever and everyone's like, oh, it's great. […] I'm like, it's just a piece of paper. He couldn't care less about that. I do have sole custody of our son. The courts took away his rights to our child. Again, it's just a piece of paper. Same with the cameras, it's great for video footage or when the paranoia kicks in and you hear random noises. At the end of the day, the abusers, they don't care about any of that stuff. None of it. All that stuff's more for the victim's mental state than anything. Like I'll spend the rest of my life living on edge, always looking over my shoulder because he's made me like that.' (Charlotte, T1)

Participants continually emphasised perpetrator risk and potential for harm even with safety and security items installed – and the threat posed by these perpetrators would continue to hinder efforts to increase women's safety if not made a priority and actioned across sectors.

'They're not deterred by all these safety upgrades. That's the sad reality. There's nothing stopping them from throwing a Molotov cocktail at the front door or coming crashing through the windows at night and murdering women.' (Practitioner 2, Organisation D)

The introduction of PSI items such as visible CCTV was discussed by some practitioners as having a potential heightening effect for perpetrator risk and escalation. Across their case experiences, practitioners described some women they had worked with reporting perpetrators viewing the introduction of CCTV as 'push back' from victim survivors.

'Some women identify that if the perpetrator sees [CCTV], they see that as her pushing back, and it's actually going to heighten him.' (Practitioner 2, Organisation D)

COVID-19 lockdown measures

Some practitioners spoke about seeing clients during the lockdown periods in Melbourne, and how some risk of perpetrator escalation had been mitigated by the curfews and travel restrictions and acted as protective factors for women staying in their homes if perpetrators were reticent to have police involvement.

'During lockdowns, you know there was curfews and you couldn't drive […]. So I think that also supported people being in their homes, knowing that those rules were there, and I guess you'd talk to some women who really believed that the perpetrator would not break that rule because they would not want any police involvement. So that was kind of a protective factor that they knew at a certain time that they'd be OK. But then there were other ones, we definitely talked to and it wasn't.' (Practitioner 3, Organisation D)

Lack of affordable and available housing

One of the foundational elements of a safe at home response is that a woman has access to a property or 'home' that can be made safer. A lack of affordable housing and particularly the rental market in Victoria was frequently highlighted as a barrier to any safe at home option, short or long term. Rental affordability is an increasing barrier to relocation for victim survivors, and coordinators noted that most applications for PSI were for homes in which the survivor was currently living. FSP coordinators highlighted that in these contexts, PSI was often the only option available to increase safety, even if staying in the home itself may not be the preferred or safest option.

> 'We don't have anywhere to take people, so the money is better spent on a PSI response, on CCTV, on those types of things to try and make that person feel safe to remain in the home with their children. There's nowhere else to go. If that home is too expensive, the next place is going to be twice as expensive because the rents have gone up so much.' (FSP Coordinator, FG3)

Rental barriers affecting Aboriginal people
PSI coordinators identified significant barriers to accessing rental accommodation among Aboriginal victim survivors, and perpetrators. Therefore, relocating is not a viable safe at home response. The rental market is believed to still be impacted by COVID-19.

> 'The impacts of COVID and stuff is also on housing. I think we're finding there's more need to keep people in their home because there's just not an option for them to move. I think unfortunately that particularly impacts Aboriginal victim/survivors because often unfortunately they're still quite stigmatised and in terms of accessing rentals is much harder for them still. So there is more of that need for them to stay in their properties which then impacts […] when they're in a really tiny community that really kind of impacts that as well, because they've just got no option of where to go.' (PSI Coordinator, FGA-Facilitator 2)

Women spoke about wishing to move to a new property for many reasons, often relating to the psychological aspects of living in properties where violence had been used against them. For women who did relocate, the lack of affordable, stable and secure housing caused additional stress.

> 'The move was really important, I think for everybody, for the kids in particular, just that fresh start and a bit more being in an environment where the perpetrator's never been, I think is quite important. I'd certainly hope to stay here, but it's a rental and I'm aware that I only have a 12-month lease and there's the insecurity at the end of that.' (Lara, T1)

Low availability and long waitlists for public housing means it is not a feasible option. Some women were offered emergency accommodation, mostly in motels, which is not practical or desirable for the medium or long-term, especially with accompanying children.

> 'They said to me, really the only thing they could do was a hotel room. And I said, "Oh no, we're not doing that." That's when the, like all the security measures took off.' (Angela, T1)

For many women, and echoed in practitioners' discussions, the decision to move properties was driven by women's lack of a sense of safety in properties or 'homes' where violence had occurred, and where perpetrators knew the layout of houses. Physical vulnerability, as well as ongoing experiences of psychological and emotional trauma for women and children were some of the reasons women wanted to move, along with creating a fresh start as articulated above.

Impacts of COVID-19 lockdowns
Some practitioners reflected on supporting women who had spent the extended COVID-19 lockdowns in Victoria living with perpetrators. This was often cited as a motivating factor for wanting to relocate.

> 'That sense of being like a prisoner in your own home, that a lot of people felt that weren't in abusive relationships, that was obviously really quite real for these women. Yeah, that being compounded by the lockdowns, probably increased the chances that they'd want to relocate.' (Practitioner 1, Organisation B)

Practitioners mentioned the way lockdowns had increased the importance of feeling safe in the home, and that this had not been possible for many clients due to perpetrator actions.

> 'Due to COVID, due to potentially being in isolation or not wanting to go out as much or working from home. So having that sense of feeling safely in the home, I think is even more important than it would have been otherwise.' (Practitioner 3, Organisation B)

Practitioners identified that a lack of affordable, available and long-term housing, when combined with lack of knowledge of the service system, led women to consistently report feeling they had no option but to stay and endure abuse, or, to reach crisis point before seeking support.

> 'Even though they want to move, they tell us that they want to move and can't, because there's no other exit options.' (Practitioner 2, Organisation B)

Some practitioners also mentioned states where perpetrators own the property. This provided a barrier as women believed they could not exclude the perpetrator from their own property, thus limiting the perceived feasibility of a Safe at Home response. One practitioner described this situation:

> 'I don't think that should be a barrier. And I don't know how, I try and say, well, it doesn't matter. If he's excluded, he's excluded from the house. But it becomes a barrier…. Legal services, say 'oh he owns the home, that's going to be difficult'. And I

think that's a real concern. I think regardless, if you're in an intimate relationship,…. and you still live under the same roof, regardless of ownership of the home it should still be able to be keeping the woman there if that's where she feels safest.' (Practitioner 3, Organisation E)

A lack of housing alternatives for perpetrators excluded from the home was discussed as the other side of housing issues. With few medium to long-term options, participants described cycles of perpetrators returning to properties, breaching FVIOs and continuing to use abusive behaviours to regain control of women to allow them back into the home. In these cases, the likelihood of perpetrators harassing victim survivors increased. They pressured women to withdraw intervention orders, and the rate of re-entering the home increased.

> 'I guess housing in itself is the main issue in that either she has nowhere, you know, has nowhere else to go to and has to stay in the home. Or if she wants to stay in the home there's possibly nowhere for him to go. So he's gonna keep harassing her until he gets you know, because he's got nowhere else to go and end up back in the home because then he'd be homeless. So if I had that magic wand I'd fix housing.' (Practitioner 1, Organisation E)

One woman, who experienced violence from her adult son, put it this way:

> 'He'll come and he will sleep on the veranda and things like that, you know? When he's homeless, he comes home to be homeless in a sense.' (Violet, T1)

PSI funding as part of FSP packages

The funding of PSI through FSP was identified as a limitation to effective responses. Depending on the complexity of cases, this structure negatively impacted on capacity to attend to longer term therapeutic recovery alongside shorter-term safety and security needs. A PSI response is often expensive and often one of the first activities implemented in case management. The remaining funding in an FSP package may be reduced and unable to support longer term goals. Both practitioners and women described situations where

women had to choose between addressing their safety and security (through accessing PSI), or to prioritise other items that they needed in the longer term.

> 'One of my clients literally said, I don't need to go through PSI, because I do need items which are more crucial in the long run.' (Practitioner 6, Organisation A)

Coordinators discussed the impact on being able to implement recommendations for safety and security items, and often having to make decisions that limit a comprehensive response based on this funding tension.

> 'Prices have gone up on everything. Yet our funding amount remains the same. I think that FSV needs to take that into consideration and raise the limits.' (PSI Coordinator, FGA-2)

> 'You end up having to prioritise between what has been written in the audit and not being able to implement everything. ….If the audit has come up with 10 items that need to be implemented and we're having to choose seven, we're still leaving out those three which would be ideal for the client.' (PSI Coordinator, FG6)

PSI coordinators in regional and rural areas reflected on the discrepancies across regions in the costs of items and associated delivery, with the package funding unable to equitably deliver comprehensive responses across geographic areas.

> 'I find that when I compare prices with other PSI coordinators from other regions we are far higher. So whenever, you know, even one item might cost double what it would cost somewhere else which is, yeah, which is really limiting'. (PSI Coordinator, FGA-1)

> 'I think that our funding model structurally disadvantages victim survivors particularly if they're residing in semi-rural areas.' (PSI Coordinator, FGA-3)

PSI coordinators advocated for an overall increase in funding for FSP and PSI, proportionate to the rise in costs. While at the time of writing, flexibility does exist for special consideration to be given to packages that exceed the cap of $10,000, PSI coordinators highlighted that this is often not possible to achieve, and that the funding package

limit was unrealistic in the current financial climate. Practitioners highlighted similar points, with the $10,000 often seen as arbitrary when 'safety looks different for everyone' (PR_O1-I1). Particularly looking across metro and rural differences in costs and the types of safety and security items that might be requested, PSI coordinators and policy workers highlighted the need for differential or at a minimum more informed funding in terms of package limits, to ensure more equitable and effective in safe at home responses.

> 'I've noticed too, so not so much speaking to the security side of things, but just the other things that are coming through as requests, which might impact what you spend on security. You know, just you know, help with, help with the bills, help with this, school fees, all the, you know, all of those living costs.' (Sector-based Policy Worker)

Alongside consistent push for an increase to the PSI and FSP funding, a separation of the PSI from FSP was strongly advocated for by practitioners, coordinators and policy workers. Some practitioners highlighted that delinking PSI from FSP might create an opportunity to deliver PSI as an in-house initiative, rather than requiring organisations to navigate regional provider relationships.

> 'From my perspective [FSP and PSI] should be separate, because if we look at the purpose of Flexible Support Packages, it's supposed to support a woman's, not just safety, but her recovery. And sometimes that's setting up a whole new house, or enrolling in a course, or paying off debts, which could easily use up $10,000. […] But then if you've already done a PSI which is often one of the first things that we do, if there's imminent risk, […] CCTV, doors, security doors, it would easily get to $8,000 and then you're only left with about, a couple of $1,000.' (Practitioner 1, Organisation B)

5.3.3.   Summary: Implementing PSI and Safe at Home responses

Our findings presented in this section highlight key strengths of the current Victorian implementation of PSI and Safe at Home as including: supportive and collaborative relationships between case managers and clients; relationships between case managers and coordinators; the functionality of items provided under PSIs; the impact on homelessness; and contributions to stability and routine made by these initiatives. Women's increased understanding of family violence and safety, facilitated through these programs, has also been highlighted. Barriers to implementation included: the application process and funding structure of PSI under FSP; and limits to both support periods and funding to administer these initiatives. Communication barriers and navigation across different systems, particularly for culturally and linguistically diverse populations was also a barrier, alongside push back from housing providers to the use of PSIs. There was an emphasis on women's actions throughout systems, and limited focus on perpetrators and their changing tactics. Lack of affordable and stable housing appears as both a barrier and an identified gap to address. Attention to children and pets, and availability of female providers were also identified for increased attention, alongside more transparent feedback loops.

5.4. Longer term effectiveness and impact of PSIs

The following section presents findings relating to the use of PSI items following installation, and the longer-term impacts and interactions relevant to a Safe at Home response and outcome. These findings have been particularly informed by the second round of interviews with women accessing PSIs.

5.4.1. Strengths and facilitators

Feeling safer

Although very few women described feeling 'safe' with a PSI response, many described feeling 'safer'. The sense of safety developed over time while living with the features and extended to children living in the home. Feelings of increased safety made a significant difference to their quality of life and hope for their and their children's futures.

> 'At first, I was really hesitant to get cameras. I didn't want to feel like I was in a prison because I'd been monitored so much, and I didn't want to feel I was already isolated. I already felt like I was trapped inside my house anyway. And it was going to actually heighten perhaps my anxiety. But it's been such a blessing in disguise on so many different levels even now.' (Olivia, T1)

> 'I struggled to sleep and I'd be looking out the window and getting up at every little noise I heard. But with the cameras and stuff, I didn't have to, so I think the kids would have known even if I hadn't had that conversation, because they felt a lot safer with everything put in place.' (Abigail, T1)

Depending on the age and developmental stage of children, some women reported their children felt empowered to check CCTV at night if they heard a noise, and some were a little more at ease just with seeing measures put in place and having them explained to them.

> 'My son was too young to understand but [daughter], my daughter, she was good with it. She sort of understood what was happening and just knew that they were there to make sure, just keep us safe and make sure that if anything happened that it's on camera so that the police can deal with it and stuff. She wasn't worried about having the cameras there or anything like that.' (Isla, T1)

Where women had remained in a family home or at a property where violence had been used against them, some described strategies they used to change the feeling of their space, alongside having PSI measures installed.

> 'It's interesting, because the violence happened in the home that I'm in now. It happened outside, in the garden, and it happened in the bedroom. But I think because I've changed those spaces, it doesn't haunt me anymore. I feel like that's my home now, in my own right, [...], it's not triggering for me. Sometimes, I think about it, but also, our home is so much happier now, it's got a completely different energy, it's got all my things – I mean, I've created it into my space [...] – I'm not triggered so much, because it's a different space now.' (Olivia, T2)

We acknowledge that this was not the case for many other women, who continued to feel psychologically and physically unsafe in the same properties where perpetrators used violence against them or their children. As discussed above, for some women, relocation to a new property was the only way they felt safer, physically and psychologically.

Impacts of safety and security items across contexts

A few women spoke about the fact that some safety and security items (e.g. CCTV, personal safety devices) could be moved with them to a new property. This was important and affected decisions about relocation. This was not the case for all women, and the costs of having items removed and reinstalled, without the support of a safety audit, was described as something women would have to take on and was a barrier to relocation.

> 'I don't want to move, if I can't have security on the house I don't want to move. But then it's not really safe for us to be where he knows where we're at either. [...] it's massive, it's hard enough to get a rental as it is, let alone the fear of being somewhere and not having security.' (Kate, T2)

Safety and security items facilitated a sense of physical safety regardless of the identity of the primary perpetrator. Some women had applied for PSI with multiple perpetrators from the outset (including other family members). Some examples included: robberies and drug-related crimes that

had been committed near their properties and they were able to supply footage to police; when neighbours had started using threatening or harassing behaviours towards them or their children; and when they felt that people associated with their primary perpetrator were in the area.

> 'To be honest the only time I really look at them [CCTV cameras] now is when I have correspondence with my neighbour because the people next door to him are unfortunately drug dealers. So he will contact me and say hey, can you check your cameras around this time, because he's trying to collect registrations for the police...' (Charlotte, T2)

Beyond women and children, PSI items enabled protection of family pets and facilitated collection of evidence pertaining to their harm where this occurred.

> 'I've got a big dog out the back, I've got a [dog] and she's a beautiful girl but what I was really paranoid about was my ex-partner coming in and baiting her to get rid of her. [...] I've been able to watch my backyard to see if anything gets thrown over the fence or if there's anything unusual around the front.' (Mia, T1)

> 'It's reassuring to know that if I'm away for a day or a night or something I can still check the cameras from any location, it helps me because I can also check in on my animals as well.' (Charlotte, T2)

Evidence to support justice and family law court responses

The inclusion of technology items supporting evidence capture (e.g., CCTV, personal safety devices and or video doorbells) was regularly mentioned as having a positive impact supporting interactions with criminal justice and legal sectors beyond case support periods. One policy worker highlighted the 'impartiality' of evidence captured through PSI items.[10]

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[10] 'Impartiality' of evidence captured using technology is highlighted here as a positive tool to be used in service of victim/survivors and respond to regular disbelief of women's lived experience of abuse.

> 'The justice system does believe and use evidence captured through PSI. So it it's an impartial witness, if you like. That's been groundbreaking in a number of cases.' (Victorian Government Policy Worker 1)

Women also highlighted that having video recording to back them up personally and in family law court had been helpful. This included use of evidence when navigating parenting orders and other interactions where contact between victim survivors and perpetrators as parents was ongoing.

> 'In terms of the family violence, it has been fantastic for evidence, not only with breaches to the IVO, but breaches to the family, the parenting order as well too. [...] He's still in our lives, so he's able to pick up the boys from my residence, but that's where the cameras have been a godsend, because he'll often, he'll often twist events.' (Olivia, T1)

One practitioner spoke about a previous client who had accessed PSI and how the use of CCTV had contributed evidence used in family court.

> 'There were breaches of the order, by him texting her. She tried to report that to police, but police say 'oh, he was talking about children. He was not [...] breaching anything, because he was allowed to contact regarding your children'. But he was using that to emotionally abuse her, and manipulate her, but police wouldn't take that as a breach of the order. But then, [...] he came to the property himself, and it was captured on a CCTV camera. So she reported that, with the footage, and they finally took that report as a breach of the order and then it really... Yeah, kind of like helped her a lot. Not just, with her safety and with her children's safety, but also later on for her family court hearing as well.' (Practitioner 7, Organisation A)

While the example quoted above includes a positive aspect of how CCTV was able to be used in capturing a physical breach, it also highlights another issue related to the emphasis put on physical violence and breaches of intervention orders previously discussed.

Sense of safety and self over time

While some practitioners strongly emphasised the limitations of PSI items such as CCTV, in how they might impact women's mental health or contribute to hypervigilance, some women pushed back against this characterisation and highlighted their changing relationships with safety and security items over time. While some women's feeling of being monitored, hypervigilant and paranoid did not shift, others spoke about how they grew into using their items as a positive support over time.

> 'They kept saying to me, 'oh, cameras aren't going to stop anyone, they're just going to make you more paranoid'. And it's like, well, 'no, because you can actually check […]', I could actually rewind and go, well, what was that person doing here? They're all helpful and useful in their own way.' (Ava, T1)

Some women spoke at length about the power of survivor-led approaches their case managers employed when working with them, and the ongoing impact on their sense of self and choice beyond their support periods. One participant described this as:

> 'That social worker, 'oh my god I'll never forget her, because she just opened my eyes then'. Whenever she spoke to me the number one thing she would always tell me is that the choice is yours. […] You lead. You tell me. You know what you want to access and what you want to explore, and we will sit and discuss the options. So that was empowering for me. I didn't feel like I was being victimised. I actually felt like, 'oh wow I have so much power now'. I can advocate for myself. I can say no. Saying no was such a powerful thing for me. You ask any victim survivor - because that's what abuse is. It's lack of choice and control and not being able to even make simple decisions.' (Raiya, T2)

When asked about her decision to pursue a Safe at Home response, one participant described her feelings about her property – as a young adult, she had worked hard to purchase the property by herself. It was extremely important to her that she was able to retain ownership, and that she be able to continue living in the home that she had created,

despite perpetrator actions that threatened her. Support to do this through a Safe at Home response allowed her to retain this part of her identity, and as a form of resistance in the face of her perpetrators' violence.

Choice and self-determination through Safe at Home responses

FSP coordinators reflected on working with Aboriginal communities and the critical importance of embedding choice and self-determination throughout policy and processes of any Safe at Home response implemented.

> 'Making sure that self-determination and Aboriginal women's voices and children's voices are at the center of everything that we do with them. In every policy, every funding application, and every time we remove a woman and a child from community, that she is also involved in that process. It's not something that we're doing to her. It's something that she is wanting to engage in and really acknowledging her self-determination and agency in that process.' (FSP Coordinator, FGA-5)

Building knowledge and insight about family violence and rights

Gaining different perspectives on safety in relationships over time was particularly important where women believed that violence and abuse was normalised with themselves and their children. Shifting perspectives included understanding aspects of women's rights, both in a human rights framework and in a legal sense.

> 'I think having the IVO is what stopped us from getting sucked back in because it was a cut, like a clean cut. Before the IVO was put in place like, I honestly was still a bit blinded by what was happening and didn't fully understand the impact of what we were actually living in, until it stopped. So when you step away you go, 'oh my God, what the hell, how was I living like that'. I didn't realise that that was abuse because it was so normal for us. You get desensitised. Like over this time, I'm like getting stronger and stronger but the way I've stayed strong is with the

cameras and with the IVO and it's a worry when that's not there.' (Abigail, T2)

> 'I actually didn't really appreciate the security until I started seeing things, and realising that I needed them. I didn't realise how crucial they were for my safety. I think I was just so used to being threatened and controlled, and I always thought it was me that was the problem. And then, I didn't think it would continue after either […] Because I just thought – initially, my first thoughts were like, oh, that's a bit overkill, isn't it? But now, I'm realising, like, when I know he's close to texting me, how I'm feeling, and how I feel like my life is going to end, I realise I do need them, and that it wasn't overkill.' (Alexis, T1)

Stereotypes and cultural contexts
The impact of stereotypes and cultural norms was spoken about by some women, particularly those from culturally and linguistically diverse backgrounds in the contexts of a majority Anglo-Saxon Australian population. For women who had been raised in more collectivist cultural contexts, they described the work and effort it had taken them to view their safety in terms of personal boundaries and individual rights to safety. Women described this as an ongoing challenge, but one supported by the presence of response like Safe at Home.

> 'These beliefs and behaviours and attitudes. I think it takes a lot of effort to deconstruct that, into like to put myself in the center. Everyone and everything out of the equation and look at safety, like my bubble, because the concept of boundary is very fluid in my culture.' (Raiya, T1)

Policy workers also noted the potential for growth in knowledge among workers of non-specialist family violence organisations who case managed clients receiving a PSI. This enabled them to bolster the applications with deeper risk assessments and safety planning. This was seen as a positive effect of dedicated programs such as PSI, increasing safety awareness for victim survivors, but also those working to support them over time.

> 'It's an education piece for sector and for victim survivors about all the many ways in which you can be monitored, stalked and abused, some of which you didn't know about or factor in. And you get better at protecting yourself.' (Victorian Government Policy Worker 1)

Key contacts, repairs and trouble-shooting

When asked about supportive actions to use PSI items and stay safe at home in the longer term, some women highlighted the importance of having clear contact details to be able to reach out to services again if needed, including knowing when local Family Violence Liaison officers were staffed at local police stations.

> 'Having regular consistent hours and someone as a point of contact, just having a couple of names in the police station is really helpful.' (Alexis, T2)

This was also discussed by women and practitioners in terms of the importance of some safety and security items having periods of trouble-shooting technological support. Some providers engaged to deliver these items provided instruction and ongoing support for up to a year for clients, for both those who encountered issues with their items and or who had lower technology literacy and requested support after initial installations. In some cases, this had been necessary due to faults or set-up issues, and in others, repairs or resets were conducted following tampering or damage by perpetrators.

> 'He had broken in on a few occasions and tampered with cameras and stuff. The camera people would come back and fix them. They were really good in that way.' (Hazel, T1)

> 'A lot of client from the migrants and refugees background, they may not have that, you know, a very clear knowledge about you know how to use those tech things, protecting their homes and some women's are not well educated. So the companies […] that I deal with, they're quite good, they come back to the client and teach them well...' (Practitioner 5, Organisation A)

5.4.2. Limitations and barriers

Safety and security item functionality/quality

Some women highlighted the choice of item model as a limitation, with some CCTV functionality such as automatic bookmarking mentioned by several women. If bookmarking functionality was not available, women described spending hours sifting through footage – where bookmarking was enabled, they could quickly scan through instances of people approaching their property.

> 'If something happens at a particular time or a particular day, [...] I could go and look at a specific period of time. But when I'm just feeling unsafe in terms of, is he just lurking around... I have to scroll through hours and hours to put my mind at ease.' (Lara, T2)

Some women who had accessed personal safety devices such as a watch or pendant highlighted limited charge capacity for some models, making them impractical to carry for extended periods of times. Others found them bulky and quite conspicuous. While this was not the case for all women, those who gave this feedback highlighted concerns about this conspicuousness as a perpetrator could escalate and target removal of these devices once they understood what they were. A few women also mentioned community members negative reactions to devices, and young children trying to grab devices with the danger of accidentally triggering a call for help. The importance of minimum standards was highlighted in the previous section by coordinators, however the design and functionality of how these devices are tailored to women's lives needs to be considered.

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Personal safety devices and languages other than English

Practitioners working with women who did not speak English at home or who were not comfortable conversing in English also highlighted that the functionality of personal safety devices could be limited if external monitoring companies or first responders did not fully understand the context for their use, and or did not speak the woman's language. While the push of a button aspect of these devices (discussed earlier) still held as a strength, the potential for misunderstandings or inadequate responses was perceived to increase in these circumstances.

> 'Personal safety device connects to a call center and client needs English to use it. They might be in the middle of an argument and they push the button, but can't speak English [...] or may feel too nervous to speak English when they use it.' (Practitioner C5, Organisation A)

From the other side, this was also highlighted as an issue for the responders receiving the call for help, limited their capacity to understand the situation if they did not speak the client's language.

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Some women described finding the technology items installed as part of their PSIs as difficult to learn how to use. This was discussed by some women as down to their technology literacy and were keen to receive additional support and or training in how to navigate each device.

> 'I just don't know how to use the cameras. [...] I would love more help with learning how to use them. Because, yeah, it's a little bit complicated.' (Abigail, T1)

Other women described having been given minimal documentation such as device manuals or instructions to refer to when they encountered issues. Some providers, as described above, were proactive in ensuring women had access to this information, in some cases even recording instructions for women. However, this was not consistent, and many women reported worries about technical issues. Examples included not being

able to download recorded footage and log into accounts set up at highly stressful and emotional times. Some women described these experiences as sometimes leading them to put fixing their safety and security items in the 'too hard basket', rendering these items useless in their capacity to support safety over time.

> 'That technical side of things, I felt the support was a little bit lacking, and I was without cameras for, I think, three weeks, which was a bit unsettling. But yeah, it's something I've just left. It's like, oh god, I don't really need the stress, but I should follow up for peace of mind.' (Olivia, T2)

Some women noted that even if safety and security items were working as they should, they may not be effective particularly where perpetrators had prior knowledge of entry and exit points (e.g. garages etc).

Limited monitoring periods and sustainability of costs

Women who accessed personal safety devices such as a watch or pendant with external monitoring linked to police assistance spoke a lot about the funded period for these devices. Based on their experiences, after 3 months of funded monitoring, they would have to take on the cost to keep the monitoring active for these devices. For these women, the end of funded monitoring periods loomed large, with some unable to cover the ongoing costs.

> 'The fear of that ending is quite big because it's still going on. And that is one of the things that sort of made me feel the safest, if he did come to the property. [...] The cameras are amazing, that I would have the proof that he was at the property. [...] But like having to use my phone to call triple 0, and then say that I need the police and then say my address with the phone... [With] the watch, it gives that security of pressing a button and that's all you have to do.' (Alexis, T1)

One woman described the mismatch between high-risk periods and funded monitoring periods felt contradictory and inadequate, particularly in the

context of ongoing criminal justice responses.

> 'There's this transition period that I'm going to be navigating and it's so important that the provision for the safety watch should be at least extended for at least a year because I felt like I still had to sort of extend the intervention order.' (Raiya, T2)

Practitioners also identified this as a key limitation to PSI. They described funded monitoring periods often not extending much beyond case management periods (e.g., 12 weeks), let alone the timeframes where women who have recently left an abusive partner are particularly at risk (e.g., 6 months to one year after separation). While PSI guidelines include a review point for external monitoring and leasing after three months and the possibility to make a subsequent application for further FSP funding, this conflicted with case management periods, often falling outside timelines after case closures. Based on feedback from some women, reviews were not consistently conducted.

For women accessing doorbells or CCTV with recording capacity at a cost initially funded, similar issues arose. For many of the women, the cost was not possible to absorb, and they ceased using the personal safety devices or recording capacities despite wanting to continue.

> 'The alarm for the police, I don't use that anymore because I had to start paying for it. I just couldn't afford it, so I don't use that. [...] I just can't afford it.' (Penny, T2)

These longer-term use issues were acknowledged by coordinators who highlighted internet and WiFi costs as a barrier for women with low incomes to be able to continue using items to monitor safety.

> 'You've got to have internet. So when you're talking about people that are on a low income or don't have any Wi-Fi...it's a problem for monitoring.' (FSP Coordinator, FG1)

For others who were able to absorb the cost, some chose to do this depending on how useful they had found the device during the funded period. For some, this was linked to their assessments of perpetrator risk and intersections with mental ill-health trajectories.

'When we know that he's gone off his meds and that we'll ring up the company and reactivate it.' (Violet, T2)

The importance of recording capacities and their usefulness across CCTV, doorbells and dashcams was often highlighted for FVIO breach evidence gathering. The loss of this ability to collect proof of these actions was a key point women grappled with in making decisions to try and prioritise costs to continue recording after funded periods.

'If anything does happen, I've got proof, because he's a bullshitter basically and denies everything. So, I've got that proof if it does happen.' (Angela, T2, using dashcam)

Some women also described a lack of clarity about exact timeframes for funded periods and in some cases, monitoring was unexpectedly cut off due to lack of payment. This was extremely distressing. They advocated strongly for practitioners to ensure women had details about the exact dates of funded periods expiry, and process for taking on costs if this was the case.

Reliance on police responses and continued FVIOs

Safe at Home responses relying on police support and intervention was discussed as a limitation across all participant group due to many negative experiences for women where they were not taken seriously, were disbelieved, or received inconsistent or contradictory police responses to evidence and breach reports. While some women described having positive and supportive interactions with police (particularly where family violence liaison officers were available), others reported high levels of fear, intimidation and distrust in police to uphold their safety when using PSI.

'You can put in [...] all these safety measures and so forth, [...] thinking it works. But, you know, when you're actually facing trouble, and then you ring the police, it's not working, is it? Because they don't come straight away.' (Marie, T1)

'The response I got was well, we're going to probably have to charge him with unlawful assault, and do you really want to cause this

much trouble - think about the impact on his family? And so, I kind of walk out of the station just feeling, in a sense, the same gaslighting that used to occur in the relationship.' (Olivia, T1)

Practitioners particularly highlighted police disbelief for victim survivors from culturally and linguistically diverse backgrounds.

'The police, if they could take it seriously. Because these women, I don't think that they take it lightly [...] to go to the police station and speak to police officer. In fact, they, I don't think they want to do that! It is something pushing them to do that. So, I think that part of my clients, you know, not reporting, and not only with the PSI, but also in terms of renewing their intervention order.' (Practitioner 12, Organisation A)

Policy workers identified problematic responses and practices from police in following up FVIO breaches using technology rather than physical presentations.

'What are the barriers to keeping women in their homes... Probably the main one would really be the cooperation of the police. And then the legal systems really, you know, you can chuck a lot of money at a situation for tangible physical upgrades. But if there's no follow through, or it's not communicated well to the police, and nothing really happens because of that, breaches aren't followed up...what difference does it make in the long term?' (Sector-based Policy Worker)

'The bundling of breaches. Police will save themselves work wherever possible, and who wouldn't? They're very busy people, but 300 text messages is 300 breaches, if he's saying he's gonna kill you in every one of them. What tends to happen is they'll pick a duration and make it 1 breach. Or they'll say wait till he says something worse, by which time he's in her living room with a knife so that again, it's about this kind of uncomfortable undercurrent for me in the justice system that she's somehow to blame. She's complicit in this abuse.' (Victorian Government Policy Worker 1)

Where women needed to extend or apply for a new intervention order, particularly as part of PSI or after relocating to a new property, they described concern with the lack of safeguarding of information about their whereabouts in the justice system. Some

women described receiving advice not to apply for a new FVIO because their new address and contact details would be included on the application and documentation and available to the perpetrator or their legal representative.

Contradictory or inconsistent responses across the service system

Some women described receiving contradictory responses from the specialist family violence sector and the police and criminal justice sector, particularly associated with breaches of FVIOs by perpetrators using technology-facilitated abuse. Practitioners highlighted how even if one part of the system might be improving or working well to support survivors and work towards perpetrator accountability, another part might be undermining this or at worst working at odds.

'It's not okay. So, one court order, the IVO, you've got the children and myself as protected persons, and then on another order I have to hand my children over. It's just been horrible. [...] in some ways that was actually worse than the violence. It was being powerless as a mother with your own children, trying to protect them, but having the system completely in the way of that.' (Olivia, T1)

'I would love to see magistrates be MARAM trained, I would love to see the system not be so broken. I would love to see perpetrators be more held to account. Because I think the victim survivor's more held to account than perpetrators...Courts are. backed up, children are put into precarious situations with perpetrators.... If police don't do their job, it never gets to court...the system's still so broken.' (Practitioner 1, Organisation D)

Discussions of victim-blaming practices, system abuse and widespread disbelief of victim survivor stories and experiences were present across all participant groups. The impacts of this systemic disbelief and requirement to justify safety concerns were emphasised as far-reaching, and counter to rhetoric around victim/survivor voice and agency.

'So we collectively we talk about the victim, survivor voice, we talk about autonomy, respect

for their sense of safety and yet we question it. We move the goal posts, and we basically say we don't believe you, that's not bad enough. [...] It's devastating to see the rates of suicide in victim survivors, if you've reached out and followed the system and done what's required of you, yet you. . remain at risk. It's a devastating, hopeless, helpless place to sit in.' (Victorian Government Policy Worker 2)

Limited links between PSI response and broader Safe at Home elements

Where a predominant focus had been on increasing only physical safety through the use of PSI, a lack of integration with a broader conceptualisations of safety and community connectedness was identified as a key limitation to an effective safe at home response. Women described PSI items as being 'one piece of the picture', and practitioners highlighted the need to keep this framing front of mind in order to avoid a 'set and forget' mindset.

'There is an assumption at some level that once we've got the PSI in and we've got this and that in, it will all be fine. Well, the reality is that that's absolutely not the case. So what has usually happened at that point is... services have closed, you know, something else will happened because that's the nature of people's lives and so it's like they sort of start it all again.... But what does it mean for PSI and how we manage that in an ongoing way, I think that's a really important area to tease out.' (FSP Coordinator, FG5)

The need for connections into community engagement, social and professional opportunities, and particularly for children, links to schooling, peers and enrichment were highlighted as essential elements to support safety and creation of a sense of being at home. Without these links, 'safety' was reduced to survival.

'I think that there's more to living safely in the home and in the community than just having security measures in place. They definitely help. But you need more than that. [...] 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)

Where women had been supported to integrate safety and security items effectively, alongside focusing on other aspects of their wellbeing, they described being more able to shift out of a survival context and move on with different areas of their lives.

'So, the fact that I'm now in a safe place, I feel safe around other people, I've started to forge friendships, and that's also at the gym, too. Like, the cycle classes that I attended religiously, now I'm looking up, oh, hi [name], how you going? It's like – and that's also cemented – they're our safety nets too, and we shouldn't have to move. The kids shouldn't have to move from their school because of his behaviour, and we should be able to remain in our home. Yeah, so all those measures that kept us safe, initially, were fantastic. yeah, but I'm just so thankful it's not so high risk as it was.' (Olivia, T2)

5.4.3.   Summary: Longer term effectiveness and impacts of PSIs

The findings presented in this section emphasise the need to look across phases of access, implementation and into medium and longer-term periods to understand the effectiveness and impact of PSI and Safe at Home responses. Increased feelings of safety for themselves and their children were highlighted by women, along with the multi-faceted usefulness of PSI items over time and contexts. Knowledge and understanding about safety, family violence, and having capacity to interact with intersecting system support by PSI were also present, facilitated by good processes supporting women to learn and use their safety and security items effectively.

Barriers and limitations to this longer-term use of PSI and Safe at Home outcomes included the high technology literacy needed to operate some devices, and in some cases design and functionality aspects only identified as problematic down the track. The limited funded monitoring periods of some safety and security devices was a key concern for many women, particularly in the context of financial pressures and interaction with ongoing justice responses. Contradictory responses across systems was also highlighted as a key barrier for women and practitioners.

Attention and action directed towards perpetrators of family violence was highlighted as a key gap and area for increased focus, along with technology-facilitated abuse. Contexts of mandated ongoing contact between perpetrators and their children was also consistently highlighted as a concerning inconsistency in risk assessment and management, with safety concerns and issues disconnected from actions to address them.   Attention to children, in general, was also emphasised as a key gap in policy and practice that warranted dedicated and significant attention. Across these areas, integration of therapeutic and psychological supports was described as lacking and a priority for future work.

5.5.   Gaps in the service system response

At every stage in the women's journey towards safety (access, engagement, implementation and outcomes), women, practitioners and policy workers pointed to gaps in the response that need to be addressed to create greater safety to stay at home. Often similar issues arose at each stage. To avoid repetition, these gaps are bought together in the Findings that follow.

Attention to children

A key gap discussed in many of the interviews with women accessing PSI concerned attention to children as victim survivors in their own right, and how this connected to their experience of safety and security measures implemented in their home. A number of issues were pertinent.

While some women's case managers had discussed how security measures might impact children's experience of home, this conversation was not consistent for mothers in this research and noted by most of the women as a gap in the response. Many would have appreciated help in the difficult conversation of explaining the PSI measures to their children.

'It's really been up to me to talk to them about that. It's so hard.' (Alexis, T1)

Policy workers and practitioners also highlighted attention to children as a key gap in current PSI and safe at home responses. Some practitioners spoke about older children or adolescents assessed as mature enough to be given personal safety devices, where warranted by perpetrator risk. This was described as a grey area that needed attention if children were to be supported in their own right.

With a generation of children growing up with technology as an integral and pervasive aspect of everyday life, risks and opportunities in this domain were discussed as in urgent need of attention.

'We don't do very well with children, so children's devices are a classic way in for a perpetrator monitoring, cajoling, coercion. You know, it's not just cameras in teddy bears. It's, floods of text messages. It's appearing in the games that the 14-year-old's playing. It's all of that. So I'm not sure that the PSI program itself is as comprehensive as it could be in protecting children and young people. We tend to focus on the adult, [...] which is a true of the whole system and a work in progress.' (Victorian Government Policy Worker 1)

The opportunity to maintain a sense of stability and routine for children was identified earlier as a strength of PSI, as remaining in an established community and particularly staying connected to schools and peers was a goal for many women and their practitioners. However, the need to include comprehensive risk and safety assessments for children in light of potential perpetrator actions was highlighted by policy workers and commented on as an area where direct work with children and community would need to be funded and prioritised to be effective.

'I will say that that remains one of the most vulnerable spaces for children to be remaining in their community, at school. If we don't know what the person using violence is willing to do to hurt and harm the mother of those children [...] we need to have someone working really solidly with schools on what safety plans look like....' (Victorian Government Policy Worker 2)

Supporting Aboriginal families

While FSPs presented an opportunity to support children in their own right as a victim/survivor, interfaces with other systems such as Child Protection and Police were identified as a significant barrier.

'For our Aboriginal and Torres Strait Islander families that is particularly difficult to navigate. Then when you factor... they're potentially not wanting to intersect with the legal system like police and stuff like that. It's more of a pressure of how to navigate that space and trying to figure out ways to make it work for the victim-survivor for the children as victim-survivors in their own right.' (FSP Coordinator, FGA-4)

The most contentious area reported on by women, practitioners and policy workers lay in navigating contexts where children still had contact with perpetrators as fathers.

> 'We haven't really gotten anywhere yet in terms of navigating a space where a child who should be receiving a package technically might have contact with their father, who is the perpetrator. How does that child access supports of their flexible support package or supports around the primary needs of when they're in the care of the victim-survivor, which is quite often the mother. How do they access essentially those supports while they're maybe temporarily in another home with their previous or current perpetrator as per a court order or a care plan implemented by a legal intervener?' (FSP Coordinator, FGA-4)

As a specific example of contradictory and inconsistent responses to family violence, participants highlighted family law and the prevalence of fathers using violence to be granted ongoing access to children as a highly distressing, unsafe, and systemic issue.

> 'We can we have a full IVO, we can put on all these things. They're not allowed to come near the children, the family law court turns around and says, 'yep, they can go and spend half the time with daddy from tomorrow onwards, because he's now been released from jail. And he's done, a men's behaviour' - well, even if he's not done men's behaviour change program - they don't, really care. So it's, you feel like all this great work that we've done is completely been unpicked and undone by the family law court, who don't listen to child protections concerns, who don't listen to the mother's concerns.' (Practitioner 2, Organisation D)

The impact of ongoing contact with perpetrators for adult victim survivors was often described as an inability to really feel they could move forward with their lives and feel safe at home. Difficulties continued to arise, even if contact was not face to face. Some women described perpetrators being granted phone call/FaceTime privileges that brought their voices back into the house, and women described overhearing children being verbally manipulated and lied to. The inconsistencies and

risks in this area remain an area for ongoing advocacy.

Attention to adolescents and adult children using violence in the home

While the majority of women who participated in the SHEBA Project interviews had experienced violence from an ex-partner, a small group of women described accessing PSI due to violence from their adult (and previously adolescent) sons. Women identified this as a significant gap in their access to services and support. They highlighted that their children returning to their 'home' had different motivations, particularly when their sons experienced mental health issues. Nevertheless, the levels of violence and abuse experienced by both women and the other children in the home were similar to those faced by other victim survivors.

> 'If it was your husband, [...] you have shelters that you can go to, you can leave if you want to. You have a choice. But it's your, [young adolescent], [middle adolescent]-year-old son that's 6"1. [...] There's nowhere for them to go because they're violent. They come back in anger, 24 hours after being kicked off the psych ward and they have to be on medication. They blame the parents, they blame their siblings, they break things. [...] And they're just as scary and big as what a man is [...].' (Violet, T1)

> Again, it is a gap in the system's response to the safety of women and children in the home.

Earlier intervention, respectful relationships, AOD and MH issues

Women spoke about early intervention and support (predominantly for perpetrators) as a gap through which opportunities to address mental health and alcohol and other drug issues often slipped. This contributed to escalation of risk particularly for women who had experienced violence from adolescent and then adult sons. This gap between services and sectors focused on use of violence, and those addressing issues of mental ill-health and or substance misuse was seen as wide, problematic and leading to harmful experiences for a range of family members including siblings.

> 'I think the thing that always stood out to us when [son] was sort of, you know, [middle adolescent], he had nowhere to go. And we say, "Well, he really can't live in the house." Because he's so violent, he's not listening to us If we cross him in any way. We were all like mice living in the house creeping around the house...And we [he] had nowhere to go because he wasn't sick enough to go to a psych ward.' (Violet, T1)

Other women described the lack of accessible mental health support for adult perpetrators, as a gap that contributed to later use of violence and victim survivors needing to access PSI and Safe at Home responses. This was highlighted as a key issue particularly during the height of COVID-19 lockdowns when violence intersected with financial stability, work opportunities and psychological wellbeing.

Early and earlier intervention was also raised as an area for attention in terms of respectful relationships education. Women and practitioners wanted to see this delivered consistently to children and young people through education, sport and recreation, and peer to peer learning.

> 'That's where you can make your biggest strides, I reckon, is with the children. [...] Respectful relationships. So that covers the domestic violence, it covers drugs, it covers sex, it covers going through puberty. [...] It's brilliant because you're starting off with young minds and you're trying to explain to them that perhaps what happens at home is not what happens in everyone's home and that's where it needs to start.' (FSP Coordinator, FG1)

Attention to pets

Some women described their PSI including measures to keep their pets and animals safe, but that this was often incidental, and not a focus of risk assessment or safety planning. They often regarded pets as part of the family. They highlighted that when pets were kept in backyards or detached structures not connected to the main house, safety and security items that worked flexibly to increase safety for pets that this meant a great deal to them.

> 'I've had my dog for 10 and a half years so she's been with me through all the trauma and all the domestic violence and everything so we're very attached to each other.' (Charlotte, T2)

Sex and gender of contractors and providers

Across their experiences of the PSI including the safety audit and installation and provision of safety and security items, women described apprehension when having male contractors and providers enter their homes. While most women discussed their experiences as actually being positive, and providers being very respectful and non-threatening, they did highlight the lack of female contractors. Related to these conversations, some women expressed that they would have appreciated having physical or remote company when auditors and installations were conducted.

> 'It would've actually been nice, I think, if there were more women in that field to install them. [...] I know for myself, I'm very easily intimidated by a male presence, especially in my home. My house is my little safety bubble.' (Charlotte, T1)

Lack of attention to diversity

Policy workers and practitioners identified a number of issues in the work with women from a range of communities where discrimination and oppression had long histories.

Tight-knit community impacts

Community versus individual framing of risk was particularly discussed in relation to Aboriginal communities and networks. With recognition that PSI and FSP responses needed to be implemented differently to be effective in these contexts, PSI coordinators reflected on the way community responses could increase or mitigate risk and support for victim survivors.

'There's a lot of community pressure because the perpetrator usually lives very close by [...]. There is a whole extended family network living all within close proximity. [...] Although they feel a bit safer, they don't always feel safe enough because it's not just the perpetrator that they know of that they are actually feeling in threat of, but there's a whole community around that. There's a whole enmeshment of relationships and loyalties that also impact that response. [...] that same tight community that we know exists sometimes also enables them to feel safe because they are informed of the intentions of the perpetrator or what he's saying when he's out there.' (PSI Coordinator, FGA1)

Participants identified cultural safety within mainstream services as an area for future focus. FSP coordinators discussed the need for consistent cultural safety training across mainstream organisations, but also for individual practitioners to take on responsibility for their own learning, particularly where they worked in demographically diverse areas and with Aboriginal populations. Individual and organisational work to decolonise systems and practices were discussed as essential.

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

Dearth of culturally and linguistically diverse service providers

The lack of services and contact points such as police operating with capacity for engagement in languages other than English was a significant gap discussed by women, and by practitioners who worked with culturally and linguistically diverse groups. While organisations who specifically supported these cohorts were able to provide services in clients' languages, the interface with mainstream services was often described as a constant struggle. Women who identified as culturally or linguistically diverse were fierce advocates for intersectional approaches and a focus on safety and dignity, and were highly aware of the challenges other women with different cultural identities and disabilities faced.

'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)

Policy workers highlighted the lack of specific funding specialised organisations received, and that while much of the workload to support diverse populations was placed onto these services, they were often not funded or positioned as specialist family violence services.

'We tend to flood them with demand because they're specialist in their area and they probably get the least amount of money because they're not recognizing necessarily as a family violence specialist service.' (Victorian Government Policy Worker 4)

Bridging crisis and non-crisis responses

Policy workers highlighted the gap between immediate safety concerns addressed through intake and crisis services, and access to family violence case management and intensive support. While many clients had had locks changed and some minimal safety and security items installed through The Orange Door, some women described the gap between these items being installed and being able to access case management and apply for a comprehensive PSI as a period where they held heightened concerns for their safety. In some cases, victim survivors and their children had had to access emergency accommodation for weeks at a time when the perpetrator returned to the property in this period. They were only able to return home after PSI had been approved and measures installed. Circumstances such as these were seen as a significant limitation in the implementation of a safe at home response beyond crisis responses.

'We set people up in this with this sort of structure for not having a seamless client journey, which is the intention of all of these reforms, but I can't stress enough, though PSI is not a crisis response, safe at home should mean you don't leave home.' (Victorian Government Policy Worker 2)

Policy workers discussed this gap and waiting period in terms of the demand and backlog at the point of initial intake and referral to case management.

'The slipping through the cracks [requires].. funding for family violence case management so that people are not waiting significant periods of time. Safe at home requires you to remain in the home. You can't remain in the home if it's not safe, and in order to have those safety measures, they need to be now, not in multiple weeks' time, and that's not through anyone's lack of care or concern. It's just that the demand is significant enough to mean that there are delays in getting to family violence case management.' (Victorian Government Policy Worker 2)

Policy workers also highlighted the need for PSI to be reviewed through a similar lens to that informing previous reforms to crisis and emergency accommodation and family violence service support through earlier intervention to increase safety.

'The crisis roles and responsibilities of those providing emergency accommodation was groundbreaking for attempting to make a more streamlined journey for victim survivors from their moment of crisis through to case management by asking of the specialist family violence services to move and be more agile, to move up to this 6 to 8 week wait, where victim survivors slipped through the cracks is not meant to occur. We most probably need to review PSI with the same sort of lens if they're, if there's an earlier, can we genuinely increase safety?' (Victorian Government Policy Worker 2)

This tension between crisis and non-crisis support was framed within a discussion of moving resources towards a whole-of-system approach. The need to look across journeys through the service system from initial intake through to long-term recovery was consistently emphasised. However, the challenge of administering and resourcing services was discussed as a push and pull between the urgency and risk mitigation of crisis responses, and the need for longer term support that competed for funding, staffing and system prioritisation.

'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)

Returning to country and community

FSP coordinators highlighted the importance of connecting emergency and crisis accommodation back to a long-term plan to return to country and community for Aboriginal victim/survivors, where this was their desire. Supporting connection and significance of culture even when dislocation and disconnection for a time was necessary for victim/survivors was highlighted as one way to focus on bridging crisis and non-crisis responses.

'This happens across the service system, services take Aboriginal and Tores Strait women out, out of community, off their country in that supported accommodation space. What I think is really important is that we always have the end game in mind and not see someone as being one part, this is our response now, but actually, what does safe transition look like for an Aboriginal and Torres Strait Islander victim, survivor and her family back onto country and in community so that she can start healing from whatever has happened to her. […] I really think it's important for us and again, as a service system to have that as a key goal when we're supporting Aboriginal and Torres Strait Islander victim-survivors is to acknowledge and affirm their culture in our planning process. As part of the healing process for them.' (FSP Coordinator, FGA-6)

Attention to therapeutic aspects of safety and recovery

FSP coordinators highlighted therapeutic support as a key area for enhancement. This was discussed in terms of addressing cycles of crisis for victim/survivors, and supporting a longer-term view of safety, recovery and opportunity to move beyond survival.

'I also think that there needs to be more focus on therapeutic intervention. So we throw all this money at PSI, and what I've seen, because I've been the coordinator for [region] for eight years since its inception, so what I've seen is that you get the same client, particularly over the years come back, but with different perpetrators. […] I think there needs to be more work done around that, that once a PSI has been put in place and safety is paramount... therapeutic interventions for people to try and heal and move forward.' (FSP Coordinator, FG1)

Women also highlighted the importance of being able to move beyond 'survival mode' following crises and initial safe at home measures focused on physical safety, and the impact that therapeutic opportunities had on their ability to engage in other areas of their lives and move towards longer-term safety and wellbeing.

'I just feel like that's the most important, the post crisis right? Whether that's therapeutic support, group or whatever - because when I'm centred, when I'm regulated and my nervous system is working, I can tell my story to my therapist or I can tell my story to my worker clearly. But if I'm under duress I can't. When I have that support, that safe container, I can think about it, I can write about it, I can talk about it, I can draw about it. There's so many ways I can communicate.' (Raiya, T2)

While many women described the beneficial psychological support they received from their case managers while accessing PSI and services support, they highlighted that mental health and psychological support outside of case management was often a key gap that impacted on their ability to make the most of PSI and a genuine sense of safety in their home. Women particularly spoke of the

significant disconnect between family violence services and the mental health system. The need for more mental health support also extended to women's children, with referrals and waitlists impacting access to care, and limiting positive aspects of PSI item presence and effectiveness. One woman spoke of a different experience.

'It's not really the safety measures that I'm referring to now, but she was lovely enough to offer like therapeutic supports as well for the children which I didn't take her up on it, but it sort of steps outside the realm of just the security features of the home, which I thought was really incredible.' (Beth, T1)

Other women identified that they often did not realise that they had additional needs for professional support for their recovery until after the intensive period of case management support was past. They felt that a point of 'check-in' either several weeks or months after case closure would be helpful to gain help with referrals for psychological support (as well as for checking the functionality of safety and security measures).

'And I think they're probably having it all asked of you, what do you need now is tricky because you haven't had time to really think, well, what do I need right now? […] And that's the hardest thing. Because everything is the unknown and just as you think you're doing okay, something else will pop up.' (Donna, T1)

Some women also spoke about how important staying connected to their work and employment was to their wellbeing while navigating PSI and working towards a safe at home outcome.

'I guess for me my work has been the one thing that's been consistent throughout this whole thing. And it's a thing that I feel like everything – at the time I feel like I need confidence in doing. And so it's always been consistent for me. And it's always been ten out of ten because I love what I do.' (Chloe, T2)

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

Not all women could name the support of friends and family, particularly given how isolated some women described being when experiencing abuse. The rekindling and re-establishment of supportive relationships outside of case management was seen as an area for priority support.

Protective factors and healing through community

As part of a broader discussion about therapeutic and healing aspects of Safe at Home responses, one FSP coordinator articulated the need to integrate and prioritise healing and community aspects of Aboriginal clients' journeys.

'I think it needs to be taken into consideration when we're working with Aboriginal women and children that community is, while some parts of the healthcare community might not be safe, there is a huge protective factor in being on country and with community. That community and country being involved in her case plan is really important to her healing journey. […] That the wider sector understand that and don't look at it as a negative or in a deficit model, particularly if child protection are involved.' (FSP Coordinator, FGA-5)

'Cultural awareness is one part of that, I think it's also about how do we how do we include culture in the service provision? How are we affirming culture? How are we providing cultural safety and how are we ensuring cultural safety?' (FSP Coordinator, FGA-6)

Connected to a therapeutic response, were issues raised by some women about the gap between the urgent need to speak about the violence to ensure their safety and access to a PSI. However, there was then a need for actions to safely contain those conversations.

'The immediate response that comes up and we go into the prevention, the awareness campaigns and all of that is that it's like opening a can of worms, because once that open, we really need to contain it safely. You know what I mean? We actually don't have enough programs or support.' (Raiya, T1)

Some practitioners reflected on their experiences of delivering PSI and services during the COVID-19 pandemic, and raised issues related to preparedness for the future in these contexts. These discussions included consideration of safety issues and the planning needed to be able to respond promptly to better mitigate some of the identified barriers from the 2020-2022 experience.

> *'Regarding the disaster management, when this kind of pandemic will happen, how they can do the quick response, what are the very quick response to make sure the safety measure is there, or the auditing will be very quick. So that is another thing that needs to be, the government need to take some initiative to do this, and maybe improve the system as well, or maybe implement more procedures and policies in there.' (Practitioner 10, Organisation A)*

Eligibility criteria and suitability

Practitioners and coordinators identified eligibility criteria as potentially creating gaps in who was able to access and use PSI effectively as many women fell outside eligibility criteria. Some practitioners described this in terms of PSI working best for 'perfect victims' – those women who had left a violent partner, had no contact with him but he had breached an intervention order, had their children in their care, but no Child Protection involvement.

> *'If you started off in a lower socioeconomic background and are not well-educated, you can't read and write, you can't articulate, you can't advocate for yourself, you don't have supports, you know, of course it's going to be a whole different PSI outcome as opposed to someone that's educated and has the potential to go and get a job, has a licence and all the things that people that come from lower socioeconomic backgrounds don't have to start with.' (FSP Coordinator, FG1)*

Suitability of a PSI response was also discussed in terms of the type of violence and abuse, and risk level, posed by perpetrator behaviours. Coordinators highlighted that along with the 'perfect victim', an 'ideal perpetrator' that PSI might be most

effective against was one who had been assessed as below high risk, was willing to abide by parenting orders and was afraid to breach an intervention order, and who wanted to avoid being known as someone who used family violence.

> *'I would say the people where it works for are the people who are not high risk, so your medium risk people where the perpetrator looks at a set of a cameras outside a house and says, "Oh, yeah, I don't really want to get caught on this" and they move on. But the people that are high risk, I don't think it works for at all.' (FSP Coordinator, FG5)*

A lack of longer-term financial support options was identified as a gap highlighted by women and practitioners that impacted women's ability to consider or access PSI and safe at home responses. This was particularly complex where women relied on other services or access to government support or payments. For example, one woman who lived with disability highlighted that women who were either unable to work at all or only to work limited hours due to their disability, there was poor integration of services with NDIS, which was in itself a difficult service to access.

Practitioners also reflected on the barriers created for some women about the financial viability of staying in some rental properties. FSP requires women to demonstrate that they can manage financially in the longer term.

> *'You have to show sustainability. So if, if it was somebody who was just about to go back into work, or complete a course, you could definitely get rent covered, because you can show that in a long time it's sustainable. But it would be unlikely for them to approve it if there was no income, and no kind of view to how that's going to be affordable for them in the future.' (Practitioner 1, Organisation B)*

In the absence of an identifiable sustainable option, many practitioners reflected on women being forced into homelessness, unable to stay in their properties due to immediate gaps in income.

> *'Broadly on a policy level, we need to have some financial relief for women to bridge that gap between when the perpetrator is excluded from the property, and how do we ensure that women and children are able to stay at that property at least until they're able to find something sustainable. Because that's why we say so many families experiencing homelessness. [...] Because suddenly they're safe, that person's been removed, but they have to find $2,000 for rent, and they have no income, and they're traumatised [...]. And then they're often homeless, which is about as unsafe as they could be.' (Practitioner 1, Organisation B)*

The lack of affordable and/or suitable housing was a consistent issue raised by women, practitioners and policy workers. While some women were linked into formal housing support services, others expressed a desire for this to be more of a focus during their PSI case management experience. Discussions about moving from the property where they had experienced violence often revolved around these housing issues. Women highlighted that even where they were able to access safety and security items through the PSI, they then had concerns about the sustainability of being able to keep these items and or transfer them to a new property.

Attention to perpetrators

A range of issues emerged as gaps in relation to the person using violence, both in terms of support as well as accountability, and implications of their behaviour particularly their use of technologies.

An initial issue lay in misidentification of primary perpetrators which created problems for victim survivors and their access to a Safe at Home response. Fear of misidentification acted as a barrier for some women and was identified as a key issue by practitioners and coordinators.

> *'I've heard scenarios where it ends up backfiring on people [...], they become the criminal in all of it. Like somehow the perpetrator points the finger at the victim instead as being the problem, so sometimes it can backfire because the police aren't properly trained when they come to these settings in the home.' (Alexis, T2)*

A further gap lay in the grey area of recognition of support for the person using violence, and as mentioned above, lack of earlier intervention has indirect impacts on the safety in the home for women and children. PSI coordinators reflected on a lack of clarity around where supports for perpetrators to access housing fits within a safe at home response beyond initial emergency accommodation (e.g., The Orange Door or similar services). PSI coordinators' roles were discussed as very clearly focused on safety and security for victim survivors' property, rather than the multiple issues for perpetrators.

> *'I have to be very clear of the remits of my role, which is purely around safety and security at the property. So, yeah, it [perpetrator support] definitely should be a part of that coordinated response, but I'm not sure quite where that should or is sitting.' (PSI Coordinator, FG2)*

Some co-ordinators suggested that there was a need to shift from the culture that saw the default position as the women and children leaving to escape violence, to instead creating greater support for moving the perpetrator of violence.

> *'I think the first response often is, "Let's take the children and the victim away from the home", whereas I think that there could be more work done in moving perpetrators. We have funding for that. We actually have funding for that sole purpose, for transport, accommodation.' (FSP Coordinator, FG1)*

Across participant groups, 'holding perpetrators accountable' was highlighted as a gap in Safe at Home responses in need of greater attention. While PSI and Safe at Home responses were seen as overall very positive, there was also consistent discussion of the need to shift some focus to the person using violence in policy and practice.

> *'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)*

Some women and practitioners advocated for a shift towards engagement and monitoring of perpetrators, with a wide spectrum of suggestions: engagement and information gathering from services and justice sectors; mandated engagement with services or programs beyond MBCPs; and exclusion conditions being enhanced to areas as well as homes. Without attention to perpetrator accountability and change, women and children remained vulnerable.

> 'You know, they just never live in peace, and the anxiety that that brings and the level of mental health issues that emanate from that. The learning difficulties for the children, their engagement at school and engagement in, you know, social contexts is really, really impacted. We can throw a lot of money at trying to sort of mitigate against all of that by providing therapeutic supports to them. But you can do 10 years of therapy that can be undone by one day, or one action from a perpetrator.' (Practitioner 2, Organisation D)

An issue continuously discussed was that repeated behaviours could impact multiple victim survivors and create lack of safety in multiple homes.

> 'We've got victim survivors with trauma of years of family violence. Then we've got unfortunately a justice system which is not really doing anything in the sense of changing the perpetrator behaviour; they come out even worse, and more angry. [...] Maybe this particular victim survivor is now safe, but then it's just the next person.' (PSI Coordinator, FGA-1)

> Policy workers also emphasised the need to address practices in the criminal justice system around remand and bail, that on one hand communicated a lack of taking violence against women seriously, and on the other, prioritising perpetrators' potential and rights over those of victim survivors.

> 'We just need to stop releasing people using violence immediately after we've held them on remand. So, we have system issues in relation to the fact that it doesn't matter how many safety measures you put in place at home. Many AFMs will know that that PUV is going to be let out and that they will come straight to the home and do whatever they're going to do.' (Victorian Government Policy Worker 2)

Particularly where young men had used violence, immediate release as a default practice was described as undermining any safety and security measures that might be put in place.

Addressing technology-facilitated abuse

With rapidly advancing technology and increased use of smart home systems linked to personal devices, concern around the use of these systems by perpetrators was highlighted across all participant groups. Coordinators commented on increasingly working with digital safety providers, but that these services are costly and need to be factored into PSI packages.

> 'It is very common practice for a victim survivor to contact and want a complete text sweep of their phone and home straight away because something has occurred that's made them aware that they're not safe. Now with a PSI that would require a whole bunch of action.' (Victorian Government Policy Worker 2)

Women described perpetrators as being highly 'tech-savvy', and using personal devices, children's devices, smart home and electronic vehicle systems, tracking devices and spy-and malware to monitor, locate, and gain entry into their lives. Often used as part of coercive control strategies, perpetrators were reported to use technology to undermine victim survivors' sense of reality, sense of safety, and as a form of abuse less likely to be taken seriously by legal systems.

> 'They will stop at nothing and they're quite ingenious and technical expertise levels in that population are staggering. [...] And now you've got a whole world of things in your house, which is how adding to that sense of being monitored all the time.' (Victorian Government Policy Worker 1)

One woman gave an example of noticing her phone overheating, the battery draining rapidly, and the device randomly restarting. Upon taking it into a telecommunications provider, she was told it was possible mal/spyware had been installed. Women highlighted this as a gap in safety assessments and risk management, and one which should be included in all safety audits.

> 'I could send my device to get checked. These are important. These are gaps. It felt like, gee, I did fall through the gap because of the technology abuse that I was experiencing. I just, I didn't receive any support for that.' (Raiya, T1)

PSI coordinators and policy workers highlighted the need for policy to keep up with how coercive control and technology-facilitated abuse were being used to harm victim/survivors and children. This included the continuously updating policy and guidelines, including the PSI guidelines, based on available data, feedback and information. Another suggestion was the creation of a specialist technology-focused role located in specialist family violence services to provide education and support around technology-facilitated abuse to case managers, particularly as related to PSI applications and components.

> 'Coercive control is at the root of the worst of family violence and anything that [the] person using violence can do to control another and to set them up to be seen as someone not to be believed is an action that they'll take. The more we have technological advancements or ways in which we can track so we don't lose something, means that it can be misused. So I think that is why it is critical that we continue to review guidelines, policies we need to keep up to date and one step ahead of the ways in which abuse is being perpetrated and particularly with children.' (Victorian Government Policy Worker 2)

Administration of PSI

Practitioners, PSI coordinators and policy workers identified a key gap between the available funding for PSI and the funding to administer PSI as a program. Particularly given PSIs positioning as a part of FSP, policy workers commented on the need for additional resourcing towards administration.

> 'We don't give FSP providers which pays for PSI very much money to administer that fund.' (Victorian Government Policy Worker 1)

> 'I feel, we've got plenty of cash. Like, really, we have, but we don't have, there's no funding to administer it.' (Sector-based Policy Worker)

The different sources of funding that support FSP and PSI programs were discussed as positive in terms of resourcing, but challenging in terms of how costs to administer PSI and FSP were managed. With a mix of Commonwealth and State funding sources funding packages, the administrative costs, such as those covering FSP and PSI coordinator roles and any finance/administrative support, were discussed as lying with the discretion of organisations to navigate and allocate funding.

> 'A previous worker was... funded to do the whole process from start to finish. They topped up her EFT to full time. But when the organisation stopped that EFT, it then fell back onto the case managers to do all of that stuff.' (PSI Coordinator, FG8)

Some policy workers commented on the difference between coordinator roles and administrative roles, and the way these intersected with organisations accessing funding. Related to investments in training and education for these organisations, policy workers linked well-resourced coordinator and administrative roles of PSI and FSP with higher quality applications and smoother approval processes. FSP and PSI funding being held within different organisations and not others was also discussed in terms of administrative difficulties and the implications for practice and service delivery.

> 'The way it's administered through the DFFH areas, there are agencies that hold the funding in certain areas on behalf of other agencies and where that works really well, that's great because it creates partnerships and sector wide viewing of the areas. But where it doesn't work, it creates tension. Political tension, different views...If there's an administration role and also a coordination role and if they can invest in the agencies around them with training and education, it means the quality of the packages and applications they're receiving are much higher.' (Victorian Government Policy Worker 4)

A link between resourced administrative roles and the inadequacy of limited support periods that case managers worked within was also made by policy workers. This was discussed in terms of PSI as one part of the picture, that was most effective when part of intensive, wrap-around support.

'The administration needs to be better resourced to be effectively done, but also there needs to be recognition that by definition a client in the PSI program is an intensive support client, so we should be recognizing that it's not a set and forget. It's not like you do a whole ton of front-end work with her and talk to every day for a couple of weeks, and then she's right. This takes months to resolve, […], and so we don't actually fund the system enough, in my view, to do the wrap around support that's needed to make PSI effective.' (Victorian Government Policy Worker 1)

5.5.1. Summary of gaps in the system

Women, practitioners and policy workers highlighted many gaps in the current response to keeping women and children safer in their homes. These included: lack of attention to children in their own right, and contradictions in the Family Law system in the attention to safety; the different but similar needs when there was adolescent and young adult violence in the home; the need for earlier intervention including better links with the mental health and drug and alcohol services; more consistent attention to the importance of pets; awareness of the need for more female contractors or else more support when male contractors entered the home; greater attention to diversity and specific issues for Aboriginal families and communities; strategies to bridge the crisis and non-crisis responses; greater flexibility in eligibility criteria; clarity in the response to perpetrators including their use of technology abuse; greater attention to the longer term recovery needs of women and children; and addressing better administration of the PSI and FSP to facilitate a more effective response to the safe at home program.
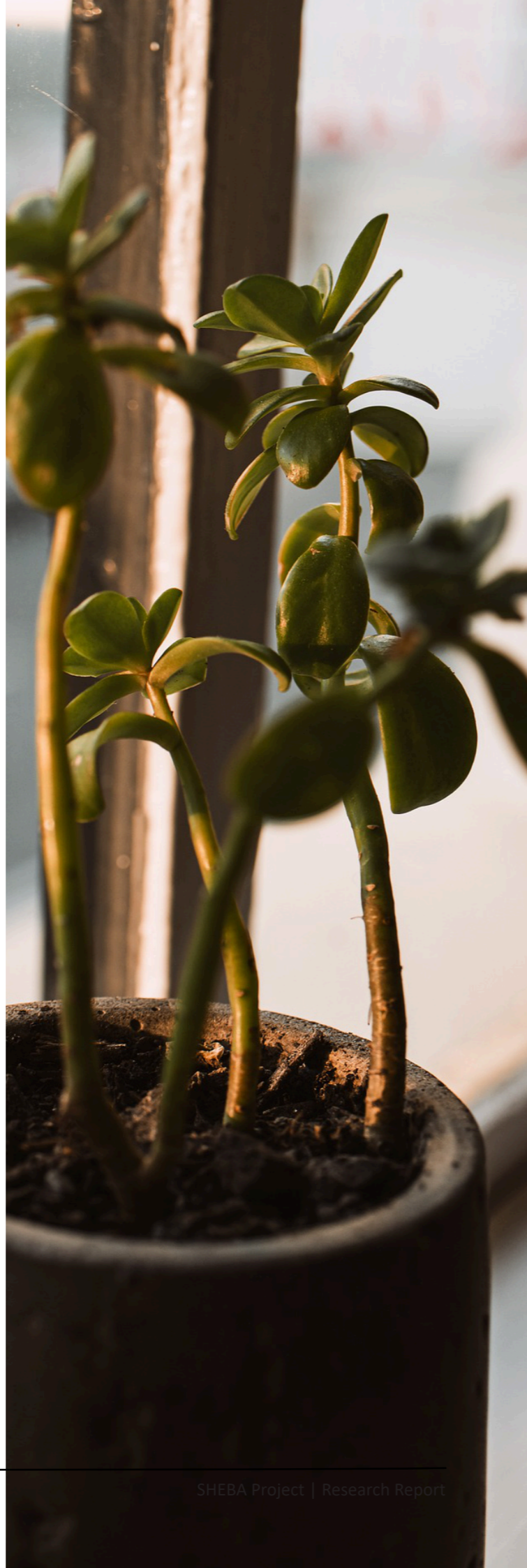
5.6. Amplifying voices with lived experience and expertise

While women's experiences and insights ground the previous sections relating to access, implementation and use of PSIs and Safe at Home responses, we include here a section focused on amplifying voices with lived experience as this relates to increasing the visibility of perpetrators and the importance of centring lived experience in efforts to enhance the services and systems that exist to support victim/survivors.

5.6.1. Increasing the visibility of perpetrator actions undermining safety and sense of home

In their interviews, women shared stories, examples, and reflections on the specific behaviours and strategies perpetrators had used to impact their ability to access services, implement PSI and achieve a Safe at Home' outcome. While the majority of the women who participated in interviews had experienced violence within an intimate partner context, a small proportion of perpetrators were victim survivors' adult sons (with the abusive behaviour beginning in adolescence).

Perpetrators used tactics that impacted women's ability to access or receive support through services, such as the following:

- Always having either essential resources or a shared child with them, inhibiting victim survivors ability to leave and seek support. As one woman described it: 'He either had my keys, my phone, or one of my kids so I could never actually leave' (Charlotte, T1)
- Falsely claiming to have children living with them through Centrelink and other associated social services, to disrupt victim survivor access to financial and other support.
- Use of sophisticated and extensive technological strategies to track and monitor victim survivors through phones, cars, personal devices, children's personal devices and smart home systems.

When women were able to leave a violent partner and successfully apply for his exclusion from a shared property, some of the behaviours used by these partners included:

- Removing resources and possessions from homes when women sought refuge or crisis accommodation and perpetrators were excluded. This tactic was described as particularly targeted towards creating impracticality, distress, and confusion for victim survivors, with the type of possessions and items removed being personally meaningful rather than reasonably needed by perpetrators.
- Use of cross-applications for an FVIO or exclusion order.

When women had had PSIs implemented, some perpetrators' behaviours and actions continued or adapted. While some of the following actions would or might constitute a breach of an intervention order, others would not – but nevertheless undermine women's safety. Some examples included:

- Threatening and or trying to move into a property close by or in the same building as victim/survivors.
- Impersonating Uber or other delivery services to gain access to buildings/properties, particularly those that had shared entrances.
- Threatening to harm, or actually targeting pets and animals, e.g., by throwing baited meat over fences to poison dogs kept in backyards.
- Having shared children write letters or cards to victim survivors that contained references to outwardly innocuous events or conversations, but that represented elements of past coercive control.
- Using property settlements as a means to control timelines and access to resources e.g., refusing to sell marital homes

5.6.2. Centring lived experience and expertise

Empowering self and being empowered

Discussions with women about their experiences of accessing PSI and Safe at Home responses highlighted both their self-empowerment and drive to shift service provision towards more empowering approaches and practices for other victim/survivors. While not all women felt they were able to lead responses to increase their safety, the importance of sharing knowledge and power, and access to opportunities to use both, is highlighted in these quotes from victim/survivors.

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

'Because that's how I was able to sort of navigate and move forward was actually when I put my hand up and I told people that you need to collaborate with me, and in order for that to happen you need to believe in me and let me lead. You have to follow my lead because I know what happened to me. I know the perpetrator. You don't know. I'm telling you; I'm giving you hints and I'm giving you points and these are very useful if you just really listen with intent.' (Raiya, T2)

Understanding ongoing impacts of violence

Throughout our interviews, the importance of understanding that victim/survivors were managing the ongoing impacts of violence used against them by perpetrators as they worked towards a Safe at Home outcome was emphasised. Even when trauma-informed approaches and practices were employed by services, the presence of these impacts in women's every-day, moment-to-moment lives outside of service involvement needed to be kept front of mind when engaging or requiring responses from them.

'If I'm outside and I'm by myself and I walk down the street and I see someone who might look like him that kind of bolts me. Or if I'm in a café and I'm waiting in line and some guys are wearing the same aftershave that he used to wear, that flight or fight response kick in.' (Chloe, T2)

Understanding the challenges of accessing services

Victim/survivors also highlighted that beyond the barriers to accessing services outlined in previous sections, the challenge of actually deciding to reach out or engage, and then going through with that decision, was immensely challenging and fraught. Particularly when services were not as responsive as they would have hoped, women emphasised the impact this had in increasing their feelings of hopelessness and vulnerability. Along with the structural and systems barriers and limitations of service provision, keeping this individual, lived experience of seeking help front of mind was emphasised as crucial if women are to be well-supported to stay safe at home.

'I guess, really realize that how hard it is to actually reach out for help. And when you're not getting the help and you're getting the run around, like you just feel so helpless and vulnerable. I can remember saying I don't feel safe. And 'oh, we'll look at somewhere out of town for the weekend to put you and your children and they're not getting a call back'. It's just really, it's awful. Because you're already feeling so vulnerable and it's so hard to say, I actually need help. And then to not even receive a callback….' (Ava, T1)

Another aspect of understanding the challenges of accessing services related to what it takes for victim/survivors to stand up to the people using violence against them. Women highlighted the fear that they had had to overcome and the strength that this had taken. While many participants working in service provision acknowledged this in our interviews, we highlight this to emphasise the importance of not discounting the safety, relational and interpersonal aspects of this strength.

'It's really hard for women, […] to be that strong. Like, you're forced to be that strong, you're forced to put your foot down, you know, to a man that has scared the life out of you.' (Olivia, T2)

Future focus and right to thrive

Victim/survivors also highlighted how their experiences with pursuing a Safe at Home response included moving towards a realisation, in some cases, and a determination, to exercise their and their children's right to a safe future. Discussions that this was where help was directed created hope and highlighted the need for services to also hold this as an overarching goal informing any short- or medium-term responses to support women's safety. This included the need to remember that working towards safety was not the same thing as working towards stability and thriving, but both were essential for women's futures.

'For me, it's been setting really, really big boundaries, and also being empowered, or getting my confidence back to go, actually, I have every right to start a new chapter in my life, you know? He's done the wrong thing, I left him for very, very good reason.' (Olivia, T2)

Contributing to future safety and change

In our interviews with victim/survivors, many emphasised their motivations to participate in the research were underpinned by a desire to contribute to the safety of other and future women and children who experience violence and abuse. In contributing their voices to this research, they provided their insights towards enhancing service and system understanding of effective supports for victim survivors, while emphasising the necessary and overdue work that systems need to do to increase perpetrator accountability.

'If it helps one person and saves one person, that's fantastic.' (Ava, T1)

'Going through all this experience is a big part of your life, and you kind of can't stay just on the side, you can't just shuffle it. It sticks to you, and you think you understand more and you think a lot and you think maybe you can help somewhere or you can do something.' (Anya, T2)

'I just feel like there's no actual real change that happens apart from victim survivors doing the work. Now we're just at the stage where we're coming out, we're telling our stories, we're marching for justice. We're getting ourselves into

different levels in the system. But are our voices really being heard? If real change is happening then there is the proof of perpetrator accountability.' (Raiya, T2)

The importance of research that focuses on lived experience and insight, and that is then used to inform and enact change towards enhancing systems based on this expertise, cannot be overstated. As one woman put it:

'Thank you for including me in this. You know, the more voices that are heard, hopefully, yeah, the more ears that will listen.' (Mia, T2)

5.6.3. Summary of amplifying voices with lived experience and expertise

The final findings section to amplify the voices of those with lived experience highlighted the significance and value of their insights. While their perspectives informed all sections of the Findings, their specific contribution highlighted process as well as content issues. These included: increasing the visibility of the perpetrators' actions in undermining safety and a sense of home; and the importance of centring lived experience and expertise. They drew attention to: the experience of empowerment; understanding the on-going impacts of violence; Understanding the challenges of accessing services; focusing on the future; and the importance of the experience of contributing to future safety and change through the research consultation process.

6. Discussion, recommendations and conclusion

This section brings together insights from the evidence review (Breckenridge et al., 2024) and findings across key areas of access, implementation, use and service gaps, to discuss key components of effective and sustainable Safe at Home responses. This discussion has been informed by conversations with the WEAVERs through the data workshop (see section 4.4 for details), our project Advisory Group and partner organisations. Along with being a point-in-time picture of the Victorian response, it also contributes to a broader understanding across Australian and international jurisdictions of Safe at Home for future action.

Section 6.1 offers considerations for organisational and individual practice that support effective implementation of Safe at Home and PSI in the current Victorian system. These considerations are structured across the areas of access, implementation, use and amplifying voices of lived experience and contextualised by summaries of key findings. These considerations are based on feedback and insight from the full range of participants who contributed to this research, including women with lived experience, practitioners and coordinators delivering PSI, and Safe at Home policy workers. Many women had only praise for their workers and the PSI program. The phrase 'above and beyond' encapsulates their feedback about the sense of support, both material and relational, that they received from the practitioners.

> 'I don't I don't think there's anything that, that could be improved upon, from my experience, because they just went above and beyond for me.' (Chloe, T1)

These positive and effective aspects have informed the considerations for practice, integrated with those aspects and feedback that spoke to opportunities for enhancement. Considerations presented below also build on existing practice guidance (FSV, 2019; 2024). We acknowledge that

organisations and practitioners work within different policy, funding, service contexts, and structural constraints which influence application and implementation.

Section 6.2 identifies 12 key components of effective and sustainable Safe at Home responses. With a view to strengthening the identified key components as part of the Victorian service response, a total of 62 recommendations for policy development are made. Discussion points are introduced first, leading into an articulation of each key component, followed by specific recommendations to support each component. These recommendations include policy development towards an enhanced future state of Safe at Home and PSI responses in Victoria, that can be taken up by government and sector leaders, alongside priorities for research and evidence work. We acknowledge that many recommendations include major changes and represent significant challenges for implementation if they are taken up. We make these recommendations with the motivations to continue improving the effectiveness and sustainability of PSIs and Safe at Home responses, to support the safety of victim/survivors and uphold accountability for people using violence.

Finally, we discuss limitations of the project in terms of scope and its implementation and offer brief concluding comments.

6.1. Considerations for practice

6.1.1. Access to services and Safe at Home responses

Findings presented in section 5 illustrate key strengths of Victorian Safe at Home responses, including 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) about PSI and Safe at Home options; 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. Our findings indicate that in the current configuration of PSI and Safe at Home in Victoria, there are practices and ways of working that organisations and individual practitioners can prioritise to support access to services.

6.1.1A Organisations can focus on the following points to support enhanced access to PSI and Safe at Home responses:

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.

6.1.1B Practitioners can focus on the following points to support enhanced access to PSI and Safe at Home responses:

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.

6.1.2. Implementing PSI and Safe at Home responses

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; understaffing 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.

In the context of these findings, some considerations for organisational and individual practice are provided below.

6.1.2A Organisations can focus on the following points to support effective implementation of PSI as part of a Safe at Home response:

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.

6.1.2B Practitioners can focus on the following points to support effective implementation of PSI as part of a Safe at Home response:

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:

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

- 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.
- 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.

6.1.3. Longer term effectiveness and impacts of PSI and Safe at Home

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 recognize 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 realize, 'oh I really do need, I need this, I need this.' (Donna, T1)

> '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)

6.1.3A Organisations can focus on the following practices to support sustainable use of PSI and movement from safety that supports survival to safety that supports thriving:

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.

6.1.3B Practitioners can focus on the following practices to support sustainable use of PSI and movement from safety that supports survival to safety that supports thriving:

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).

6.1.4. 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 practicing with Aboriginal and Torres Strait Islander women. There's a responsibility and onus on them too to engage and to work in that decolonization 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.

6.1.4A Organisations can focus on the following considerations to support intersectional and contextualised responses:

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.

6.1.4B *Practitioners can focus on the following considerations to support intersectional and contextualised responses:*

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.

6.1.5. 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 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.

6.1.5A *Organisations can focus on the following considerations:*

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.

6.1.5B *Practitioners can focus on the following considerations:*

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)*

6.2. Key components of effective Safe at Home responses and recommendations for policy development and future research directions

Building on the findings relating to current Safe at Home responses in Victoria and the key components as identified in the literature review, this section brings together considerations for policy and design to support effective responses within the current Safe at Home program.

The Evidence Review identified key components of a Safe at Home response in the context of the established Safe at Home pillars (Breckenridge et al., 2015) based on evidence available in the literature (Breckenridge et al., 2024, p.42). In this section we expand those key components with our research findings and practice considerations above. Our discussion here is structured around four areas that cut across the phases of access, implementation, and use of PSIs and Safe at Home responses highlighting how effectiveness is impacted both by presence and/or absence, as well as how key components are combined and implemented towards a Safe at Home outcome.

Our four key discussion areas are: 1) Housing and being safe at home; 2) 'Not just a number': Voice and expertise; 3) Peace of mind and one piece of the picture; and 4) Moving from safety that supports surviving to safety that supports thriving. In discussing each area, we introduce our expanded 12 key components of effective Safe at Home responses across the four areas. In some places, gaps in research and evidence are identified. Each key component is followed by recommendations for policy development that can be taken up by government and sector leaders to strengthen that component as part of the Victorian Safe at Home response. A total of 62 recommendations are made across the 12 key components with the intention of fulfilling one of the project research aims of: removing access barriers; strengthening the program; filling service gaps; and improving access for diverse client groups.

6.2.1. Housing and being safe at home

Access to safe and sustainable housing is a key foundation of Safe at Home responses, and a central policy priority for Safe at Home therefore lies in the prevention of homelessness for women and children experiencing family violence (Breckenridge et al., 2024). In the evidence review (Breckenridge et al., 2024), the largest focus area found was housing security during and after separation from a violent partner (35% of articles included), with PSI as a 'housing as home' and homelessness prevention strategy (Breckenridge et al., 2015) predominantly applied to current residential properties that might or might not be the first choice for victim survivors. Echoing Woodhall-Melnik and colleagues (2017), housing was consistently described by participants as a foundational element to immediate and longer-term safety and recovery. Flagged as a concern in the evidence review, our findings confirm that the Victorian housing crisis, particularly rental affordability, and lack of public housing, significantly affect victim/survivors' choices with regards to remaining or relocating from a residence, and the ability of services to support these choices through PSI and Safe at Home responses (Breckenridge et al., 2024; GVRN, 2021). Where victim/survivors rely on income earned by a partner who has used violence, financial support becomes particularly important in the context of cost of living and accommodation, and should be linked to opportunities to increase women's economic security in the long term. Importantly, without viable housing options, abusive men may become entrenched in the home while the victim/survivor is forced to flee. Alternatively, they may leave but return 'home' when unable to maintain affordable alternative housing.

The lack of choice created by these conditions only heightens the need for programs such as PSI to be implemented with a focus on upholding client decision-making, even where choices are limited by the surrounding context (Soraghan et al., 2022). Discussions of choice linked to housing options is particularly important when considering the more relational and psychological aspects of 'home',

including impacts for victim/survivors from past experiences of violence in a particular property. Sense of belonging and being psychologically as well as physically safe at home, must be enabled as the next step following access to a property. This includes being able to make choices about, staying and relocating, and when and how this happens. Our findings point towards PSI being a critical mechanism within Victorian Safe at Home responses that enables these kinds of choices for victim/survivors, when delivered effectively. Taking these points together, we highlight the first key component of an effective Safe at Home response and offer recommendations to support it as part of the Victorian Safe at Home response.

Key Component 1	Support towards affordable, secure and stable housing as part of homelessness prevention.
Description	Provide access to housing support to prevent victim/survivors entering or remaining in specialist homelessness or emergency accommodation, supported by policy development and investment increasing access to affordable, secure and stable housing to enable victim/survivors to be, feel, and remain safe at home in independent accommodation of their choice.

6.2.1.1 Recommendations to support Key Component 1 in the Victorian Safe at Home response

1.1 **Strengthening recognition and resourcing of Safe at Home as a homelessness prevention strategy.**
Particularly given Victoria's housing crisis and lack of rental affordability, Safe at Home responses, including PSI, that mitigate the likelihood of victim/survivors experiencing homelessness could be prioritised.

1.2 **Investment to increase the availability of emergency accommodation, accompanied by increased resourcing to reduce waitlists impacting access to PSI as a Safe at Home response.**
The gap between women and children needing to leave the home while safety components are installed is currently a significant vulnerability. Women and children often find themselves homeless or in inappropriate and unsafe motel accommodation while their home is being prepared for safe return.

1.3 **Increase the variety of short- and longer-term financial relief accessible to victim/survivors to increase sustainability of Safe at Home responses.**

1.4 **More strongly linking policies for alternative accommodation for the person using violence and Safe at Home responses provided to victim/survivors**.
While funding and options for alternative accommodation for people using violence do exist, stronger connections are needed between sectors and services delivering these programs and those providing Safe at Home responses.

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Turning to supporting safety in the context of family violence, key strengths of the Victorian response were highlighted as availability of specialist family violence services and systems focused on addressing these issues, particularly strengthened since the Royal Commission into Family Violence (State of Victoria, 2014-2016). In Victoria, access to PSI and FSP are tied to receiving comprehensive risk and needs assessments aligned with the MARAM Framework, and to receiving case management support from a specialist family violence agency or related agency (such as a housing service or Child Protection) (FSV, 2019, p.16-17). The specific intent of Safe at Home responses to both address safety for victim/survivors and reduce risk and further violence, as articulated in the Operational Framework (GVRN, 2021), can be seen in this strong link between PSI and specialist family violence service provision in Victoria. The presence of The Orange Door, Safe Steps and other family violence services as available supports in victim/survivor journeys is a key strength of Victoria's system. Looking across our key phases, short-term support appears throughout victim/survivor journeys. In initial access phases, these responses were identified as helpful to addressing immediate safety needs and first steps out of a violent relationship, even if the victim survivor remained in the home. The impact that family violence case management had for victim/survivors is also evidence across our findings for a large proportion of women who participated in this project.

However, the findings from the SHEBA Project highlight that access to specialist family violence services is undermined by factors relating to awareness and knowledge of these options, and in some cases by a lack of integration and connection with other sectors, where earlier connections to support could increase safety and reduce risk. Particularly if connection in and access to specialist family violence support is only possible following a crisis point (for example through an L17 from Police into The Orange Door), the link between PSI and case management can be problematic if the intent is

to increase safety and reduce risk. While PSI is not a crisis response, the gap between initial intake services implementing crisis responses, receiving comprehensive risk assessment, and accessing case management undermines the possibility of being able to implement an effective Safe at Home response – as one WEAVER put it when discussing this issue, 'nothing's happened, but it could have, and that's their complicity'. Wait-times between referral and actually receiving family violence case management can stretch over months. This is due to high demand on the sector in general, lack of staffing, and overloading under-resourced specialist services supporting particular populations. Our findings point to a need for more timely and responsive PSI provision if it is to deliver on its homelessness prevention potential, and the need to address the gap between crisis and family violence case support for more women is urgent if Safe at Home (Breckenridge et al., 2024) and PSI options are to be more effective. Investing in the specialist family violence workforce, across intake and assessment and case management roles, was discussed a priority to more quickly provide victim/survivors with the opportunity to explore PSI as part of a Safe at Home response. Reducing this waiting period would contribute to a higher chance the victim/survivor can remain in their home without having to leave and or access emergency accommodation due to perpetrators returning to the property.

Participants highlighted that increased awareness and earlier opportunities to consider and work towards Safe at Home options, particularly when many had had previous engagement with other services, would be a positive enhancement to current processes and pathways. This includes knowledge and capacity building across services and sectors, to prioritise exchange of knowledge to encourage local partnerships, and contribute to strengthening coordination (GVRN, 2021; NZMJ, 2017) and responsiveness of service provision (NZMJ, 2017). Our findings highlight how the relational structure of FSP and PSI programs, along

with the triangulated service provision roles of FSP and PSI coordinators, case managers and clients could be enhanced to better encourage local partnerships and provision of strong service coordination (GVRN, 2021; NZMJ, 2017). This activity would also open more and varied access points to PSI and Safe at Home responses outside of specialist family violence services and criminal justice responses: our findings suggest that health and medical, statutory Child Protection, and housing services represent potential focus points. They also highlight the importance of increasing these alternate routes to receiving formal supports, but also to integrate community connection, informal networks, and peer support into the Safe at Home response.

Additionally, our findings point towards a need to consider the range of specialist family violence services offered to victim/survivors as part of Safe at Home. Given the different stages of Safe at Home and PSI responses, smoother access to a range of supports over time including short-, medium and longer-term offerings is needed to enhance and embed safety. This is particularly important given the interface of Safe at Home with justice responses. Current PSI guidelines include requirements for victim/survivors to either have or be in the process of applying for an FVIO (FSV, 2019, p.17). Discussed further below in terms of contributions to justice responses, we briefly highlight here the need for enhanced support to victim/survivors to obtain this, and the need to take into account the period of time the FVIO covers where PSI components may be used to support breaches – participants in this project highlighted that while an FVIO was a criteria impacting access to a PSI, access to support that extended into the use of PSI to support effective use of FVIOs needs more attention.

Taking these discussion points together, we highlight the second and third key components for effective Safe at Home responses.

Key Component 2	A range of accessible specialist family violence services offered over time as part of the response.
Description	Ensure a range of specialist family violence (or DFV) services are offered to the client victim/survivor and their family members, as part of, or in addition to the response, including crisis, medium and longer term supports. These services should be accessible through multiple and varied access points and services who connect into and can support specialist family violence and justice responses as part of Safe at Home.

Key Component 3	Local partnerships and collaboration providing strong service coordination to address safety risks, stability needs and sustained wellbeing.
Description	Encourage local partnerships and collaboration to provide strong service coordination that addresses immediate safety risks, medium-term stability needs, and works towards sustained wellbeing and safety through crisis and non-crisis interventions, therapeutic services and recovery supports.

6.2.1.2   Recommendations to support Key Component 2 and 3 in the Victorian Safe at Home response

2.1   **Bolstering awareness, knowledge and potential contributions to Safe at Home responses across health and medical, educational and workforce sectors** who have opportunities to promote and refer into the specialist family violence sector, and support Safe at Home responses. This particularly includes mental health and alcohol and other drug sectors, housing and Child Protection.

2.2   **Increase length of case management support periods** to ease pressure on PSI implementation timelines and to support longer-term therapeutic and or recovery goals.

3.1   **More consistent support to victim/survivors navigating FVIO requirements is needed across services, particularly where specialist family violence services**

3.2   **Future research should explore how aspects of legal aid support and advice can be better integrated as a Safe at Home response component.**

At the point of PSI application and implementation, our findings indicate a high level of administrative burden for case managers and PSI coordinators. Where PSI and FSP coordinators work within the same organisation and have access to additional administrative support, collaborative delivery of PSI was highlighted as a smoother and quicker process. Where FSP providers are external to organisations where PSI coordinators are based, the additional work to sustain collaborative relationships, navigate inter-agency administrative processes and transfer of funds, places additional strain on all parties. This is compounded where coordinator roles are not funded as full-time positions. Administration of PSI and FSP is substantial, and managing assessments and quotes, as well as sourcing equipment is time intensive. This can cause further delays and periods where safety may change for victim/survivors. PSI and FSP coordinator roles were described as often under-resourced and in need of review, particularly where coordinators covered large catchment areas. The creation of administrative roles alongside coordinator roles may support an easing of pressure on case managers and current coordinators. The PSI application process, linked to a full FSP application, was identified as a point of delay in addressing women's safety. Participants also consistently discussed a separation of PSI and FSP funding streams, as the current funding structure was identified as a point of tension when trying to address immediate safety and essential needs, at the expense of supports towards longer-term, sustainable safety and wellbeing and recovery.

The view across access, implementation and use of PSI and Safe at Home frames feedback from participants about the need for review/reconnection mechanisms for victim/survivors, when standard case management support periods are closed. Providing avenues to connect into support for ongoing or changing needs (both related to use of PSI components supporting justice responses and other aspects of victim/survivor safety and recovery) was a consistent message highlighted by SHEBA participants as a way to prevent re-entry into a crisis

response. When their circumstances change, and risk increases clients resist returning to a triage approach where they may be assigned to a new practitioner. Additionally, while new case support periods are available, in the context of the long wait times for case management, a review/reconnection mechanism following case closure would be most effective when not requiring a new intake process, particularly if implemented with a view to addressing gaps, issues and sustainability of safety and security components and how they can support victim/survivor journeys from crisis to stability and wellbeing. Some practitioners do this already as an unfunded client support service. If it were funded in the future, it could provide longer-term budget savings by strengthening healing and longer-term recovery.

Once victim/survivors receive case management support, our findings support previous research indicating that the limited timeframes that most services work within are not sufficient to adequately address short- and medium-term safety and service support needs for many women (Breckenridge et al., 2024). Highlighted in our findings from women was the important foundation of relational trust, and the negative psychological and emotional impact of the brief nature of this relationship. However, as policy workers pointed out, discussion of resourcing longer term case management support when drawing on the same resources that enable essential crisis responses is a challenging endeavour. Investing in the specialist family violence workforce, across intake and assessment and case management roles, was discussed a priority to more quickly provide victim/survivors with the opportunity to explore PSI as part of a Safe at Home response. Reducing this waiting period would contribute to a higher chance the victim/survivor can remain in their home without having to leave and or access emergency accommodation due to perpetrators returning to the property.

There has not been an increase in FSP and PSI packages since 2019 roll-out. The $10,000 standard FSP package limit was seen as no longer adequate in

the context of inflation, impacts on costs from COVID-19, and general increases in cost of living, goods and services between 2019 and 2024. A significant proportion of FSP funds taken up by PSI items was seen as counterproductive to a holistic response, creating situations where victim/survivors and case managers might feel a need to prioritise shorter term safety funded through PSI over medium- and longer-term living essentials and wellbeing that might be supported through FSP. For these reasons alongside delays in PSI applications requiring completion of an FSP, participants consistently discussed exploring a separation of PSI of PSI and FSP funding to ensure longer-term needs were not impacted by cost of technology components as significantly, and to support a reduction in administrative burden. However, the strong link between PSI and the areas of support that FSP covers can be seen to ensure an integrated use of safety and security items, and not an isolated technology-based response (Breckenridge et al., 2024).

Looking across access, implementation and use of PSI as a program, the limited funded periods for external monitoring and maintenance costs (e.g., internet and Wi-Fi) to support the recording capabilities of safety and security items are another example of the use of short-term funding/programs that do not match up to timeframes of the perpetrator's violence. While the specific funding of PSI provides access to safety and security items as a key component of a Safe at Home response (GVRN, 2021), the short time frames funded for monitoring and or maintenance cost contributions do not currently align with the continued risks from some perpetrators. Flexible provision of funded monitoring periods could be informed by the length of time an FVIO has been put in place for, along with individual risk assessment of perpetrator patterns and likelihood of continued abuse. This may better align service provision with a perpetrator impact focus tied to criminal justice response components (Diemer et al., 2017), particularly given the requirement to have or be pursuing an FVIO as part of PSI applications.

Taking these points together, we highlight a fourth and fifth key component and provide recommendations for policy development.

Key Component 4	Program responsiveness through streamlined processes and flexibility to adapt service provision.
Description	Prioritise responsiveness as a key program element through well-resourced and streamlined administrative processes, timely referral and assessment, flexibility to respond to changing circumstances, and plans for service provision in a range of contexts including emergency or disaster.

6.2.1.3 Recommendations to support Key Component 4 in the Victorian Safe at Home response

4.1 **The number and EFT of PSI and FSP coordinator roles could be increased to provide full time positions and adequate coverage across large catchment areas.**

4.2 **Development and funding for specialist coordinator roles supporting priority cohorts across the state could be explored.**

4.3 **Creating and funding an FSP and PSI administrative role alongside the coordinator role** could be considered to streamline the process and shorten delivery time.

4.4 **Ring fenced funding to support administrative processes** (such as those above), could support case managers and coordinators to focus on engagement with victim/survivors and timely delivery of PSI measures.

4.5 **Investing in the intake and assessment and case management workforce to shorten waiting periods between initial intake or crisis response, and when victim/survivors receive case management support.**

4.6 **A check-in/review point following case closures with a focus on identifying gaps in PSI responses, and emergent issues since case closure could be explored.**

4.7 **Inter-agency policies and processes could be reviewed to streamline application processes and funding release,** particularly where FSP and PSI coordinators are not based within the same organisation, or where organisations are applying for FSP funding from an external organisation.

4.8 **Streamlining the PSI application process with specific attention to minimising approval delays.** For example:
   i. Separating the PSI application, or the initial eligibility assessment, from the full FSP application.
   ii. Feasibility and implications for giving PSI coordinators the ability to approve and release funds for safety audits directly, rather than through the full FSP application/provider, should be explored, as our findings suggest this could alleviate at least one notable administrative burden.
   iii. Streamline the FSP portal in terms of manual entry of information common to FSP and PSI elements.

4.9 **Future research should attend to the aspects of PSI and Safe at Home that are possible, feasible and effective in contexts of disaster and emergency, given its positioning as a non-crisis response.**

Key Component 5	Receive specific funding for components of the response, indexed to economic and contextual changes over time.
Description	Receive specific funding contributing to one or more components of the Safe at Home response, with funding packages reviewed and indexed to address economic changes and contextual factors over time.

6.2.1.4 Recommendations to support Key Component 5 in the Victorian Safe at Home response

5.1 **FSP and PSI standard $10,000 package cap should be reviewed and indexed to meet increases in costs of items, goods and services along with inflation and cost of living.**

5.2 **Analysis of differences in costs for PSI common items, goods and services between metro, regional and rural should be conducted, and package amounts could be indexed to account for these differences.**

5.3 **Separating PSI from FSP funding should be explored** as an option to ease tensions and more comprehensively bridge short-, medium- and longer-term safety and recovery aspects of victim/survivor journeys, and as part of reviewing processes towards a streamlined system.

5.4 **Funded monitoring periods and contributions to maintenance costs for PSI items (e.g., internet connection/Wi-Fi) should be reviewed and revised to more flexibly respond to assessed risk from perpetrators, women's economic circumstances and stability, and linked to sustainable use as part of criminal justice responses.**

    i. Given the requirement to have or pursue an FVIO as part of PSI applications, the timeframe of the FVIO could inform a flexible and tailored provision of funded periods.

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6.2.2. 'Not just a number': Voice and expertise

we extend the above discussion to highlight how services and systems must not lose sight of how these packages are also 'not just a number': the funding directly impacts victim survivors' lives, safety, and choices. The importance of choice has been highlighted in previous literature concerning Safe at Home (Soraghan et al., 2022), and the findings from this research highlight the importance of keeping the people who have and are experiencing violence at the forefront if choice is to be prioritised and enabled.

As with any discussion of addressing use of violence and its impacts, particularly in a service delivery context, conversations run the risk of constantly straying to focus predominantly on resourcing and

funding. These aspects are in urgent need of attention and action, as our findings and discussion above show – but the lived experience of why they are necessary and how this experience can be centred across journeys of accessing, implementing and working towards safety must also be attended to as core business. Women who participated in this research generously gave detailed information of what made a significant difference to them, across all phases of access, implementation and use of Safe at Home measures. In initial stages of service engagement, being able to easily find and process information about programs such as PSI was raised, particularly given the lack of awareness many women described. For women with a disability or more complex communication needs, being able to process information and refer back to resources in their own time was important. Many practitioners

highlighted the lack of client-facing resources as a gap that if filled, would make a tangible difference. In the context of violence and abuse perpetrated by male partners, women accessing PSIs described apprehension relating to male contractors conducting safety and security audits and installations, impacting their sense of safety and ability to engage with services, even where they were trauma-informed and respectful. When providers and auditors took the time to provide tips and information about general safety strategies that women could implement as part of their use of PSI items, this was empowering and enabled a longer-term view of capacity to increase safety.

Victim/survivor insights emphasise the central importance of authenticity and relational trust underpinning the client/worker relationship. They also highlight the critical importance of seeing, engaging, hearing, and being led by people as individuals in their own right, 'not just a number' within a system. This phrase was used by many women across our interviews to highlight their right to recognition as a whole person, with a voice in decision-making (Soraghan et al., 2022). When case managers engaged with women as an individual with past experiences and current expertise about their circumstances and safety, PSI and Safe at Home responses were seen as more effective in increasing safety and supportive to longer-term goals and recovery. Comprehensive assessments and conversations about women's lives and knowledge of their properties and needs resulted in more effective, tailored and impactful safety measures. The arguments above also contribute to embedding more victim/survivor decision-making in policy and practice, shifting towards a service system where both services and women themselves are trusted to navigate and increase safety. This requires services and systems that deliver programs such as PSI to trust women about their experiences with less reluctance; to take their fears and the impacts of violence seriously; and to recognise and uphold expertise about perpetrators and the risk they pose. The ability of PSI to contribute evidence towards

criminal justice and legal responses to perpetrators is seen as positive and effective in many cases. However, the over-reliance on evidence captured using technology as 'impartial' and able to move criminal justice responses along can be seen to perpetuate practices of disbelieving women about their experiences and their motivations for reporting if such evidence is not available. Additionally, our findings point to ways of implementing PSI that invest in adult and child victim/survivors as 'not just a number'. Integrating and prioritising capacity and knowledge-building activity as part of service provision for women would not only support individuals to effectively use safety and security measures in the short- and medium-term, but also contribute to future autonomy and capacity to support children and peers.

Insights about technological solutions, what women needed to be able to use them effectively, and how they could be improved for future victim/survivors' safety are all examples of the value and necessity in more consistently centring lived experience and expertise. Through the WEAVER data workshop, our research perspective was more focused towards drawing out particular aspects of our findings to be able to look across key phases of service journeys, and to inform their enhancement through these recommendations. While some of these recommendations focus on the changes needed to improve system-level and structural issues, others are targeted to enhancing the current delivery of PSI and Safe at Home in a way that has an impact for the experiential aspect of victim/survivor journeys. This leads to a sixth key component for effective Safe at Home responses.

The following developments represent some of the ways in which the current response may need to shift to better embed victim/survivor decision-making and expertise into Victorian Safe at Home service provisions. Victim/survivors were particularly appreciative of the opportunity to provide input into policy and practice through this project.

Key Component 6	Clients have a voice in decision-making to ensure that responses are accessible to, informed by, and empowering of diverse victim/survivors.

6.2.2.1 Recommendations to support Key Component 6 in the Victorian Safe at Home response

6.1 **Investment and development of client-facing resources is needed to support self-empowerment, early access to information about PSI and Safe at Home, and to support a diversity of clients.** Resources should be developed:

    i. In a range of languages other than English;

    ii. In accessible formats that can be used with assistive technology (e.g., screen readers) if needed;

    iii. Designed to contribute to counteracting shame and stigma associated with accessing support services.

6.2 **Dissemination strategies for information and resources inclusive of a diversity of contexts and contact points could better support awareness raising of and access to FSP, PSI, and Safe at Home responses.**

6.3 **Victim/survivor expertise and involvement in decision-making could be embedded throughout the process of developing or updating policies and guidance** across the full range of Safe at Home response components, including housing.

6.4 **Services delivering Safe at Home responses could be supported to adapt and employ flexible practices more responsive to individual victim/survivor needs and perpetrator patterns of behaviour,** particularly in collaboration with justice systems and specialist services.

6.5 **System and policy authorisation to create/enhance contexts conducive to victim/survivors' agency and expertise should be prioritised** including:

    i. Ensuring a process where practitioners actively consult, comprehensively inform victim/survivors of their options, and prioritise choice throughout service engagement, delivery, and implementation (particularly of PSI recommendations);

    ii. Minimum standards that reflect both safety design and functionality informed by use on a daily basis by victim/survivors;

    iii. Capacity-building responses to include safety assessments and support for all family members, including children and pets;

    iv. Providing points of review and options for clients to reconnect to services if issues arise with Safe at Home responses after a support period ends (particularly relating to PSI technology measures);

    v. Comprehensive and tailored delivery of technology-support, including options to re-engage beyond a support period;

    vi. Development of security sector workforces to support victim/survivor choice of providers including woman/female contractors (though positive feedback regarding respectful engagement from male contractors is highlighted through the SHEBA Project).

    vii. Inclusion of general safety strategies alongside PSI item provision to supported by resources for victim/survivors that are collaboratively designed with PSI safety and security providers/experts and victim/survivors.

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A key gap identified in our findings across phases of access, implementation and use of PSIs is the lack of attention to children as victim/survivors in their own right. Participants emphasised the challenges for victim/survivors navigating children's understanding and impacts for their physical and psychological safety when PSI measures were installed. PSI was described as a program that predominantly supports adult victim survivors, and while some mothers described their children receiving support through services, attention to how FSPs for individual children could closely connect into the work done with adult victim/survivors is highlighted as an opportunity. However, discussed further below in terms of alignment across systems, family law decisions continue to undermine the Safe at Home response and the safety and wellbeing of children and young people particularly when inconsistent risk and safety assessments require children to spend time with a parent who has used violence.

Our findings also point towards the importance of attending to the needs of children who have experienced family violence to address potential intergenerational cycles of abuse through provision of trauma-informed recovery services (GVRN, 2021). It also includes prioritising primary prevention within the general population to reduce the future need for programs like PSI and Safe at Home. Across participant groups, a stronger focus on supporting children to understand respectful relationships was highlighted as an opportunity to intervene early through educational settings. Examples in our data relating to adolescent children who used violence against family members also highlight the need to engage and support young people through integrated mental health and substance use services alongside respectful relationships. Examining how to move from safety that supports surviving to safety that supports thriving must include consideration of how PSI and Safe at Home can contribute to early and earlier interventions through to long term wellbeing and safety.

We highlight the following as a key component for Safe at Home responses and recommendations for service enhancement inclusive of children and young people.

Key Component 7	Include children and young people as victim/survivors in their own right, with components to support their safety, wellbeing and recovery.
Description	Include children and young people in policy and practice, and listen and respond to their need for physical safety, emotional wellbeing, relationship support and trauma-informed recovery services.

6.2.2.2 Recommendations to support Key Component 7 in the Victorian Safe at Home response

7.1 **Training, ongoing practice development, and implementation of practice with children and young people as victim/survivors in their own right requires investment and funding** across service and sectors delivering PSI, FSP and Safe at Home responses.

7.2 **Children's wellbeing and sense of safety can be more comprehensively attended to through explicit inclusion in guidelines, policy and practice development across sector delivering PSI, FSP, and Safe at Home responses.**

7.3 **Resources providing examples and strategies for women to explain and contextualise safety and security measures for their children could be co-designed and developed with victim/ survivors who have used PSI and Safe at Home responses, including children where feasible.**

7.4 **Exploration of specific peer-support options** (such as online groups or communities) to enhance use of resources could also support ongoing connections and psychological support for parents (predominantly mothers) supporting children.

7.5 **Consider policy to specifically include schools and education sectors in safety and risk assessment and management for children through greater collaboration and coordination.**

7.6 **Better alignment between state-based responses to child safety concerns, and family law court decisions and orders is needed.**

7.7 **More consideration of how PSI and FSP programs can be used to support safety and wellbeing for children in the context of a Safe at Home response is needed,** and could include use of FSP for individual children linked to PSI provided to adults.

7.8 **Future research should prioritise a greater focus on safely and appropriately exploring and understanding children and young people's needs that can be addressed as part of Safe at Home responses.**

6.2.3. Peace of mind, one piece of the picture

Our findings illustrate that PSI is an important and impactful program. It supported access to safety and security items and technology solutions that contribute to increasing physical safety and provided victim survivors with increased capacity to capture evidence that could be used as part of justice and legal responses to perpetrators. The provision of safety and security items under PSI was also impactful for victim survivors in terms of their sense of psychological safety, with the phrase 'peace of mind' echoed across all discussions. However, balancing this sense of safety with risk assessment and planning responsive to perpetrator behaviours highlights how the use of PSI items and programs are only 'one piece of the picture' for victim/ survivors. For example, for women with children, use of PSI is one piece of navigating ongoing contact with perpetrators and legal systems, often with little to no consistent support. As one WEAVER put it, PSI is 'one piece of peace of mind', particularly relating to technology-driven responses and only one part of broader Safe at Home provisions. Highlighted in the Review, technology measures are a key component in increasing women's safety that can be implemented and used most effectively when supported by knowledge development, psychological and legal support to victim survivors (Bignold, 2020; Gendera etal., 2019). However, for case managers delivering PSI, delivering these components is also only one part of their workload.

The increasing role of technology in everyday life is a key area for policy and practice attention. The Keeping Women Safer in The Home evaluation (Gendera et al., 2019) identified increased feelings of safety for women and children, but issues regarding usability, technology literacy, and the use of technology-facilitated abuse by perpetrators were identified as problems. Our findings also highlight the positive aspects of technology-driven solutions provided through PSI, acknowledging the strength of this program as a major component of Safe at Home in Victoria. However, echoes of previous findings are also present, particularly concerning the need to consider sustainable useability and maintenance aspects of technology used as part of safety supports for women. Our findings also indicate that there is a need for review and integration of technology-facilitated abuse as part of innovation and quality improvement of PSI. The use of technology by perpetrators, both in the level of sophistication and prevalence was highlighted across participant groups as growing. This included to breach intervention orders, to gain access to women and children's lives even if not physically coming to their homes. While previously bug sweeps and detection of devices might have been the first port of call addressing use of physical technology items, our participants highlight increasingly sophisticated use of mal/spyware on personal devices and home systems that require comprehensive digital safety assessments to be detected. Practitioners and coordinators highlighted this as an area growing in terms of the number of digital safety assessments being requested. The cost, availability of providers and inclusion of children's devices, particularly in a world where children are engaging and have access to more and more technology, were identified as areas for enhancement in policy and more support in practice. Practitioners discussed technology-facilitated abuse as challenging to keep up with, and themselves sometimes lacking technology literacy to support use of items as part of PSI for victim/ survivors. Suggestions to create specialist technology-focused roles within services were raised - these roles would support both safety planning and PSI audits. Technology focused roles would provide options for consultation when needed across assessment, and could focus on building the provider relationships that support smooth provision of digital safety assessments and device sweeps. We echo calls for adequate resourcing to these aspects of technology-driven solutions, and integration with standard risk assessment practices (Breckenridge et al., 2024).

The use of technology-driven solutions and evidence collection as a foundational driver of PSI is a strength as articulated across our findings. This includes increased capacity to engage with justice and legal responses (while noting issue of trust identified above), with recording capabilities also supportive for women experiencing symptoms of abuse that affect memory and recall. However, these aspects can and have been shown to be undermined by a lack of consistency in responses from Police, courts and legal systems in our and previous research (Breckenridge et al., 2024). This highlights the need for more alignment and transparency across systems involved in Safe at Home responses.

The contradictory approaches in safety and risk assessment between family violence sectors and family law courts requiring children, and by extension their mothers, to have continued contact with fathers who have used violence was highlighted by women as undermining their physical, psychological and emotional safety gained through access to PSI as part of a Safe at Home response. For example, a child listed as an AFM in one sector, but required to spend half their time with a parent who has used violence through a family order, creates a context where personal devices might be taken between homes. A perpetrator may install spyware on this device, compromising the child's and mother's safety. These mismatches emphasise the need for more integrated responses (Bignold, 2020; Diemer et al., 2017; GVRN, 2021; NZMJ, 2017; valentine & Breckenridge, 2016), transparent and open communication between systems. Our participants highlighted the opportunity that shared frameworks and risk assessment tools such as MARAM represent, and the need to connect policy as written and policy as practiced when working to uphold safety across sectors.

While the capability of PSI to increase physical safety and evidence collection is evident in our findings, the prioritisation of physical safety and physical violence needs to be reconsidered. Police and justice systems continue to prioritise a response to physical

incidents of violence, and FVIOs may not be available to women to support a Safe at Home response if police do not also respond to continued incidents associated with a pattern of coercive control. Different concepts of safety also need to be attended to and incorporated into the way services work to maximise women's safety as a pillar of Safe at Home responses (Breckenridge et al., 2015). Our findings point towards a greater need to acknowledge and support psychological elements of safety – even where there may be a mismatch in prioritisation between services and victim/survivors. Practices that recognise the impacts of psychological lack of safety and do not undermine the importance of these aspects to women are needed. As one WEAVER put it, 'they don't seem to focus on black and blue on the inside, only black and blue on the outside.' For PSI, this includes acknowledging the value of safety and security items in terms of the piece of peace of mind they represent, alongside their physical and evidence collection functionality that supports housing stability and homelessness prevention (valentine & Breckenridge, 2016; Woodhall-Melnik et al., 2017).

Taking these points together, we highlight the following key component below and recommendations to support an enhanced focus on safety, expanded upon in the next section as closely linked to responses inclusive of different forms of violence and relationship configurations.

Key Component 8	Focus on reducing risk and increasing victim/survivor safety through a suite of integrated responses.
Description	Focus on women's safety through a suite of responses, including through criminal justice strategies, consistent risk assessment processes and safety planning, security upgrades and integration of innovative technologies and technology-driven solutions to increase safety and reduce risk.

Key Component 9	Attend to safety concerns arising from multiple, changing forms of violence used within different family contexts.
Description	Safety concerns arising from multiple and changing forms of violence and abuse used against victim/survivors are attended to within different family and intimate relationship contexts, including physical and non-physical forms such as coercive control and technology-facilitated abuse.

6.2.3.1 Recommendations to support Key Components 8 and 9 in the Victorian Safe at Home response

8.1 **Inclusion of appropriately funded standard digital safety assessments and audits, inclusive of adult and child personal devices.**

8.2 **Practitioners need to be supported through on-going training to be up to date with technology-focused responses as part of Safe at Home.**

8.3 **Creation and funding of specific technology-focused practitioner roles within key services delivering PSI** could provide enhanced responses to technology-facilitated aspects of family violence and abuse.

8.4 **Justice responses need to more readily recognise and explicitly include technology-facilitated abuse in FVIOs.**

8.5 **Justice and police responses would be strengthened with greater attention to patterns of coercive control (including technology-facilitated abuse) alongside physical violence.**

8.6 **Increased investment and provision of accessible legal advice and aid for victim/survivors** tailored to navigating family violence including coercive control and technology-facilitated abuse.

8.7 **Training for key technology service providers (e.g., telecommunications) could include recognising signs of mal/spyware on personal devices to support identification and referral to specialist family violence services.**

Our findings indicate that there is an urgent need to explore how the types of relationships that exist between victim/survivors and perpetrators of violence (e.g. intimate partners, adolescents, other family members), might inform the future components of Safe at Home responses. The predominance of intimate partner violence has meant that responses have been designed around this dynamic, however our findings indicate more attention and development of policy is needed to support Safe at Home responses to violence used by adolescents and young people in the home. FVIOs may not always be applicable in cases where adolescent or adult children use violence against family members. Victim/survivors highlighted missed opportunities to address use of violence early and prevent escalation in adolescence and young adulthood, associated with a need to more closely connect with support for intersecting issues such as mental ill-health and substance misuse.

9.1 **Policy and eligibility criteria for PSI could be reviewed with specific attention to contexts of adolescent violence in the home.**

9.2 **Increased alternative housing and accommodation options are required for adolescents and young people using violence in the home.**

9.3 **Earlier, and coordinated interventions to address mental health, drug and alcohol issues for adolescents and young people using violence in the home are urgently needed.**

9.4 **Consider expanding eligibility criteria to expand opportunity for victim/survivors living in homes not known to the perpetrator to access PSI, particularly where stalking is a known behaviour used.**

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Previous research examining Safe at Home responses as routes to safety for women and children highlight the necessity of active policing and actions from courts (Diemer et al, 2017; GVRN, 2021; NZMJ, 2017; Soraghan et al., 2022). Our findings strongly echo this need for active, consistent, and family violence-informed work for a Safe at Home response to be effective. The experiences highlighted in our findings show that even when quality safety and security items are applied for, approved, installed in a timely manner, and women have good technology literacy to be able to use them, inconsistent police responses at any stage of access, implementation and use undermine the effectiveness of measures put in place. If women have little to no confidence that a call for help through a personal safety device will be answered, or if the evidence they collect through CCTV will be discounted or dismissed by police when reporting breaches to intervention orders, their use and effectiveness is greatly diminished. While not a new finding, we emphasise the need for more family violence-informed training, practices and engagement from Police (Diemer et al, 2017; GVRN, 2021; NZMJ, 2017; Soraghan et al., 2022).

This also relates to the core work needed to increase visibility of perpetrators and intervening with people using violence across sectors to uphold their accountability as a guiding principle of Safe at Home responses (GVRN, 2021). This includes more nuanced, individualised assessments of risk, including establishing what kind of behaviours have been part of their pattern of abuse against victim/survivors, to inform safety planning and recommendations for appropriate safety and security items accessed under PSI. And based on victim/survivor's knowledge, how they may react to interventions such as PSI. While some perpetrators were reported to be deterred by safety and security measures provided under PSI, the importance of having visibility and knowledge about perpetrator behaviour that incorporates non-physical and

system's abuse to harm women cannot be emphasised enough.

Additionally, perpetrator interventions in the areas of accommodation provisions, behaviour change programs, legal and criminal justice responses directly and indirectly impact the safety of women and children, suggesting strengthened partnerships with providers in these areas are critical. Women highlighted particularly the need to actively share information related to perpetrator release dates, hearings and changes in orders across sectors, as actions that can connect safety for victim/survivors to accountability for people using violence against them.

Two core beliefs underpinning Safe at Home responses are that perpetrators should be held accountable for their violence, and that there is historical injustice in the expectation that women should be forced to leave their home to leave violence (GVRN, 2021).

Key Component 10	Work alongside interventions with people using violence as part of a holistic response connecting safety and accountability.
Description	Work alongside perpetrator interventions that uphold accountability for people using violence as part of a holistic response to support victim/survivor safety without placing responsibility for safety/staying safe solely on them. Safety and accountability are connected and prioritised through shared risk assessment and information sharing frameworks that attend to all family members in immediate and long-term safety planning and responses, including children, young people and pets.

6.2.3.2 Recommendations to support Key Component 10 in the Victorian Safe at Home response

10.1 **Stronger policy attention and practice implementation is needed to support active information sharing across sectors about perpetrator remand, bail, prison, and court dates that directly impact Safe at Home responses** (e.g., refusing a safety audit until the perpetrator is released from prison, at which time risk will be heightened).

10.2 **Targeted policy mechanisms are needed to strengthen family violence-informed criminal justice and statutory responses,** with aligned safety and risk assessments focused on perpetrator behaviour and accountability as partners, parents and family members, alongside support to victim/survivors.

10.3 **Policy development is needed to support more consistent family violence-informed, active policing,** including:
  i. Increased numbers and availability of Family Violence Liaison Officers in Police stations.
  ii. Taking applications for IVOs/FVIOs seriously, including where they respond to use of physical and non-physical violence and threats of violence.
  iii. Responding to physical, non-physical (including technology-facilitated) breaches of FVIOs.

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PSIs are largely restricted to women with FVIOs (with exclusion conditions) alongside other criteria, requiring interaction with Police. Some exceptions are possible on a case-by-case basis (see p.17, PSI Guidelines (FSV, 2019)). 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. Victim/survivors who are impacted by historical and current system abuse find it extremely challenging, compounded by given the dearth of specialist services with expertise in supporting Aboriginal and culturally and linguistically diverse communities.

Valentine and Breckenridge (2016) found that stable housing had a significant impact on women's fears of losing their children through legal proceedings, or where Child Protection had removed children, women felt they were in a better position to have them returned if living in stable housing (Breckenridge et al., 2024, p.40). This interaction with Child Protective systems was not a prominent focus in this report's findings, however systemic barriers for Aboriginal communities related to PSI eligibility criteria, interactions with Child Protection, and Police, were highlighted as affecting access to PSI and Safe at Home responses. PSIs are largely restricted to women with FVIOs (with exclusion conditions) alongside other criteria, requiring interaction with Police. Some exceptions are possible on a case-by-case basis (see p.17, PSI Guidelines (FSV, 2019)). 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, and the PSI eligibility criteria are currently not conducive for survivors where they, or their communities, have experienced historic and current over-policing or problematic police and criminal justice responses.

The suitability and use of PSI to support Aboriginal and Torres Strait Islander communities specifically have been emphasised as highly nuanced and complex areas intricately connected with broader system issues and lack of cultural safety in mainstream services. The requirement to seek a FVIO with exclusion conditions and interact with police and criminal justice systems creates barriers to access – even when current guidelines allow for exceptions. The current FSP Program Guidelines (FSV, 2024), provide expanded guidance relating to supporting choice of support through Aboriginal Controlled Community Organisations or mainstream services – while this has follow through into PSI as part of FSP applications, the importance of capacity-building mainstream services is significant to be able to support specialist organisations in the context of resourcing and funding constraints.

Further work is needed to understand whether PSI is an appropriate or wanted response for these communities, given its close connection to Policing. This includes increased recognition from a policy perspective of culturally specific strategies already existent in Aboriginal communities supporting women to stay safe at home and to respond to people using violence. Mainstream PSI and FSP services may be able to be tailored to more adequately include culturally specific strategies for women to stay safe at home and in community, however we emphasise the need to support and prioritise community-led Safe at Home strategies.

We highlight the following key component as critical if PSI and Safe at Home responses are to effectively and safely support victim/survivors from a diversity of cultures and backgrounds.

Key Component 11	Provide cultural safety and cultural authority through intersectional service provision supporting diverse needs.
Description	Provide cultural safety and cultural authority, with flexibility in policy and practice to address intersectional and specific needs of different population groups.

6.2.3.3 Recommendations to support Key Component 11 in the Victorian Safe at Home response

11.1 **Review of the PSI eligibility and suitability conditions should be conducted with attention to criteria requiring victim/survivors to interact and engage with justice responses.**

11.2 **Greater support at a policy level is needed to authorise appropriate, flexible implementation of PSI eligibility and suitability criteria** to more effectively support all victim/survivors and communities.

11.3 **Greater investment and resourcing for multilingual and in-culture services across the Victorian service system, is urgently needed.**

11.4 **Exploration and funding of a dedicated state-wide Aboriginal PSI Coordinator role.**

11.5 **Capacity-building across mainstream organisations delivering Safe at Home responses to culturally and linguistically diverse clients is needed**, including:
   i. Cultural safety training should be consistently delivered workforces contributing and interfacing with PSI and Safe at Home responses.
   ii. Organisational policy development encouraging mainstream services to support ACCO/specialist services, particularly when this is often reversed.

11.6 **Review of PSI Guidelines should include consideration of a tailored program for Aboriginal communities, led by community.**

11.7 **Policy attention should be given to supporting return to community and country when this may be a longer-term goal for Aboriginal survivors following temporary relocation based on safety concerns,** building on the considerations highlighted in the FSP Program Guidelines

11.8 **Further work is needed to understand how mainstream services and systems can more adequately recognise and support culturally specific strategies for women to stay safe at home and to respond to people using violence in Aboriginal communities.**

11.9 **Further work is needed to understand how PSI and Safe at Home responses in Victoria do or not currently meet the needs of LGBTQIA+ communities.**

6.2.4. From safety that supports surviving to safety that supports thriving

The previous discussion has included a range of aspects as part of a holistic approach to enhancing the Victorian Safe at Home response. This has included the need to address the timeliness and responsive capacity of systems to bridge crisis and non-crisis aspects of risk and safety (NZMJ, 2017), and to handle the demand that comes with increasing awareness of service and Safe at Home options. Work towards a collaborative response that supports victim/survivors to move on from crisis and establish sustainable supports for longer-term wellbeing, independence and safety requires integration of components that support both survival and future thriving.

To enable continual development and enhancement, iterative data and program evidence, along with consultation with the people both using and delivering PSI as part of Safe at Home is needed. Some participants highlighted that while one group of stakeholders, e.g., case managers, might see impacts for victim/survivors and receive feedback on how the program worked for them, this was often only anecdotally carried back to coordinators or policy workers in the area. A feedback loop to share effectiveness and impact examples of PSI implementation, and feedback from victim/survivors accessing PSI, was highlighted as a potentially significant support to continued improvement for the program, and a source to sustain motivation for workforces. Particularly considering the insight into how PSI works in practice, victim/survivor voice in discussions of changes and improvements at a systemic level are important to ensuring the day-to-day feasibility and effectiveness of safety and security items, alongside practitioner knowledge and insight into responses, interventions and support that impact safety and wellbeing.

In addition, changes over time impact the context of service delivery, and to be effective, up to date data and guidance need to be available. This includes program usage and cost data, and we encourage Family Safety Victoria to build on their previous work providing analysis and reporting of FSP and PSI responses, such as that available for quarter 1 and 2 of the 2019-2020 year (Family Safety Victoria, 2020). This also feedback on effectiveness and experiential aspects of PSI and Safe at Home, such as that included in this report, that can inform decisions about program developments and planning. Within this, planning and protocols for times of emergency and disaster, particularly taking into account the aspects of Safe at Home that can continue in these contexts, and which elements become unfeasible to pursue. Particularly given the significant impact of COVID-19 and the years since, up to date data reporting could inform the consideration of the recommendations included in this report across practice and policy for future developments of PSI and Safe at Home responses in Victoria more broadly.

As the final key component included in this section, we highlight ongoing and iterative collection of data and feedback to inform future configurations of Safe at Home, and to contribute to capacity building and knowledge development across sectors.

Key Component 12	Informed and improved by iterative data and evidence generation, capacity building and collaborative working.
Description	Include ongoing and iterative improvement, informed by a range of program, impact, satisfaction and research data. Policy and practice are developed through capacity building activity are part of collaborative working across sectors and providers, and integrated as part of service delivery to adult and child victim/survivors.

6.2.4.1 Recommendations to support Key Component 12 in the Victorian Safe at Home response

12.1 **The 2019 PSI Guidelines should be reviewed and updated in alignment with the 2024 FSP Guidelines and informed by the findings of this project** (see detailed suggestions in Appendix E). Specific considerations should include:
   i. Eligibility and suitability of PSI
   ii. Flexibility included in the implementation of the guidance
   iii. Alignment with the FSP 2024 Guidelines.

12.2 **Additional clarity should be provided to PSI providers and included in PSI Guidelines as to how relationships between their and other programs should be managed** when these services have access to brokerage, and victim survivors require safety and security items.

12.3 **PSI minimum standards for items should be reviewed to include considerations around functionality and usability in everyday contexts,** as well as being technologically sound, informed by consultation with victim/survivors.

12.4 **Continued data and reporting of FSP and PSI programs should be conducted to inform policy and program development** as discussed throughout this section, including the following analyses:
   i. Average proportion of FSP funding taken up by PSIs
   ii. PSI use by specific cohorts
   iii. Repeat FSP responses
   iv. Differences in costs for metro/regional/rural implementation of PSI
   v. Changes across years of PSI to look at increases in costs, overall and regionally

12.5 **Establish mechanisms to provide feedback and impact data to case managers, coordinators and policy workers.**

6.3. Limitations

Limitations of this research project related to recruitment challenges in reaching culturally and linguistically diverse women who had accessed PSIs, resulting in a smaller number of voices from this cohort informing the findings. Practitioners working specifically with this group participated in additional discussions concerning the barriers they had seen for their clients, however future research should seek to address this gap with women with lived experience. While two focus groups with PSI and FSP coordinators focused specifically on issues of access to PSI for Aboriginal communities, only a very small number of women with lived experience identified as Aboriginal and spoke to specific issues affecting their access and use of PSIs. Particularly given recent updates to the FSP, further work is needed to understand how both FSP and PSI can be enhanced to better support Aboriginal communities. Issues of access, implementation and use of PSI for LGBTQIA+ communities were not specifically addressed in this project, though discussed briefly by a few participants. This would be an area for future research and policy focus.

Experiences of accessing PSIs and delivering FSP and PSI programs during the primary years of COVID-19 were also limited, and issues raised during interviews and focus groups related primarily to reduction of service capacity and increased delays in delivering PSI. However, important issues related to the role of technology and service delivery were raised, and contributed to flexible ways of working as described by practitioners and women accessing PSIs. Particularly given PSI is not intended as a crisis response, and contexts of emergency and disaster are in themselves times of crisis, these contexts of Safe at Home responses will need to be explored further. Our findings provide some information that can be used in forward planning for emergencies and disaster, but with many impacts on service delivery relating to timeliness and provider capacity, more work is needed to understand mechanisms effective in supporting safety at home during emergencies and disaster contexts.

This research project identified an important gap in the provision of PSIs as related to children's experiences and specific needs that might be addressed through safe at home responses. However, speaking with children and young people was not within the scope of this project, and should be prioritised in future research and practice work.

6.4. Conclusion

The preceding findings and discussion have identified current strengths, limitations, and directions for enhancements to the Victorian Safe at Home response inclusive of PSI. To strengthen the effectiveness of PSI ad Safe at Home responses within the current configuration of services and programs, practice considerations have been provided building on the current guidance (FSV, 2019; 2024), feedback on aspects and areas both effective and in need of enhancement, and across key phases of access, implementation and longer-term use of PSIs as part of Safe at Home. These practice considerations particularly speak to the how of service delivery, that victim/survivors emphasised made a tangible difference to their experience, sense of safety and ability to engage and make the most of a Safe at Home response.

Looking to the future state of PSI and Safe at Home in Victoria, the SHEBA Project has generated insights regarding the current literature surrounding Safe at Home responses through the Evidence Review (Breckenridge et al., 2024). Practice wisdom and understanding of the current service provision, lived experience expertise and insight, policy understanding and vision have been integrated to build on this evidence base and highlight key components of an effective and sustainable response. Recommendations covering high-level policy, investment, funding, workforce capacity building, resource and knowledge development have been offered towards more comprehensively supporting and implementing these key components in the Victorian Safe at Home response.

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8. Appendices

Appendix A: Participant-specific research questions

From women accessing and using PSIs:

- What are the strengths and limitations of the PSIs that they have used?
- What would they recommend for improvement?
- What are the experiences of women from marginalised communities?

From practitioners delivering PSIs and safe at home responses:

- What are the strengths and limitations of the current PSI program?
- What enhancements to the Safe at Home response would they recommend?
- What are the specific issues faced by women from marginalised communities?
- What impact do they see if, and when responses to men are provided (eg accommodation)?
- What are the specific service system issues posing as barriers or facilitators for Safe at Home responses during disasters or emergencies?

From policy workers:

- What are the foundations of the Safe at Home, and specifically PSI responses that they would wish to see as enhancements to be trialled?

Appendix B: Summary of ethics amendments

The original ethics application for the SHEBA Project was approved on November 25, 2022, and the following amendments were made during 2023 as required.

Table 2: Summary of ethics amendments

Amendment (date approved)	Summary of changes
1 (February 3, 2023)	This amendment included the following changes: 1. Minor updates to interview/focus group questions for each participant type; 2. Collection of brief demographic information from practitioners and policy workers via a Qualtrics online questionnaire (completed independently); 3. Collection of brief demographic information from women with lived experience during their interview, entered by the researcher into a separate Qualtrics online questionnaire; 4. Update to data collection method for Outcome Ratings Scale used with women with lived experience during their interview - participant to complete via Qualtrics online questionnaire with support of researcher; 5. Addition of participant recruitment source through new project contact and opportunity with Safe and Equal; 6. Addition of participation option for practitioners - focus groups (at the request of participating organisations); 7. Update to participant-facing documentation to reflect changes 1 through 6, and specificity regarding research processes.
2 (May 18, 2023)	This amendment included the following changes: 1. Addition of provisions for interpreter support to women with lived experience where they are not comfortable conversing in English 2. Participant criteria to include women recently (in the previous 3-6 months) receiving support from partner organisations based on feedback from participating organisations and practitioners 3. Recruitment of women through PSI Coordinators who engaged in focus groups through Safe and Equal Community of Practice 4. Addition of two potential focus groups with PSI Coordinators, based on interest expressed by previous participants, to explore issues affecting access to PSI and Safe at Home approaches for priority groups of women. 5. Change of responsible researcher: A/Prof Kristin Diemer to take over leading the project while Prof Cathy Humphreys is on extended leave.
3 (June 8, 2023)	This amendment included the following change: 1. Update to recruitment sources/routes for women with lived experience, to include referral through Victorian Specialist Family Violence Practitioners (external to partner agencies) invited through established networks
4 (August 2, 2023)	This amendment included the following change: 1. Update to project external personnel - removal of Katherine Schofield (due to change in role) and addition of Emma Constantine, replacing Katherine Schofield.

Appendix C: Sample interview guiding questions

C.1 Practitioner interviews

1. Could you please explain the role(s) that you have within your organisation? In this role, do you have or have you had in the past, experience in supporting women seeking to leave a violent or abusive partner?

2. How many years have you been in this role? / How long was your role where you had practice experience with women living with and/or leaving domestic and family violence?

3. In Victoria, the policy guidance indicates that the victim/survivor and their children should be provided with the option to stay safely in their own home, with the perpetrator of violence excluded. I wondered whether you could talk about any barriers you have seen in implementing this type of approach?

   Prompt: In your experience, in what situations does this option appear to be most difficult?

4. I would like to shift now to thinking about the factors that facilitate victim/survivors staying safely in their own home. Could you talk about any facilitators or factors you have seen in your experience that support this?

   Prompt: In your experience, for which women (or which situations these women face), does this appear to be the most viable option?

5. [If not already discussed] Are there aspects of the service system response that you see as particularly unhelpful or that create barriers to victim/survivors staying safely in their own homes?

6. In contrast, are there aspects of the service system response that you see as particularly helpful or that support victim/survivors to stay safely in their own homes?

7. We are particularly interested in your experience of working with Personal Safety Initiative (PSIs). Could you explain your experience of working with women using PSIs, and comment on any barriers women face when accessing PSIs.

8. We are also interested in the factors that facilitated women's use of PSIs. Could you tell us about any factors that you have seen that facilitate women's use of PSIs?

9. We would like to know the extent to which PSIs have supported the safety of women and children in their own homes. Based on your experience, could you explore this a little with us?

10. Based on your experience, can you provide a rough estimate of how many women you have seen or supported to return to/stay in their own home?

11. We are wondering whether there are also any implications in terms of both administration and access to PSIs at times of emergency and disaster that you think would be relevant to understand.

12. Have there been any particular impacts from COVID-19 that have created challenges or acted as facilitators to keeping more women (and children) safely in their own homes?

13. If you were able to make policy or practices changes in this area to keep more women safely in their own home, what would these be?

14. Is there anything further that you would like to add to this conversation?

C.2 Women with lived experience of accessing PSIs (initial interview)

1. We are interested in your experience of accessing a Personal Safety Initiative (PSIs). Could you recall your experience of using a PSI? What type of support did you receive? When did you access that support?

   IF participant has children in their care at home: Did your child/ren receive any specific support as part of the PSI? What did that look like?

2. Were there particular aspects of the service system that facilitated your access to the PSI?

   Prompt: Has an Intervention Order been part of your experience through the service system and/or been part of the process of accessing a PSI for you?

3. Were there any particular issues, or aspects of the service system, that hindered your access to the PSI?

4. We would like to shift now to think about the outcomes of the PSI. To what the extent has the PSI supported you (and your children) to stay safely in your home?

5. We would like to ask some further questions to understand the outcomes of your experience with a PSI. These questions will relate to your individual, interpersonal, and relational experiences.

   [Paper or digital Outcome Rating Scale[11] provided]

6. We would like to shift now to think about improvements to PSIs. From your perspective, what are the strengths of the PSI?

7. What are the limitations of the PSI?

8. Based on your experience, what policy or practice changes in this area would you recommend to keep more women safely in their own home?

9. Is there anything further that you would like to add to this conversation?

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[11] Outcome Rating Scale (Duncan, Miller & Hubble, 2000)

Appendix D: Initial high-level analysis template

Thematic area	Description
Components of PSI	Includes the types of PSI support received e.g., lock changes, CCTV, and feedback on their effectiveness
Access to services	Includes pathways to PSI (initial access), barriers to access, facilitators to accessing services
Experience of accessing PSI	Includes data on experience of having PSI implemented, engaging with workers, installations etc
Experiences of having PSI	Includes data about implementation of PSI measures, outcomes of measures
Improvements and gaps	Includes recommendations or feedback about potential improvements, identification of gaps
Safe at Home	Includes reflection/articulation of what 'safe at home' means

Appendix E: Recommendations for enhancements to current PSI Guidelines and development of supporting resources

This section provides detailed and high-level recommendations for enhancements to the current PSI Operational Guidelines published in 2019 (Victorian Government, 2019). Between 2019 and time of writing in 2024, there have been significant developments in the policy and practice context for the Victorian family violence sector. The Flexible Support Package Program Guidelines (Victorian Government, 2024) have recently been updated in early 2024. A review and update of the PSI guidelines to align with those for FSP is timely.

The top-level sections of the PSI Guidelines are listed below, with specific sub-sections listed as necessary. Where sub-sections are not mentioned, there are no specific recommendations or suggestions for changes. Recommendations and suggestions are based on direct feedback from SHEBA Project participants, alongside elements drawn out by the researchers. Recommendations that are dependent on structural/policy changes included in Section 7 of this report are highlighted in pull-out boxes.

Terminology

We recommend review of the terms included in this section, and integration of additional elements into the following terms based on our findings and to better align with FSP Program Guidelines. Table 3 provides specific considerations for review and/or amendment of terms included in the current PSI Guidelines.

Table 3: Terminology for review and/or amendment in current PSI Guidelines

Terms	Notes for review and/or amendments
Family violence	Include 'Aboriginal definition of family violence' with reference to Dhelk Dja: safe Our Way – Strong Culture, Strong Peoples, Strong Families along with definition notes from Domestic Violence Victoria (2020, p.72).
Intersectionality	Include note on intersectional feminism and theory as developed by Crenshaw (1989).
Accessible, inclusive and equitable service response	Combine definition in current PSI guidelines with information given under 'Accessibility, inclusion and equity' in FSP Program Guidelines.
Perpetrator	Review and combine definitions. We also suggest including mention of the potential for multiple perpetrators of family violence, and the need for specific assessment and response to different types of perpetrators (e.g., intimate partners, adult sons).
Victim/survivor	Suggest also including 'applicant agency/agencies' and 'provider agency/agencies' as defined in FSP Program Guidelines, amended to specify PSI application in the context of FSPs.
Agencies and organisations	Includes reflection/articulation of what 'safe at home' means
Secondary consultations	Expand definition in line with FSP Program Guidelines.

We recommend including (and in some case expanding) the terms and definitions drawn from the FSP Program Guidelines presented in Table 4.

Table 4: Terminology drawn from FSP Program Guidelines, for inclusion or expansion in PSI Guidelines

Terms	Notes for review and/or amendments
Safety	The current PSI guidelines do not include an entry for this term. The more recent FSP guidelines contain the following definition: *'Safety can be understood as a state in which a person experiencing family violence is no longer facing danger, threat or risk of harm from the perpetrator.'* (FSP Program Guidelines, p.32). Based on the findings from SHEBA, we suggest broadening this definition to include reference to feelings of safety and wellbeing, and to issues of cultural safety and discrimination in service delivery. This could be informed by the definition included in the Safe at Home Operational Framework (GVRN, 2021, p.52) and Code of Practice (Domestic Violence Victoria, 2020, p.83).
Cultural safety	Include definition. We suggest including reference to the responsibility of all agencies and organisations for ongoing development at individual, organisational and sector levels towards culturally safe practice.
Case management	Include definition from FSP Program Guidelines amended to specify access to PSI through FSP.
Case management/ support plan	Include definition from FSP Program Guidelines amended to specify access to PSI through FSP. We suggest including specific mention of making connections between safety concerns addressed through PSI and medium- to longer-term risk management, safety and wellbeing goals for the victim/survivor.
Cross-application	We suggest also including reference to FVIO cross-applications in the context of PSI.
Definition of a package	Include definition amended for PSI package under FSP.
FSP portal	Include definition with specific note regarding PSI applications.
Support period	Include definition. Also, consideration of PSI delivery within support period, potentially with reference to review of funded monitoring periods.
Risk assessment, and Ongoing risk assessment	Include definitions with specific reference to different types of violence or abuse that are being used by perpetrators and that impact victim/survivor safety.
Risk management	Include definition. We suggest including mention of risk management linked to the use of PSI items by victim/survivors following installation and as part of criminal justice responses where evidence collected through PSI safety and security items is used.

Terms	Notes for review and/or amendments
Safety planning	Include definition and we suggest aligning the wording with that included in the Code of Practice (Domestic Violence Victoria, 2020, p.84). We suggest also including consideration of safety planning as it applies to children, and how it might apply to pets and animals that perpetrators may also target as part of family violence. We also suggest including specific reference to possible disaster or emergency contexts and their impact on planning (particularly for regional and rural contexts where flooding and bushfires occur more regularly and more significantly impact victim/survivors' and services' capacity).
MARAM Framework	Include definition.
Misidentification	Include definition and note specific context and implications for FVIOs.
Perpetrator accountability	Include definition. We suggest expanding definition to include consideration of practitioner/organisation/system roles in upholding perpetrator accountability in the way they interact with other sectors and with victim/survivors, as well as with the perpetrator.
Protective factors	Include definition. We suggest also including reference to protective factors as they relate to community contexts and supports to victim/survivor safety.

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We recommend including the following terms, drawing on additional resources and/or consultations.

Table 5: Terminology from additional sources and/or consultations, for inclusion in PSI Guidelines

Terms	Notes for review and/or amendments
Advocacy	We suggest including the definition of advocacy from the Code of Practice (Domestic Violence Victoria, 2020, p.73).
Home	We suggest developing and including a definition of 'home' that references housing and physical safety alongside the psychological safety and relational aspects of community, belonging, and stability. Findings from the qualitative component of SHEBA, sources captured in the evidence review (Breckenridge et al., 2024), and stakeholder consultation could inform this definition.
Coordinated response	We suggest including the definition of 'coordinated response' from the Code of Practice (Domestic Violence Victoria, 2020, p.75).
Diverse communities and at-risk age groups	We suggest including the definition from the Code of Practice (Domestic Violence Victoria, 2020, p.76).

Section 1: About these operational guidelines

We recommend updating this section in line with Section 2 of the FSP Program Guidelines.

- **Section 1.1**: An up to date list of documents the guidelines should be read in conjunction with, informed by Section 2.1 in the FSP Program Guidelines.
- **Section 1.2**: Information relating to how the guidelines relate to existing policies and practices should be updated, in line with Section 2.2 in the FSP Program Guidelines.

PSI and FSP funding

If the recommendation to explore delinking of FSP and PSI funding is taken up, comprehensive review and changes to most sections of these guidelines will be required.

Section 2: Policy context

Section 2.1: Safe at Home

We recommend updating this section to include brief reference to key work concerning Safe at Home and developments in the response that have occurred between 2019 and 2024. This could be informed by the comprehensive information included in Sections 2.3 through 2.6 of the Evidence Review (Breckenridge et al., 2024), with specific inclusion of:

- The national definition of Safe at Home responses provided in the Safe at Home Operational Framework (GVRN, 2021, p.10)
- The Four Pillars of Safe at Home responses, with reference to the positioning of PSI (e.g., supporting maximisation of safety, delivered through an integrated response, and contributing to homelessness prevention).
- The National Plan to End Violence Against Women and Children 2022 – 2032.

Section 2.4: Statewide rollout of the PSI

We recommend including some information regarding funding of PSI through the Keeping Women Safe in Their Homes initiative. We also recommend updating this section to reflect any structural changes such as Local Government Areas, Safe and Equal as the peak body, and link to statewide and local providers of FSPs e.g., Family Violence Flexible Support Packages webpage: https://www.vic.gov.au/flexible-support-packages

Section 3: Principles
We suggest reviewing and updating this section to:
- Include key points referenced in the corresponding FSP Program Guidelines (Section 3).
- Align headings for principles between the PSI and FSP Guidelines.
- Include reference to and/or integration of principles from the Safe at Home Operation Framework, including:
  - Philosophical underpinnings and core beliefs of Safe at Home responses e.g., in introductory paragraph (GVRN, 2021, p.16)
  - Best Practice Principles (GVRN, 2021, p.16)
- Include reference and or links to the Victorian Code of Practice (Domestic Violence Victoria, 2020) to situate the PSI guidelines within the broader family violence sector.

- Include key components of Safe at Home and PSI responses (described in Section 6.1 of the SHEBA research report);
- Integrate considerations for practice provided in the SHEBA Knowledge Translation Report. Points for organisations and practitioners to consider are provided under each section of the Knowledge Translation Report and could be incorporated into the 'In practice this means' paragraphs of each principle in the PSI Guidelines Section 3. We highlight particularly potential inclusion of attention to multiple forms of violence and risk, including technology-facilitated abuse and non-physical forms of violence.[12]

Section 4: Personal Safety Initiative (PSI)

Section 4.1: Overview and purpose

We suggest including reference to PSI as one component of a Safe at Home response, and articulating its connection to FSP. We suggest also highlighting under the purpose of PSI its contributions to criminal justice, legal and family court matters that might impact the lives of adult and child victim/survivors.

Section 4.2: Scope

Section 4.2.1: Common components of a PSI response

Could be reviewed and updated to reflect data from 2024 related to common components of a PSI response, and based on feedback from SHEBA participants relating to the increasing number of digital safety assessments being requested. We would suggest articulating that components might address physical and non-physical risk and safety concerns, particularly through the use of technology components.

Section 4.2.2: Responding to immediate safety needs

Participants in SHEBA highlighted that in some cases, immediate safety needs were addressed by services such as The Orange Door or similar before victim/survivors received other case management through which a full PSI response was delivered. In some cases, these responses included safety and security items that were later found to be inadequate or not meeting minimum standards. Greater clarity could be included in this section, based on recent practices in provision of immediate safety and security responses outside of PSI (for example that might include items beyond repairs to broken doors and/or windows, lock changes and installation of security doors), including whether these need to meet minimum standards.

Section 4.3: Eligibility and suitability for a PSI response

We suggest the eligibility and suitability for PSI, broadly, are reviewed taking into consideration the findings of the SHEBA Project. Specific relevant sections within the research report include Section 5.2.2, relating to eligibility criteria and the inequity they can create for victim/survivors who may face additional barriers to meeting them; 5.3.2 relating to mismatches in safety assessments and perpetrator risk and escalation, 5.4.2 relating to police responses and continued IVO/FVIO applications, and 5.5 relating to identified gaps in service provision such as attention to children and adolescents, technology-facilitated abuse and attention to perpetrators. Discussion included in Section 6 could also inform this review of eligibility and suitability.

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[12] We note that in the FSP Guidelines the heading of 'Perpetrator accountability' seems to have been subsumed into the last dot point, top half of page 9.

Section 4.3.1: Eligibility

We suggest expanding on the guidance included regarding Family Violence Intervention Orders (FVIOs), specifically regarding instances where risk assessment indicates an FVIO could place the victim/survivor at further risk or where there are additional barriers to accessing an FVIO. Findings from SHEBA presented in sections 5.2.2, 5.3.1, 5.3.2, 5.4.2 and 5.5 are relevant, specifically those impacting Aboriginal and culturally and linguistically diverse communities and other key cohorts. Specific practice points that may be of use are also included in the Knowledge Translation Report and Guidance. Points for practitioners to consider include 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 around criteria, including the interaction with policing and criminal justice systems that this involves.

Section 4.3.2: Suitability

Based on the SHEBA findings, we would suggest a review of this section to include wording around:

- Victim/survivor rights to safety and incorporation of strengths-based considerations, even in the context of perpetrator risk.
- Considerations relating to community connectedness, support, and factors that may support or impact feasibility of a PSI response.
- Considerations relating to policing and justice system interactions, including support to victim/survivors where these systems are particularly challenging.

We suggest reformatting the questions for case managers to explore with victim/survivors before seeking a PSI response, to highlight key areas for consideration, illustrated in Table 6 Additional questions suggested are included in *italics*.

Table 6: Questions for case managers to explore with victim/survivors before seeking a PSI response

Perpetrator information and pattern of behaviour
• What perpetrator patterns of behaviour have been identified in the risk assessments undertaken with any victim/survivors who will reside in the property, including children and young people, or through information obtained via an Information Sharing Scheme request?
• Has the perpetrator breached a current or previous FVIO? If so, what were the breaches and when was the most recent breach?
• What is the perpetrator's current locations? If the perpetrator has been sentenced and incarcerated, or is currently in remand, hen is their release date? What is the anticipated risk once they are released?
• Have any other persons attended the property on behalf of the perpetrator? What is their relationship to the perpetrator?
• Is the perpetrator on a Community Corrections Order (CCO)? What are the terms of the CCO and have there been any contraventions to date?
• Is the perpetrator suspected to be tracking the victim/survivor? If so, what information is being captured and how?
• *What is known about the perpetrators technology proficiency or use as part of their pattern of behaviour?*
• *Does the perpetrator have a history of harming or threatening to harm their children as part of family violence behaviours?*
• *Does the perpetrator have a history of harming or threatening to harm pets or animals as part of family violence behaviours?*
• *Does the perpetrator have a history of using system abuse against the victim/survivor, including Child Protection or legal systems?*

Victim/survivor safety planning and security goals
• What safety and security goals have been identified in the victim/survivor's case plan?
• How is physical safety attended to? How is psychological safety attended to?
• Have technology safety measures been adopted when safety planning with the victim/survivor?
• *What is the victim/survivor's level of technology literacy or proficiency, and what is their expressed comfort level using technology for safety and security purposes?*
• Has the victim/survivor provided their informed consent for their information to be shared for the purposes of implementing a PSI response?

Children and young people
• *How old are children and or young people who will be residing in the property, and has their level of maturity to engage with safety and security responses been discussed?*
• *If deemed appropriate, have the children been consulted for their perspective on the possibility of having safety and security items at the home (e.g., CCTV)?*
• Are children or young people spending time with the perpetrator? Are any devices being used in both properties that the perpetrator may be accessing?
• *Are children aware of the risk the perpetrator poses to themselves and the victim/survivor?*

Safe and stable housing
• What housing supports have been enacted to secure the victim/survivor's tenancy if they are residing in a rental property?
• *If the perpetrator was contributing to or paying for all rental costs, has this been discussed and has the victim/survivor been supported to access financial support?*
• What (if and) property modifications / upgrades have already been implemented at the property?
• Were any of these modifications implemented by the perpetrator?
• Could the perpetrator have access to any existing technology-based security measures (such as CCTV footage)?
• If the victim/survivor resides in a rental property, are they aware that permission from the landlord must be sought and provided before any property modifications take place?
• *Has the victim/survivor been informed of the potential ongoing costs associated with any external monitoring of technology measures installed as part of PSI?*
• *Has the type (e.g., internet costs, monitoring fees) and feasibility of these costs been discussed?*

Justice and legal system responses
• What justice system responses have been activated to support the victim/survivor?
• Is there an FVIO, with exclusion provisions, in place?
• Is it an interim or a final FVIO?
• Who is listed as a protected person on the FVIO?
• When does the FVIO expire?
• *What types of behaviours would be considered breaches under the FVO? Does it include breaches of non-physical, online or technology-facilitated abuse?*
• Are family law court orders in place?
• *Do these orders require contact between the victim/survivor and perpetrator in person, via phone/video call, messaging/email?*
• *Do these orders require the child victim/survivors to have contact with the perpetrator in person, via phone/video call, messaging/email?*
• Is the victim/survivor aware that footage collected by CCTV could be subpoenaed by agencies (such as Child Protection, Police, Courts), or individuals (such as the perpetrator's legal representation)?

Section 4.4: Consent

We suggest integrating the following considerations into this section to support informed consent for victim/survivors:

- Information about potential contractors installing safety and security measures, including potential conflicts of interest or safety issues when contractors might be known to victim/survivors or the perpetrator.
- Information about the immediate- and medium-term costs (funded under leasing or monitoring agreements as part of FSP or not), as well as any changes in these costs over time and into the longer term that victim/survivors may need to take on.
- Information about child victim/survivors will be shared (or requested) between agencies, along with information about adult victim/survivors and perpetrators.

Technology safety (p.19): Given the increasing role of technology, we suggest a review and expansion of this section to more comprehensively address safety issues posed by technology in the context of PSI. Findings from the SHEBA Project highlight that this is an area requiring increased attention, particularly when children and their devices may be moving between properties and spending time with fathers who have used violence.

Section 4.5: Application and approval for a safety and security audit

We recommend integrating the following into guidance provided in this section:

- Considerations relating to the FVIO requirement and impact on eligibility/suitability assessments: where FVIOs are assessed as potentially increasing risk, or they pose significant barriers for victim/survivors due to the roles of criminal justice and policing, comprehensive information should be included in applications for a PSI response to ensure that exceptional circumstances are considered and allow application/approval for an audit to proceed.
- Ensuring the voice and priorities of the victim/survivor are included clearly in the application, including potential priorities relating to types of safety and security items.

Audit funding

If recommendation 4.8 to explore audit funding approval through PSI coordinators is taken up, review and amendments to this section (and following subsections) will be required.

Section 4.6: Safety and security audit

Section 4.6.1: Engaging a security provider to deliver an audit

We suggest including the following dot points in this section:

- Exploring whether female/women security providers are available to provide a quote, and if this would be a preference for the victim/survivor. If this is not the case, explore available supports for victim/survivors when male/men security providers attend.
- Confirming with the victim/survivor that there are no conflicts or safety concerns relating to compliant security providers who may be engaged to conduct the audit.

Section 4.6.2: Scope of an audit

We suggest including specific guidance in this section relating to ensuring the victim/survivor voice is present. This could include:

- The case manager will ensure 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).
- Addition to dot point 3 to include consideration of patterns of behaviour specific to children and pets residing at the property along with those specific to the adult victim/survivor.
- Addition to dot point 4 to include consideration of child victim/survivors' entry and exit from the property, particularly if leaving/returning at different times from the adult victim/survivor (e.g., school hours)

Section 4.6.3: Delivery of an audit

We suggest including specific guidance around ensuring access to interpreters to facilitate discussion between the auditor and victim/survivor where they speak no or little English, if the case manager is not able to attend the audit. This should include 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.

Digital safety assessments and audits

If recommendation 8.1 to include digital safety assessments and audits alongside physical property audits is taken up, inclusion of specific guidance relating to providers , processes and cost management will need to be included in the preceding subsections. Specific guidance around technology devices, including those used by child and adult victim/survivors (e.g., phones, tablets, computers), and throughout the home (e.g., smart home systems and appliances), would need to be included.

Section 4.7: Review and approval of audit recommendations

Section 4.7.1: Review and quotes

We suggest emphasising the review of audit outcomes with victim/survivors in this section, to ensure any gaps are addressed and their perspectives on recommendations and priorities for implementation are included in the recommendation to the FSP provider.

Section 4.8: Implementation of audit recommendations

We recommend including the following considerations within the dot-pointed steps to engaging security provider(s) and/or other contractors:

- Confirming with the victim/survivor if they have a preference if a choice for female/women providers/ contractors is available (based on feedback regarding psychological safety for victim/survivors when a male presence at the property is challenging).
- Working with providers and victim/survivors to ensure an appropriate interpreter (see above) is available if needed to support communication and discussion. This can be particularly important for the installation of CCTV and other technology responses that should be informed by victim/survivors' knowledge and use of the property.

Section 4.8.1: Housing permissions

SHEBA participants highlighted significant issues some victim/survivors and practitioners encounter when engaging with rental and social housing sectors towards delivering a PSI response. We suggest including encouragement in this section for case managers (with permission from victim/survivors) 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.

We suggest including specific guidance for case managers to ensure 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.

We would encourage inclusion of some guidance or resources for case managers to support 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.

Section 4.9: Technology responses

We suggest including an acknowledgement that technology responses may contribute to both physical and psychological aspects of increased safety for victim/survivors, when implemented as part of a broader plan.

Section 4.9.2: Setting up a device

We suggest reviewing paragraph to of this section, and separating out the following points to emphasise the importance of each action.

- Clear, written instructions for operation of any devices and equipment should be provided to the victim survivor. Case managers should confirm whether victim/survivors require instructions in a language other than English, and work to ensure these are available or obtained.

- Victim/survivors should be provided with adequate training in how to use the technology provided to them. This includes when:
  - The technology supports monitoring of the property, such as CCTV, and is used regularly (regardless of an incident occurring).
  - 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.
  - 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.
- Victim/survivors should only activate their device if an incident occurs, and should be supported to understand and be confident they know what will happen when they do. 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.

Consideration should be given to monitoring centres chosen when victim/survivors may not speak English at home, and when they 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). This could be highlighted in the PSI guidelines and should be thoroughly explored between case managers and victim/ survivors in order to ensure an inclusive and intersectional response is provided.

Section 4.9.4: Evidence gathering

We suggest including guidance around supporting victim/survivors to report breaches and to interact with police, particularly where this has been identified as a potential barrier or challenge in the context of historical and or current lack of safety for communities.

We suggest the following addition to the last bullet point under 'An incident includes but is not limited to:

- Unexplained damage to property related to family violence (e.g., attempts to damage CCTV or break windows; damage to property, or potentially threatening actions that may be part of a pattern of behaviour or coercive control (responding services should be led by victim/survivor assessments of what these may be – examples from SHEBA included removal of letter boxes, items left near or around the property).

Access/connections for victim/survivors to legal advice and or aid should also be considered in the event that evidence collected through technology components of PSI is used in criminal prosecutions or family court matters.

Section 4.9.5: Ongoing review and exit

We suggest including guidance in this section on the potential role of review points in reconnecting victim/ survivors with services if required, alongside assessing whether further leasing and/or external monitoring is needed.

We suggest including guidance to case managers related to ensuring victim/survivors have clear information about their options to re-connect with services and or external monitoring if their circumstances change following a decision at review point.

Section 4.10: Interface with security providers and other contractors

This section could include guidance on whether organisations/services delivering basic/immediate safety and security items to victim/survivors outside of a PSI response must also meet minimum standards. This includes where brokerage and alternative funding sources result in the provision of services and items that would otherwise we subject to the minimum standards under a PSI response.

Section 4.11: Personal Safety Initiative (PSI) pathway – flowchart

Check-in/review mechanism following PSI response implementation

If a check-in/review mechanism following PSI response implementation is taken up (recommendation 4.6), guidance around this would need to be included in the preceding sections. Feedback from SHEBA participants highlights the value this mechanism could bring to enhancing the effectiveness of PSI, particularly if it is implemented with a view to addressing gaps, issues and sustainability of safety and security components and how they can support victim/survivor journeys from crisis to stability and wellbeing.

This flowchart should be updated to match minor changes included in the FSP Program Guidance version.

Changes to PSI pathway

Recommendation to review and streamline the PSI application process is included in section 6 of this report (recommendation 4.8h). Should suggested changes to the structure, funding, and review points of PSI be taken up, this flowchart would need to be reviewed and updated.

Section 5: Roles and responsibilities

Roles and responsibilities

Recommendations for increased funding towards PSI coordinator and administration roles have been made based on the findings from SHEBA (recommendations under section 6.2.1.3). Should these recommendations be taken up, this section would require review and amendment to articulate a distribution of responsibilities across these roles. Attention should be given particularly to the responsibilities across case manager, PSI coordinator and any administrative positions available, given findings from the project relating to delays in approvals, applications and administrative load, and review mechanisms.

Creation and funding of **specialist technology-focused workers** have also been recommended through the SHEBA Project. Should these be implemented, consideration of how their role interfaces with and or contributes to the delivery of PSI should be considered and included in this section.

Feedback loop mechanism

A feedback loop to share effectiveness and impact examples of PSI implementation, and feedback from victim/survivors accessing PSI, was highlighted as a potentially significant support to continued improvement for the program, and a source to sustain motivation for workforces (recommendation 12.4). Should this be taken up, the mechanism and roles and responsibilities for implementing this would need to be considered in this section.

Section 6: Accountability and monitoring

Section 6.2: Governance

This section requires updating to reflect changes in the Victorian peak body for specialist family violence services – Safe and Equal, previously Domestic Violence Victoria.[13]

Section 6.3: Data collection and reporting

We encourage Family Safety Victoria to build on their previous work providing analysis and reporting of FSP and PSI responses, such as that available for quarter 1 and 2 of the 2019-2020 year (Family Safety Victoria, 2020). Particularly given the significant impact of COVID-19 and the years since, up to date data reporting could inform the consideration of the recommendations included in this report, and future developments of PSI and Safe at Home responses in Victoria more broadly.

Development of supporting resources to enhance implementation of PSI Guidelines

Alongside the above enhancements to the current PSI guidelines, the following supporting resources could be developed to support consistent and effective implementation of PSI across services.

- **Client-facing PSI overview**
  This resource could provide a general overview of PSI for potential clients. While different services delivering PSI might have developed specific resources, findings from the SHEBA Project indicate a standardised resource aligned to the PSI Operational Guidelines would support both clients looking for information about the program at early stages of accessing services, and practitioners when discussing the possibility of applying for PSI with client.

  This resource should be:
  - Written for potential applicants/users of PSI (e.g., victim/survivors).
  - Include content that counteracts shame or stigma for help-seeking.
  - Written in plain English and formatted for accessible use with screen readers and other assistive technology.
  - Translated into a range of relevant languages other than English to support Victoria's multilingual communities[14].
- **General safety and security strategies tip sheet**
  This could be co-designed with victim/survivors who have used PSI, contracted providers who regularly conduct safety audits (physical property and digital), and providers who regularly install PSI safety and security items.
- **Resource to support explaining PSI to children**
  Resources to support practitioners working with children, and with their mothers, to explain PSI to children could be co-designed with victim/survivors who have used PSI, and ideally, with their children.

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[13] We note that the FSP Program Guidelines also still contain reference to Domestic Violence Victoria under section 9.2: Governance.
[14] The range of languages these resources could be translated into could be informed by Census data (DFFH, 2024) for metropolitan (DFFH, 2023a) and regional (DFFH, 2023b) Victoria regarding communities where speakers self-report low English proficiency, particularly where women report higher levels of low proficiency (Table 69, DFFH, 2024, p.134).