UNSW SYDNEY

Gendered Violence Research Network

Safe at Home Victoria – Evidence Review

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Contents

Acknowledgements

Aboriginal and Torres Strait Islander peoples

GVRN acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First Nations and Traditional Owners and custodians of Country. We pay respects to Elders past, present and emerging. We acknowledge that sovereignty was never ceded and recognise the right to self-determination and continuing connection to land, waters, and culture. We recognise the adverse impact of colonisation and the historical actions of subsequent Commonwealth, State and Territory policies on Aboriginal and Torres Strait Islander communities and individuals.

We also acknowledge the work of First Nations women and girls in the *Wiyi Yani U Thangani Report* (AHRC 2020) guided by the United Nations Declaration on the Rights of Indigenous People. GVRN acknowledges that family violence, substance misuse, domestic and family violence, and abuse disproportionately impact First Nations women and girls and trap families and communities in cycles of crisis. We recognise that adequate support and responses to trauma developed with First National communities are critical to keeping First National communities safe.

Acknowledgement of Lived Experience

It is important to remember that there is a real person impacted by each act of violence represented in any data. We acknowledge that while statistics are an important tool for understanding, the figures can seem depersonalised and do not always convey the pain and suffering experienced by victim-survivors and the families, friends, workplaces, and communities who have supported them.

We value the lived experience of children, young people and adults who have experienced domestic violence, family violence, and intimate partner violence. We recognise that our research relies on people sharing their stories and experiences and we do not take this lightly.

We also recognise the tragedy of those who have lost their lives and recognise the hardship facing those who continue to live in fear every day. We know that violence does not occur in a vacuum and the ripple effect of the act/s of violence spread to the loved ones, families, friends, and workplaces of those affected. We equally recognise the strength and courage of victims-survivors and that stories of victimization sit alongside stories of survival, hope and resistance.

Tables

Abbreviations

ABS	Australian Bureau of Statistics
ANROWS	Australia's National Research Organisation for Women's Safety
AIHW	Australian Institute of Health and Welfare
DFV	Domestic and family violence
DSS	Department of Social Services
FSP	Flexible Support Package
FSV	Family Safety Victoria
GVRN	Gendered Violence Research Network
IPV	Intimate Partner Violence
KWSITH	Keeping Women Safe in Their Homes
PSI	Personal Safety Initiative
PSS	Personal Safety Survey
SAH	Safe at Home
SHS	Specialist Homelessness Services
UNSW	University of New South Wales

1. Executive Summary

The *Safe at Home: Experiences, Barriers and Access* (SHEBA) Project is a multi-year research project to be implemented between 2022-2024. The Gendered Violence Research Network (GVRN), UNSW Sydney is a member of the project partnership between researchers (University of Melbourne and UNSW), Victorian Community Sector organisations providing family violence services, and women with lived experience.

This Report fulfils one component of the wider research project, providing a scoping review of Safe at Home (SAH) responses in Australia and internationally. Evidence from the scoping review will inform the overarching research project examining Victoria's state-wide SAH response – the Personal Safety Initiative (PSI). The Victorian Government proposes the PSI is one of a suite of state-based service responses to keep women safe at home, also including Flexible Support Packages, case management, brokerage, and perpetrator accommodation responses.

1.1. Context of Victorian PSI

The SAH offering in Victoria is the PSI, which is a state-wide service delivered by Family Safety Victoria (FSV). In the Victorian context, the PSI is a non-crisis response that specifically addresses safety concerns of women and their children and the management of perpetrator risk. The PSI Operational Guidelines[1] state that the purpose of the PSI is to utilise safety and security responses, including property modifications and technology, to enable victim survivors of family violence to remain safely in, or return safely to, their own homes and communities, or relocate to a new home, and to increase safety and feelings of safety for victim survivors.

A client must be receiving case management support from a specialist family violence agency or related agency, such as housing or child protection, to be eligible for the PSI. Addressing the specific safety concerns of women and children is intended to enhance housing stability. Further supports which contribute to safety in the home are available to the client via their case manager including Flexible Support Packages which support women to access a range of flexible, tailored, and practical supports. Housing support may or may not be offered by the organisation providing case management services.

1.2. Research Questions

Guiding the evidence review were a series of research questions which align with the broader project aims, including:

1. What are the key components of a Safe at Home response?
2. What are the facilitators and barriers to implementing a Safe at Home response as identified in the literature?
3. Are there gaps in current Safe at Home service provision for women in Victoria?
4. Is there evidence of how Safe at Home responses can be adapted to ensure the safety of victim-survivors:
    a. In emergency or COVID-related contexts?
    b. From diverse population groups?

1.3. Key Findings from the review

A total of 34 studies were included in this review. Of the 34 studies, just six focussed specifically on SAH programs and responses. There is a distinct gap in evidence related to SAH program evaluations and best practice nationally and internationally.

The development of a consistent national definition of SAH in the SAH Operational Framework[2] is an important addition to the literature. This responds to criticism that a lack of common definition has resulted in widely varied provision of SAH responses across Australian jurisdictions and has created challenges when comparing and evaluating program responses.

SAH responses are defined in the SAH Operational Framework 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.*[2]

The review identified that the key components of a SAH response, include:

- **Receive specific funding** contributing to one or more components of the SAH response[2]
- **Ensure DFV services are offered** to the client as part of or in addition to the response[2]
- **Provide access to housing support** to prevent women entering or remaining in specialist homelessness or supported accommodation[2]
- **Ensure women remain safely** in independent accommodation of their choice [2]
- **Focus on women's safety** as part of or in addition to the response, in particular, criminal justice strategies,[3] consistent risk assessment processes and safety planning, security upgrades and innovative technologies [4, 5] used to increase safety and reduce risk[2]
- **Encourage local partnerships** and provide strong service coordination[2, 6]
- **Work alongside perpetrator interventions** as part of a holistic response to support victim/survivor safety[2]
- **Listen and respond to the needs of children**, including their needs for physical safety, emotional wellbeing, relationship support and trauma-informed recovery services[2]
- **Provide cultural safety and cultural authority** and address intersectional and specific needs of different population groups[2]
- **Integrate technology-driven solutions as one component** of a suite of safety responses and not as a sole or primary intervention [4, 5]
- **Ensure clients have a voice** in decision-making[7]
- **Prioritise responsiveness** as a key program element, including timely referral and assessment, and flexibility to respond to changing circumstances[6]

The DSS SAH Operational Framework[2] produced a mapping of the Australian SAH service system by jurisdiction, organised according to the four pillars of SAH. This mapping (see page 30) highlights that the key components of SAH service responses (above) are not delivered consistently across each Australian jurisdiction.

1.4. Implications for Victoria's Safe at Home response

The following findings from this review may be relevant to the Victorian PSI:

- Responsiveness as identified as a possible key driver to service success, including timely referrals and assessments, and flexibility to respond to changing circumstances.[6] The PSI is not a crisis response and there is a wait time for the PSI assessment process to be completed. This can mean a client's housing may be compromised during this wait time.
- The applicability of current SAH responses to Aboriginal and Torres Strait Islander communities and cultural contexts has been a discussion point in both the 2016 Meta-Evaluation[8] and the recently completed National Audit. Specifically, the broader research project will be able to provide insight into whether Aboriginal and Torres Strait Islander people are utilising the PSI initiative given the eligibility criteria that PSI clients must be in the process of applying for a Family Violence Intervention Order (FVIO) with an exclusion condition and that they cannot receive a PSI response while cohabiting with the perpetrator.[a]
- The housing crisis and limited public housing availability in Victoria may affect the provision of PSI and create barriers to clients remaining in their home and community.

In addition, certain PSI requirements may inhibit effectiveness of the program. Barriers to program effectiveness may be associated with one or a combination of factors including policy design, program implementation, and/or systemic barriers.

- Technology security upgrades are limited to a twelve-week intervention after which the client's risk is reassessed. The time-period may not adequately address the client's safety needs prior to service exit.
- Being required to have a current intervention order or being in the process of obtaining an intervention order to access the initiative, means the primary focus of the PSI is on physical safety. This focus may mean that other forms of Family Violence affecting housing stability, such as economic and financial abuse, may not be addressed.
- There is also no specific mention in the PSI Operational Guidelines of the initiative being accessible to gender non-binary people, trans* people or same sex attracted women.
- Case management for PSI clients may or may not include a specific focus on homelessness prevention.
- The PSI Operational Guidelines state that "a perpetrator's history and patterns of behaviour must be considered when assessing a victim survivor's suitability for a PSI response. Where a risk and needs assessment identifies that a perpetrator poses an immediate risk to the life or safety of an individual or family, the appropriateness of a PSI response should be carefully considered, and alternative options explored. Justice system responses and/or potential relocation may be more appropriate in these circumstances"1 (page 17). Allowing ongoing perpetrator violence and abuse to determine whether a woman can receive a PSI response may be concerning. Perpetrator history is not always an indicator of future behaviour and therefore the client and family's choice and their feelings of risk must be included in decision making. Centering client choice is critical to a person-centered model of care as it builds trust

[a] The PSI Guidelines do allow for some flexibility for clients without an FVIO, stating "where there are additional barriers to the victim survivor accessing a FVIO, the case manage should discuss this with the PSI Coordinator who will consider each situation on a case-by-case basis and determine whether a PSI response is appropriate at that time." However, this flexibility assumes that the victim survivor is in the process of seeking an FVIO to the exclusion of victim survivors who do not want an FVIO but are at continued risk of perpetration. Further flexibility around the FVIO requirement may be inconsistently delivered by PSI Coordinators across the state, and a case manager or client may immediately assume ineligibility without consulting a PSI Coordinator.

and contributes to better outcomes. The PSI Operational Guidelines should emphasise client choice and client feelings of safety contribute significantly to decision making about PSI eligibility.

2. Introduction

The Gendered Violence Research Network (GVRN), UNSW Sydney is a member of a partnership between researchers (University of Melbourne and UNSW), Victorian Community Sector organisations providing family violence services, and women with lived experience - the *Safe at Home: Experiences, Barriers and Access* (SHEBA) Project, a multi-year research project to be implemented between 2022-2024.

The aims of the Safe at Home (SAH) research project are to build on the foundations of the Victorian Personal Safety Initiatives program (PSI) and existing research to identify:

- facilitators, barriers and pathways to uptake and reach including in emergency situations and disaster settings
- impacts of PSIs on short- and long-term safety, and
- safety needs not met by PSIs, other system responses, and identification of other barriers to a SAH result, including specific requirements in emergency and disaster settings.

The Gendered Violence Research Network (GVRN) at UNSW Sydney has been tasked to conduct a scoping review to provide foundational evidence of best practice SAH program strategies. SAH programs are delivered in each Australian state and territory, with substantial investment from Commonwealth and state and territory-based governments. Despite national program investment there is limited evidence-based literature on SAH programs and few publicly available SAH program evaluations in Australia. This scoping review synthesises existing knowledge of SAH response elements as relevant to the Australian context, and in doing so begins to address notable gaps in the literature. Evidence from the scoping review will inform the overarching research project examining Victoria's state-wide SAH response – the PSI. The PSI is the identifiable component of a suite of family violence services that can be combined to provide a SAH service.

This Report fulfils one component of the wider research project, providing a detailed scoping review of SAH responses in Australia and internationally.

2.1. Terminology may not be agreed

There is no single definition of Domestic and Family Violence (DFV) in Australia or agreed use of terminology. Researchers may refer to terms such as 'domestic violence' (DV), 'family violence' (FV), 'domestic and family violence' (DFV), 'intimate partner violence' (IPV) or 'violence against women' (VAW) interchangeably and without adequately defining the differences between these terms or context of use.

Terminology used to discuss DFV and the broader term violence against women is evolving, and so language used in the range of resources included in this scoping review reflects the preference of policy makers and researchers for various terms at particular points in time. The term 'family violence' is preferred by some Australian jurisdictions (Victoria and Tasmania) to forefront the effects of violence perpetrated within the family on children.[9] Family violence encompasses the range of violence that takes place in communities including the physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that may be perpetrated within a family.[10-12 in 13] This definition, together with lateral violence,[14] broadens the relational contexts in which 'family' violence can occur to include violence and abuse perpetrated by and against a range of family

members, including grandparents, parents and adult children, aunts and uncles and siblings and other kinship relationships.[15 in 16] First Nations communities in Australia generally prefer the term 'family violence' as it encompasses a range of forms of violence in addition to intimate partner violence.

The broad range of definitions that exist and the slippage between them can limit the comparability of evidence and what we know about violence and abuse perpetrated in contexts other than intimate partnerships.[17] The term 'domestic and family violence' is used in this Report as an umbrella term under which 'family violence', 'domestic violence' and 'intimate partner violence' may fall. The choice of the term DFV also recognises that it is the term preferred by most Australian jurisdictions and much of the research literature.

2.2. What do we know about prevalence of DFV?

It is difficult to obtain an accurate record of the extent of DFV in Australia however the evidence consistently recognises there is a high prevalence rate,[18] even though it is under-reported. The evidence confirms that DFV occurs across all ages and socio demographic groups, and that *women* are overwhelmingly the victims of intimate partner violence.[19]

The 2016 Personal Safety Survey (PSS),[18] which is the largest national population-based survey of physical assault and threat and sexual assault and threat, substantiate the high rate and prevalence of intimate partner violence in Australia. Key findings include:

- Approximately one in four Australian women (23% or 2.2 million) and one in 13 men (7.8% or 703,700), have experienced physical or sexual violence from a current or previously cohabiting partner since the age of 15.[18]
- Approximately one in four women (23%) and one in six men (16%) have experienced emotional abuse from a current or previous partner since the age of 15.
- Within a two-year period, 2.7% of women in Australia had experienced physical or sexual violence from a current or previously cohabiting partner. This rate was broadly consistent across jurisdictions, including Victoria which reported a rate of 2.4%.

Lethality is tracked in separate studies but confirms an equally alarming incidence rate. The most recent homicide statistics were released by the Australian Institute of Criminology in 2023 covering Homicide in Australia 2020–21.[20] The data are from the National Homicide Monitoring Program (NHMP), which is the only national data collection on homicide incidents, victims and offenders. The report describes the 210 homicide incidents (221 victims, 263 offenders) recorded by police in all state and territory jurisdictions between 1/7/2020 and 30/6/2021.

Some relevant DFV/IPV data are:

- Intimate partner homicide (n=2,102) comprised 60% of domestic homicides and 24% of all homicide incidents between 1989–90 and 2020–21.
- Three-quarters (76%, n=1,589) of these were female intimate partner homicides and a quarter were male intimate partner homicides (24%, n=513).
- The primary offender in 82% (n=158) of the 192 cleared homicide incidents was male.[20]

The following data highlights different prevalence rates and experiences of DFV for priority population groups which may assist SAH responses to consider their accessibility more broadly.

2.2.1. DFV for priority population groups

2.2.1.1. DFV and First Nations Communities

While the 2016 PSS establishes IPV as a serious problem in the Australian community, the experiences of Aboriginal and Torres Strait Islander participants were not separately reported. The prevalence of family violence in Aboriginal and Torres Strait Islander communities was later reported in 2019 by the Australian Bureau of Statistics (ABS) in the National Aboriginal and Torres Strait Islander Social Survey (NATSISS),[21] which collected data between 2014-15, (b) finding:

- Approximately **1 in 10 Aboriginal and Torres Strait Islander women** have experienced DFV (based on their most recent experience of physical violence).[21] It is important to note that this does not equate to 1 in 10 Aboriginal and Torres Strait Islander men perpetrating DFV or that Aboriginal and Torres Strait Islander men are inherently more violent. Studies mostly do not identify the racial/cultural background of a perpetrator and Aboriginal and Torres Strait Islander women may be in relationships with non-Aboriginal and Torres Strait Islander men who abuse them. It may also be the case that the violence and abuse is perpetrated by non-Aboriginal and Torres Strait Islander family members.
- When compared with Aboriginal and Torres Strait Islander women who had not experienced any physical violence in the previous 12 months, Aboriginal and Torres Strait Islander women who had experienced family and domestic violence were more likely to report **high levels of psychological distress**, were more likely to have a **mental health condition**, and were more likely to have experienced **homelessness**.[21]

There is evidence of the severity of physical assaults in family violence experienced in First Nations communities:

> In 2017-18, **77% of assault hospitalisations** involving Aboriginal and Torres Strait Islander peoples related to **family violence** (i.e. the perpetrator was a spouse, domestic partner or other family member).[22]

2.2.1.2. DFV across different cultural contexts

Despite its common use, definitions of the term 'culturally and linguistically diverse' (CALD) vary and there are different emphases depending on context. The Victorian Royal Commission into Family Violence, provided the following definition:

> 'People from a range of different countries or ethnic and cultural groups. Includes people from non-English speaking backgrounds as well as those born outside Australia whose first language is English. In the context of [the Royal Commission] report, CALD includes migrants, refugees and humanitarian entrants, international students, unaccompanied minors, 'trafficked' women and tourists. Far from suggesting a homogenous group, it encompasses a wide range of experiences and needs'.[23]

The recent analysis of the 2016 PSS by the ABS found women who were born overseas in countries where the main language spoken is not English were less likely to experience partner violence in the previous two years (1.7%) than women who were born in Australia (3.1%) and women who were born overseas where the main language spoken was English (2.9%).[24] These findings seemingly suggest

that women born in Australia or born overseas with English as their first language, are more likely to experience intimate partner violence (IPV).

However, it is likely the case for many women who were born overseas and where English is not their first language, that they were less likely to be included in the PSS or feel able to disclose an experience of violence. Also, where the perpetrator is not from the same cultural background as their victim and where the victim does not speak English confidently, they may rely on their abusive partner for interpretation, which again limits opportunities for disclosure and help-seeking. [25-27]

2.2.1.3. People living with a disability and DFV

People with disability can have a range of relationships, living situations and support arrangements. Most people with disability live in private dwellings (96%) and almost two-thirds (64%) of people with disability living in private dwellings own their home.[28] People living with profound or severe disability are more likely to live in cared accommodation and less likely to live in the community compared to people with other levels of disability. Many people with disability live in intimate partnerships – either marriage or de facto relationships or may live with family members.[29] The AIHW Older Persons report found that over half (52% or 1.0 million) of non-dependent[b] people with disability aged 15-64 lived with a husband, wife or partner, compared with 67% of people without disability.[28]

People with disability experience higher rates of DFV than those without a disability. Analysis of the 2016 PSS found that:

- 26% of people with disability reported experiencing IPV since the age of 15 compared to 14% of people without disability.[30]
- 36% of women with disability reported experiencing IPV since the age of 15, compared to 21% of women without disability.[30]

Higher prevalence rates of DFV may also reflect greater dependence of care arrangements, including partners. For example:

- People with disability were 1.8 times as likely to have experienced physical and/or sexual violence from a partner in the previous year than those without disability.[19]
- Women with disabilities reported higher rates of IPV than men with disabilities.[28]

2.2.1.4. Older people and DFV

The Australian Institute of Health and Welfare (AIHW) and the Ageing and Disability Commission data confirm that the majority of reported elder abuse cases are in fact DFV-related. This is important as it highlights the need to consider whether replacing the term DFV with 'elder abuse' functions to obscure the domestic and family relationship older victim-survivors may not receive access to appropriate services such as SAH responses.

The 2020 NSW Ageing and Disability Commission data provide findings consistent with the AIHW report:

[b] A non-dependent person with disability is not the same as an independent person with disability. Non-dependent refers to a person who is not part of their parent or carer's income unit, however they are not necessarily independent across all contexts. 28. Australian Institute of Health and Welfare (AIHW), *People with disability in Australia 2022: in brief.* 2022, AIHW: Canberra, Australia.

- Between 1 July and 30 September 2020, the NSW Ageing and Disability Commission received 628 reports of abuse against older people.

A family member (other than a spouse or partner) was the alleged perpetrator in almost two-thirds (60.5%) of the reports. A spouse or partner were the alleged perpetrator in 13.3% of the reports.[31]

2.2.1.5. People from LGBTIQ communities

Until recently, DFV within LGBTIQ relationships was largely unacknowledged and has been absent from governmental policy and practice responses to DFV, which have largely occurred within a heterosexual framework.[32, 33] There has also been a lack of acknowledgement of DFV within LGBTIQ communities.

There is little population-wide data available on the prevalence of DFV in LGBTIQ communities; however, the research that does exist indicates that DFV occurs in the LGBTIQ communities at similar rates to that observed within heterosexual communities.

The Australian Research Centre for Health and Sexuality (ARCHS)[34] conducted a national demographic and health and wellbeing survey of 5476 LGBTIQ people and found:

- Around 28% of male-identifying respondents and 41% of female-identifying respondents reported having been in a relationship where a partner was abusive.

A smaller study of 390 LGBTIQ respondents in Victoria, also conducted by ARCHS,[35] found:

- Just under a third of participants had been involved in a same-sex relationship where they experienced DFV.
- Of those who had experienced DFV, 78% had experienced psychological abuse and 58% had experienced physical abuse.

Lesbian women were more likely than gay men to report having been in a DFV same-sex relationship (41% and 28% respectively).

2.2.2. What do we know about DFV, homelessness and financial insecurity?

The connection between homelessness and DFV is undeniable, with DFV recognised as a major contributing factor to homelessness in Australia. It was the lack of availability of specialist homelessness services (SHS), including refuges, for women and children who experience DFV, that led to policy reform and the development of SAH responses in all jurisdictions.

DFV is the main reported reason women and their children leave their homes, and women who experience DFV are at a higher risk of homelessness and financial insecurity as demonstrated in the following SHS data in 2019-20:

- 119,200 clients (41%) who received assistance from SHS in 2019-20 had experienced DFV. Of the adults, 90% were women.[36]
- 69% of SHS clients who had experienced DFV identified that DFV was the main reason for accessing services, and 8% identified housing crisis as the main reason.[36]
- 59% of SHS clients (almost 170,900) identified a need for accommodation services. Of these, 16% were referred to another agency for accommodation provision, while 34% were neither provided nor referred for assistance.[36]

The most recent analysis of data provided by the AIHW[19] on the effects of DFV on financial and economic insecurity and the link with homelessness found that in 2017-18:

- 16,500 people received a Centrelink crisis payment on the grounds of DFV (14,900 women and 1600 men).
- 89% of people (or 14,700) who received a crisis payment on the grounds of DFV had left their home.
- Of the 121,000 people who presented to SHS agencies for assistance due to DFV, 78% were women, and 22% were men.

Economic insecurity can affect a woman's ability to pay rent in their home or a home of their choice or mortgage repayments. It may even make it difficult to pay rent in new accommodation and where women are declared bankrupt, they will have no standing in Family Court to negotiate a property settlement.[37]

2.2.3. The importance of an intersectional lens

Despite the recent emphasis on an intersectional lens, it remains the case that most datasets mapping prevalence focus on one demographic feature only. We know even less about how multiple and intersecting forms of discrimination may heighten or create particular contexts of risk of DFV for some women.[38] Unless consideration is given to intersecting life experiences, there is a risk of making simplistic assumptions about the experiences of DFV which do not adequately engage with the complexity of an individual's lived experiences of DFV.

By focusing solely on one demographic characteristic and not considering other life experiences, it is possible to miss how and in what ways these individual experiences of discrimination intersect to create new and often complex experiences of discrimination. The audit of the SAH responses in each Australian jurisdiction did note that certain priority population groups were under-represented in service monitoring data.[2] Further research is needed to fully understand the optimal provision of SAH services for priority population groups and intersecting needs and experiences.

2.3. The development of Safe at Home evidence and practice

The provision of SAH responses to women and children who have left a violent and abusive relationship as an alternative to refuge and SHS or supported accommodation has been evident in some Australian jurisdictions and several other countries for nearly 20 years. A SAH response was intended to be a socially just response allowing the non-violent partner to remain in the family home as well as holding the perpetrator accountable for their choice to be violent and abusive. A specific aim of a SAH response is to reduce the risk of the perpetrator being present in the home and using further violence and abuse by addressing the safety issues experienced by women and children affected by DFV. SAH programs have typically used a range of innovative safety initiatives and tools and more recently technologies, along with case management and wrap-around support to address safety and the possible range of wellbeing concerns for women and children.

SAH does not, and has never been intended to replace, the need for refuge and specialist homelessness services. Instead, it has been developed as one option in a suite of interventions that women may choose from, according to their circumstances.

2.3.1. The Safe at Home pillars and Meta-Evaluation

Many jurisdictions in Australia and several other countries had implemented SAH programs or approaches aimed to mitigate the specific homelessness and safety impacts of domestic violence on women and their children by 2015. At this time, many of these programs were relatively new in the suite of DFV services and only some had been evaluated. The recognition of this situation led the Australia's National Research Organisation for Women's Safety (ANROWS) to identify the need for and fund a national (and international) mapping and meta-evaluation of the key features of SAH programs. This work was led by UNSW, Sydney in 2015.[8]

An important component of the meta-evaluation project was the conceptual development of the four foundational pillars of an effective SAH responses identified in the synthesis of the literature presented in the State of Knowledge Report:[8]

1. A focus on maximising women's safety
2. A coordinated or integrated response
3. Safe at Home as a homelessness prevention strategy
4. Recognition of the importance of enhancing women's economic security

The Meta-evaluation identified that there is no shared agreement between jurisdictions and the Commonwealth of what constitutes a SAH program, or initiative. Very few of the evaluations attempted to define the meaning of SAH, and the purpose and aims of the evaluations differed across jurisdictions. It became clear that identifying "good" practice from the included SAH evaluations was not straightforward and could be highly contested. Maximising women's safety and homelessness prevention were universally noted as central to an effective SAH intervention and one or the other was reflected as the predominant pillar in all the evaluated SAH responses, as follows:

- *Integrated criminal justice strategies* ***focusing on safety*** *by managing perpetrator risk via protection orders and ouster/ exclusion provisions.* Maintaining independent housing may or may not be an explicit goal in this type of SAH response. Rather, women's safety was the primary focus and this genre of response aimed to manage perpetrator risk and potentially excluding the perpetrator from the home, by using criminal justice strategies – primarily protection orders and ouster/ exclusion provisions. Other identified integrated criminal justice strategies at that time included safety alarms and security upgrades.
- *SAH programs* ***focusing explicitly on women staying in accommodation*** *with or without protection orders and ouster/exclusion provisions to address safety concerns.* These programs focus on women and their children and usually provide case-management to assess risk, manage safety planning and consider women's needs over time. There was a tendency for these to be called '*stay* at home' schemes which reflected the primary aim of remaining in independent accommodation. These programs are housing-focused, but do not necessarily have a narrow definition of housing needs.[8]

One unintended consequence following the submission of the SAH State of Knowledge Review, funding was released by the Commonwealth Department of Social Services (DSS) over three years for Keeping Women Safe in their Homes (KWSITH). This funding has subsequently been renewed expanding SAH program offerings in each jurisdiction significantly.

The significant increase in funding combined with the important overarching finding of the meta-evaluation that SAH responses varied significantly between jurisdictions and were dependent on the policy context and DFV service structure in a particular state or territory[8] resulted in the next SAH

project – The National Audit and outcome study of the effectiveness of SAH responses and the development of an Operational Framework.

2.3.2. The Safe at Home Operational Framework

The lack of robust evaluative evidence of the effectiveness of different implementations of SAH responses prompted an Audit of SAH responses and the development of a SAH Operational Framework, funded by the Commonwealth Department of Social Services (DSS) KWISTH initiative in 2017 and completed in 2020. The project consisted of three phases:

> *Phase One:* A desktop audit of KWSITH/SAH responses including a mapping of the monitoring and outcome data collection across all jurisdictions.
>
> *Phase Two* involved collecting data from each jurisdiction to assess outcomes to determine the effectiveness of the KWSITH/SAH responses and to ascertain factors that appear to influence outcomes and future service delivery options. In each jurisdiction the examination found evidence of the effectiveness of the SAH response provided to keep women and children safely in their home or community. The KWISTH/SAH Audit represents the most significant effort to conduct research into the effectiveness and appropriateness of SAH responses in Australia. However, it should be noted that the eight jurisdictional case studies do not allow for a comparative analysis of SAH responses because of the varying availability of appropriate and comparable data across jurisdictions.
>
> *Phase Three* involved preparing an Operational Framework that includes practice principles to underpin consistent best practice approaches across Australia in the future.[2] The National Plan to Reduce Violence Against Women and their Children Senior Officials Implementation Executive Group (ImpEG) established a Safe at Home Operational Framework Working Group (the Working Group) with members from each state and territory. This was an important component of the development of the Operational Framework with the group providing expert conceptual and operational advice.

The importance of this EAG being that all jurisdictions agreed a common definition of SAH and that one or more of the four pillars developed in the 2015 Meta-Evaluation (see Section 2.3.1) would form the core components of an effective SAH response. This was foundational to the development of an Operational Framework.

SAH responses are defined using the SAH Operational Framework definition 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.*[2]

An important component of the Audit project was the updating of the Four Pillars through EAG discussions:

1. **A focus on maximising women's safety**—using a combination of criminal justice responses and technology options such: as protection orders, legal provisions to exclude the perpetrator from the home (both of which protect victims from post-separation violence), proactive policing to support women and children, safety/duress alarms, CCTV for home security and other home security upgrades, and personal technology advice and security sweeps. Safety

planning and consistent risk assessment must be a central feature of SAH responses. Working alongside perpetrator interventions as part of a holistic response can support victim/survivor safety.

2. **A coordinated or integrated response—**involving partnerships between local services to best address an individual client's needs. This may include, but is not limited to, referral for counselling, medical and health care, services for children, court support and police response to perpetrators. Strong service coordination is required to properly address the needs of children and different population groups.
3. **Safe at Home as a homelessness prevention strategy**—ensuring women are informed about their housing options before the time of crisis and at separation and providing support for women to maintain their housing afterwards or seek alternative accommodation of their choice in the community of their choice. These programs are housing focused but are not housing constrained.
4. **Enhancing women's economic security**—including assistance to maintain or enter employment or further study and increase financial literacy. Financial management strategies and advice may allow women and their children to remain independent and separate from the perpetrator. The use of brokerage funds to enhance financial security is also important.[2]

In addition, the Operational Framework recommended that SAH response should:

- 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—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 needs 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.

The SAH Operational Framework[2] is the first document of its kind in Australia and provides comprehensive, evidence based, best practice information for SAH organisations and practitioners. The SAH Operational Framework is included as a resource in Section 5 Findings in this evidence review.

2.4. The National Policy Context

One of the key objectives of the inaugural *National Plan to Reduce Violence against Women and their Children 2010- 2022* was to achieve an 'increase in the access to, and responsiveness of, services for victims of DFV and sexual assault' (National Outcome 4).[39] Alignment with this outcome underpinned the development of SAH responses in many jurisdictions. However, it was not until the Third Action Plan (2016-20) that homelessness relating to DFV was clearly acknowledged in National Priority Area 3 with Action 3.3 stating 'accommodation options and supports for women and their children escaping violence need to be strengthened' (National Priority Area 3, Action 3.3).[9] The fourth and final Action Plan (2019-2022) of the last National Plan explicitly referred to SAH provision. The Fourth Action Plan outlined $78.4 million to provide safe places for people impacted by DFV, $18.0 million of which will continue the Commonwealth's investment in the Keeping Women Safe in their Family Home (KWSITH) program.

The current *National Plan to End Violence against Women and Children 2022-2032*[39] confirms a commitment to improving pathways to long-term affordable and appropriate housing *as* central to supporting the long-term recovery of victim-survivors of DFV. Moreover, the Plan states that it is critical to implement and expand programs that support women and children to **remain safely in their own homes if they wish to retain their connection to Country and community**. SAH is conceptualised in the current National Plan as part of a holistic response where people who choose to use violence need to be held accountable.

The Commonwealth's recognition of the importance of SAH responses as part of the overall suite of DFV services and ongoing investment in the KWISTH program, underpins the expansion of SAH responses in each jurisdiction.

2.5. Victorian Family Violence Policy context

In 2012, *Victoria's Action Plan to Address Violence Against Women and Children 2012-2015* was established outlining the government's approach to reducing violence against women and children. The Action Plan contained three key action streams: 1) preventing violence against women and children 2) intervening earlier, and 3) responding through an integrated system.

In 2015, Victoria established Australia's first *Royal Commission into Family Violence*[40] after a number of family violence related deaths. After an extensive consultation process, the Royal Commission provided a report to the Victorian Government in March 2016. An overarching finding from the Royal Commission was that current programs were not always able to support all victim-survivors of family violence.

The Royal Commission delivered 227 recommendations directed at improving the foundations of the current system, proactively seeking opportunities to transform the way Victoria responded to family violence, and to build the structures to guide and oversee a long-term reform program addressing all aspects of family violence.

Recommendation 13 of the Royal Commission focused on the need to support victims to safely remain in, or return to, their homes and communities. Specifically, that 'the Victorian Government give priority to supporting victims in safely remaining in, or returning to, their own homes and communities through the expansion of SAH - type programs across Victoria. These programs should incorporate rental and mortgage subsidies and any benefits offered by advances in safety devices,

with suitable case management as well as monitoring of perpetrators by police and the justice system.'[41]

In 2016 the state government released *Ending Family Violence: Victoria's Plan for Change.*[42] A ten-year plan, representing the Victorian government's commitment to implementing all the recommendations of the Royal Commission into Family Violence. The Plan provides specific direction on prevention, access to safe and housing, the development of a network of support and safety hubs, new Victorian laws, and the development of a new coordination agency. Further, the Plan establishes allowing and supporting women and children to remain safely in their homes where it is safe to do so as a priority area in the Victorian response to family violence.

A key component of the Plan was the establishment of a network of Support and Safety Hubs across Victoria. These hubs are known as The Orange Door,[43] and are seen as a new way for women, children and young people experiencing DFV to access the support they need to be safe and supported.

A further key reform that emerged from the Plan was the development of a new family violence coordination agency called Family Safety Victoria (FSV), established in 2017. FSV was established to lead the delivery of key family violence reforms in Victoria and to provide state-wide coordination to ensure a strong and consistent model for the support and safety hubs. FSV delivers Victoria's SAH response, the PSI.

The Family Violence Rolling Action Plan 2017-2020[44] focused on the first phase of implementation on the Plan, including how the key initiatives and actions taken by the Victorian Government will contribute to achieving its outcomes, how they will be funded, as well as how they deliver on the Royal Commission's recommendations. For example, the government allocated $1.91 billion to family violence services and reform, $60 million of which was allocated to FSV, and $133.2 million was allocated to safe and stable housing. Specifically, the Rolling Action Plan stated that in 'an effort to prevent women, children and young people from experiencing homelessness or having difficulties accessing housing as a result of family violence we will expand SAH responses through an expansion of both family violence case management and Flexible Support Packages.'

In 2018, *The Free from Violence Victoria's Prevention Strategy* and The *Free from Violence: First Action Plan* 2018-2021 were released. The Strategy responds to Royal Commission Recommendation 187 - Ensure the State-wide Family Violence Action Plan includes a primary prevention strategy. Outcome 3 of the Strategy, focuses on 'Victorian homes, organisations and communities are safe and inclusive – the prevalence of violence is significantly reduced for all Victorians equally, and people live free of fear.'

Further, in 2010 the Victorian State Government released *A Better Place Victorian Homelessness 2020 Strategy*.[47] The strategy aimed to prevent people becoming homeless in the first place; minimise the harm caused by homelessness and assist people to move out of homelessness permanently. The strategy included approaches targeted at reducing the risk of homelessness amongst women and children experiencing family violence.

Following this, in 2017 the Victorian government released its *Homes for Victorians: Affordability, Access and Choice* strategy.[48] The strategy aimed to improve housing affordability, access and choice, and introduced initiatives and reforms to help ensure housing supply can meet demand and facilitate the supply of social housing and affordable housing in Victoria.

As a first step in responding to the specific housing recommendations of the Royal Commission into Family Violence, the Victorian Government invested an initial $152 million in April 2016 in a *Family*

Violence Housing Blitz Package (The Package).[49] The Package was a key aspect of the Victorian Government's *Ending Family Violence Victoria's Plan for Change* within the policy context of the Victorian Government's *Homes for Victorians*. The $152 million Package was designed with the aim of providing victim survivors of family violence with improved access to housing options that deliver safe, affordable and appropriate housing, and supports to recover and thrive. Included within the funding was $40 million over two years for FSPs – providing flexible tailored responses that meet the individual needs of victims of family violence, including support to stay safe at home. More specifically outlined within the Plan for Change, funding from the Package would contribute to keeping women safe in their homes by expanding packages of support for home security measures and relocation costs to more than 5000 victims of family violence, a 480 per cent increase in client numbers. Clients were also provided support to access private rental assistance.

2.6. Safe at Home in Victoria

The SAH offering in Victoria is the PSI, which is a state-wide service delivered by Family Safety Victoria (FSV).[c] In the Victorian context, the PSI is a non-crisis response that specifically addresses safety concerns of women and their children and the management of perpetrator risk. The PSI Operational Guidelines[1] state that the purpose of the PSI is to utilise safety and security responses, including property modifications and technology, to enable victim survivors of family violence to remain safely in, or return safely to, their own homes and communities, or relocate to a new home, and to increase safety and feelings of safety for victim survivors.

A client must be receiving case management support from a specialist family violence agency or related agency, such as housing or child protection, to be eligible for the PSI. Addressing the specific safety concerns of women and children is intended to enhance housing stability. Further supports which contribute to safety in the home are available to the client via their case manager including Flexible Support Packages which support women to access a range of flexible, tailored and practical supports. Housing support may or may not be offered by the organisation providing case management services.

The PSI guidelines, while subject to change, are relevant to all agencies, organisations, service providers and other stakeholders responsible for the delivery of PSI responses in Victoria.[1]

The PSI is a non-crisis response that provides eligible victim survivors with:

- Coordination of personal safety, security, and technology responses, through the collaboration of case managers and local PSI agencies, supported by the State-wide PSI Coordinator.
- A safety and security audit completed by a suitably qualified security provider.
- A family violence FSP to fund personal safety, security, and technology responses.
- Access to property modifications and personal safety technology (including personal safety devices and CCTV) which meets Minimum Technology Standards, as recommended by a safety and security audit, delivered by suitably qualified security providers and other contractors.

[c] The Victorian Government proposes the PSI is one of a suite of state-based service responses intended to keep women safe at home. The suite of services also includes Flexible Support Packages, case management, brokerage, and perpetrator accommodation responses. The 2019 PSI Operational Guidelines state that the rollout of the PSI in 2017 was one response to the Royal Commission's recommendation to expand safe at home programs.

Typically, it may take several weeks from identification of the need for a PSI response to seek appropriate approvals, undertake an audit and implement recommended safety and security responses. The PSI is delivered through existing DFV services in Victoria with providers funded by both DSS KWSITH funding and the Victorian government Flexible Support Packages (FSPs). Packages of up to $10,000 are available (with an average unit cost of a FSP of $3,000 per package[d]) for counselling, wellbeing, education, employment, financial counselling, transport, housing stability, financial security, and other practical or material needs.

PSI technology support is normally provided for a period of 3 months although a subsequent application is possible via the recommendation of the local PSI Coordinator. It is important to note that even when a victim survivor may meet the eligibility criteria, this will not always mean that a PSI response is assessed as being suitable for the victim survivor in their current circumstances. Barriers to PSI program effectiveness may be associated with one or a combination of factors including policy design, program implementation, and/or systemic barriers.

This research project provides a comprehensive examination of client and worker experience of Victoria's PSI including barriers and facilitators of uptake and reach, impacts on both short- and longer-term client safety and the identification of other safety needs not met by the PSI.

[d] Subsequent advice from the Department in 2024 is that average cost of a FSP is around $3,300 per package.

3. Methodology

3.1. Research questions

Four broad research questions were developed to guide this scoping review. The research questions were:

1. What are the key components of a Safe at Home response?
2. What are the facilitators and barriers to implementing a Safe at Home response as identified in the literature?
3. Are there gaps in current Safe at Home service provision for women in Victoria?
4. Is there evidence of how Safe at Home responses can be adapted to ensure the safety of victim-survivors:
    - In emergency or COVID-related contexts?
    - From diverse population groups?

3.2. Database searches

Searches of academic and grey literature databases were conducted to identify publications relevant to the research questions. The following databases were searched:

- Academic databases: EBSCO (Violence and Abuse Abstracts, Family and Society Studies Worldwide, Women's Studies International, Criminal Justice Abstracts), Proquest (ERIC, NCJRS, PAIS Index, Policy File Index, Proquest Central), Informit (AGIS, APAFT, Families and Societies Collection, Health Collection, Health and Society Collection, Humanities and Social Sciences Collection, Indigenous Collection, New Zealand Collection), Scopus, Web of Science (Core Collection).
- Grey literature databases: ANROWS, Analysis and Policy Observatory (APO), Australian Institute of Family Studies (AIFS), Indigenous Justice Clearinghouse, NZ Family Violence Clearinghouse, Australian Housing and Urban Research Institute (AHURI).
- Google Scholar, including citation chaining through relevant websites identified through Google searches.

3.3. Search terms

Search terms for the review were selected based on the SAH pillars identified in the Operational Framework. Search terms were developed under the following concept areas:

- Concept 1: Domestic and family violence
- Concept 2: Housing
- Concept 3: Safety and/or risk
- Concept 4: Integrated service provision
- Concept 5: Economic security
- Concept 6: Perpetrators

For the academic database searches, the search terms were combined using Boolean operators. Search terms were simplified for the purposes of searching grey literature databases and Google Scholar due to the limited capacity of these databases to process complex search terms. These searches were conducted using simplified terms related to each of the key concept areas, including terms such as 'domestic and family violence', 'family violence', 'safe at home', 'housing', 'economic security' and 'perpetrators'. Search terms were combined where possible, depending on the functionality of the specific database.

A full list of search terms developed in relation to each of the concept areas can be found in Appendix 1 Table 4.

3.4. Inclusion and exclusion criteria

To be included in the review, publications were required to meet the following criteria:

1. Studies from Australia, New Zealand, Canada, UK and Ireland.
2. Studies published from 2016 onwards.
3. Studies published in English.
4. Evidence in the form of empirical research, systematic/evidence/scoping reviews, metanalyses, and reflective or commentary pieces.
5. Evidence relating to perpetrators included evaluated programs only.

The inclusion criteria were selected to ensure that publications identified from the review were published in countries similar to Australia and published after the 2015 meta-evaluation of SAH programs.[8]

3.5. Screening

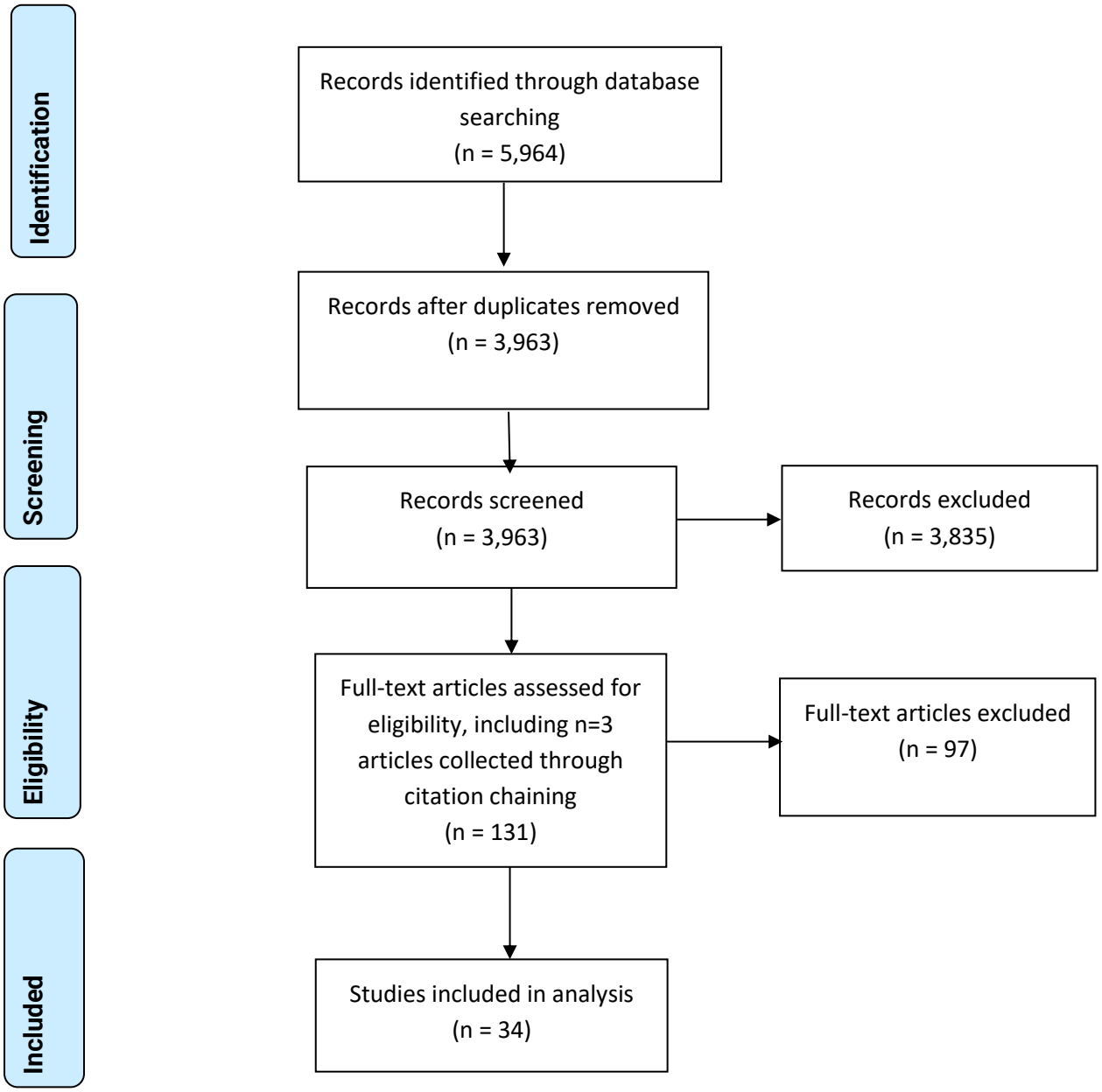
As shown in Figure 1, the search of academic and grey literature databases produced an initial total of 5,964 results. Results from the database searches were screened in two stages:

1. Title, keyword and abstracts were screened in the first stage, following the removal of duplicate publications, to determine relevance to the review.
2. If publications were deemed potentially relevant during the first stage of screening, their full text were screened for relevance.

Screening was conducted by two researchers at all stages, and any disagreements between the two researchers were resolved in discussion with the lead investigator.

A final total of 34 publications were identified as relevant and included in the review. Data extraction for publications that passed the full-text screening was then conducted to identify information relevant to the research questions. Data extraction was conducted using an Excel Spreadsheet and included extraction of the following information: author, date of publication, study aims, methodology, and findings in relation to each of the concept areas and research questions.

Figure 1. Search results.



Only six resources focused on SAH service provision. The remaining 28 resources referred to:

- two or more of the four SAH pillars; or
- acknowledged SAH service provision in some way in the discussion of results; or
- referred to management of DFV in emergency situations such as COVID or diverse population groups.

3.6. Limitations

Despite the initial total of 5,964 results from the searches undertaken, only six publications referred to the term 'Safe at Home'. Generalising findings from six primary sources needs to proceed with

caution. The remaining 28 publications were carefully screened, and close attention was paid to identifying one or more of the SAH pillars to ensure the content was related to keeping women and children safely in the family home or home of their choice. These publications report strategies that may be implemented as part of a SAH response in a broader DFV intervention.

Given the limited scope of the project, and the limited number of available resources, no assessment of the quality of publications was undertaken. The review does note whether a publication is an evaluation, empirical research, or a practice-informed commentary. Additionally, while the review included evidence in the form of systematic, scoping and literature reviews, it should be noted that the studies included in these reviews were not assessed against the inclusion criteria for the current review.

Limitations in relation to the implementation of the search strategy should also be noted. It was necessary to simplify the search terms when conducting grey literature searches, as grey literature databases and Google Scholar are unable to process complex search strings. The Google algorithm may also affect or restrict the number of results that appear from the search depending on the operating system and browsers used. These limitations should be considered when interpreting the results of this review.

4. Findings

4.1. Overview

A total of 34 studies were included in this review. Of the 34 studies, **only six focussed specifically on SAH programs and responses** (18%).[2, 4, 3, 5-7] 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-evaluation (see Table 3).

The majority of studies were from Australia (n=26; 76%), with others from Canada (n=4; 12%), the United Kingdom (n=1; 3%) and New Zealand (n=2; 6%). Given the difference in policy and practice context, the USA was excluded from the search.

Seven evaluations were included in this review.[5, 6, 50-54] Two evaluations focus specifically on SAH Programs including the Whānau Protect program in New Zealand[6] and the KWSITH Technology Trials in Queensland.[5] Other evaluations included in the review focussed on integrated response initiatives (n=3) [50-52] and perpetrator programs (n=2).[53, 54]

Overall the largest focus area which emerged in this review is housing security, with 12 articles exploring housing-related needs during and after DFV separation (35%).[55-573, 58-65] Other relevant areas which emerged in the review included service integration (n=5; 15%),[50-52, 66, 67] economic support (n=2; 6%),[68, 69] safety for women (n=2; 6%), [7, 56] perpetrator interventions (n=4; 12%)[53, 54, 70, 71] COVID-19 affecting experiences of seeking support for DFV (n=4; 12%),[72-75] and family law (n=1; 3%).[76]

4.2. Articles with a focus on Safe at Home responses

Of the 34 articles included in the evidence review, just six had a specific focus on SAH responses.[2, 43, 5-7] These six articles included two empirical journal articles,[3, 7] two SAH program evaluations,[5, 6] one SAH Operational Framework[2], and one non-empirical journal article[4] (see Table 2).

Table 1. List of articles which focus on SAH responses.

Citation	Article type	Summary
Bignold 2020[4]	Non-empirical journal article	A reflection on the implementation of the 2015 Victorian Royal Commission into Family Violence recommendations, with a focus on the viability of SAH strategies in Victoria.
Breckenridge et al 2021[2]	Grey literature; policy document	A flexible and inclusive Operational Framework for SAH service development, planning and delivery across Australia
Diemer, Humphreys, Crinnall 2017[3]	Empirical study	A questionnaire implemented with Victorian Family Violence clients to examine the role of protection orders in supporting women and their families.
NZ Ministry of Justice 2017 [6]	Evaluation	An evaluation of the Whānau Protect – National Home Safety Service in New Zealand.
Soraghan et al. 2022 [7]	Qualitative study	A qualitative study exploring practitioner perspectives of effective SAH responses and housing outcomes.
Gendera et al. 2019 [5]	Evaluation	Evaluation of the KWSITH Technology Trials, investigating whether technology-based responses enable people to stay in their home or a home of their choice.

An issue identified in the SAH Meta-Evaluation[8] was that there was no common or agreed upon definition or criteria of SAH programs in the literature. The SAH Operational Framework[2] provided the most robust and well-rounded definition and structure for SAH programs as well as mapping the SAH services in each Australian jurisdiction. The other five articles which focus on SAH either evaluate specific programs[6] or look at select program elements such as housing outcomes,[7] ouster provisions and protection orders,[3] and technology.[4, 5]

The review identified the following key components of a SAH response.

4.2.1. Mapping the service system in each jurisdiction

The DSS SAH Operational Framework[2] produced a mapping of the Australian SAH service system by jurisdiction, organised according to the four pillars of SAH.

There are numerous factors, including funding availability, policy requirements and client choice, that determine which SAH response elements are prioritised within a given jurisdiction or service. The mapping was developed in consultation with, and agreed by, high level policy and service representatives from each state or territory from the Project's Executive Advisory Group (see Table 2). While the identified jurisdiction may offer these elements, not all clients have access to these, or require them.

Table 2. Program elements of Safe at Home Response by jurisdiction (as at January 2021)[2]

Four Pillars of SAFE AT HOME Responses	SAFE AT HOME/KWSITH Response Elements	Specific Provisions/Responses	Jurisdictional SAH Responses							
			1	2	3	4	5	6	7	8
Maximising Women's Safety	Protection orders/legal provisions	*Mandatory Protection Order*								
		Mandatory Exclusion Order							X	
	Domestic and Family Violence risk assessment	*Common risk assessment tool*	X	X	X	X	X	X	X	X
		Ongoing risk assessment provided		X	X	X	X	X		X
		Safety planning	X	X	X	X	X	X	X	X
	Proactive policing		X	X		X	X	X	X	X
	Provision of technology upgrades/cyber security	*Personal safety devices*	X	X	X	X	X	X	X	X
		Security cameras	X	X		X			X	
		Cyber sweeps		X[e]	X	X	X		X	X
		Training about cyber security and use of technology	X	X[f]	X	X	X	X	X	X
	Home security upgrades	*Locks/window security*	X	X	X	X	X	X	X	X
		Other	X	X			X	X	X	X
		Brokerage	X	X	X	X	X		X[g]	X
Integrated Response	Domestic and family violence service provision	*Situated within a domestic and family violence specific service*	X	X[h]			X			
		Coordinated as an independent program or response	X	X	X		X	X	X	
		domestic and family violence related support provided internally or via external referral	X	X	X	X	X	X	X	X
	Case Management	*Case coordination*	X	X	X	X				X
		Ongoing case management	X	X	X	X	X	X		X
		Wrap-around support	X	X	X	X	X	X	X	X
	Partnerships	*Police*	X	X	X	X	X	X	X	X
		Other agencies	X	X	X	X	X	X		X
	Other support provided	*Court support, mental and physical health services*	X	X	X	X	X	X	X	

[e] Availability varies between service providers and is not consistent across the state.
[f] Availability varies between service providers and is not consistent across the state.
[g] Client must be receiving case management support from a specialist family violence agency or related agency (such as a housing service or Child Protection).
[h] Response is an independent program that may be located in a range of services (not only domestic and family violence specific).

	Meetings to manage risk	*Interagency partners*	X	X	X	X	X	X	X	
	Specific services provided for children	*Groups for children, Child Protection, education for children about technology*	X	X		X	X	X	X	X
Homelessness Prevention	Housing support provided as part of response		X	X	X	X	X	X		
	Referral to local housing providers		X	X		X	X	X	X	
	Advocacy with tenants' services		X	X[i]		X	X	X	X	
	Advocacy with private real estate		X	X		X				
	Support with property settlement		X	X[j]	X	X				
Enhancing Women's Economic Security	Education or employment support		X	X	X	X	X			
	Referral for financial counselling		X	X		X		X		X
	Brokerage (other than security upgrades)		X	X		X				
	Advocacy with financial institutions		X							

The mapping demonstrates the breadth of SAH response components and shows various patterns/preferences of each jurisdiction. The mapping was also accompanied by an analysis of each jurisdiction' s SAH monitoring and administrative data, interviews with workers, clients and key stakeholders and which also examined the effectiveness of KWSITH/SAH responses for diverse population groups. Two case studies were selected from services offered in the Northern Territory and Western Australia to examine SAH responses for Aboriginal and/or Torres Strait Islander women and their children.

An independent Report was produced for each jurisdiction and a separate aggregate Report was submitted to the Commonwealth Department of Social Services in 2021.The jurisdictional and aggregate reports were not publicly released and so detailed information on SAH effectiveness is not available. However, as reported in the Operational Framework (page 25), the examination of each jurisdiction found evidence of the effectiveness of their nominated SAH response and noted that the response(s) provided, successfully contributed to keeping women and children safely in their home or community or a home and community of their choice.

[i] Availability varies between service providers and is not consistent across the state.
[j] Availability varies between service providers and is not consistent across the state.

4.2.2. Evidence on Safe at Home technology

Technology responses implemented as part of a SAH program was discussed in one article [4] and one program evaluation.[5]

An expert commentary was published in Parity, a practice journal focused on housing and homelessness, expressing concern for responses to homelessness related to DFV as "merely ticking off recommendations to the 2015 Victorian Royal Commission into Family Violence".[4] As a specialist Victorian housing service provider, the author advocates for meaningful change to help support victims of domestic violence which would see perpetrators of domestic violence leaving the family home instead of women and children. This goal was described as best achieved by the use of a range of strategies including technology, improved police response, shorter waiting periods for trauma counselling for children, and greater interagency collaboration.

An evaluation of the Keeping Women Safe In Their Home (KWISTH) 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.[5] 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 issues with a PDA reported increased safety (84%), and increased child's safety (80%). Program success was attributed to a series of factors including:

- The delivery of technology was as part of a suite of co-ordinated responses rather than a standalone response
- Increased funding from the Technology Trials across 4 locations to trial an innovative technology response enriched the overall effectiveness of the DFV intervention
- Service providers explicitly working to support women and their families to remain in their homes or a home of their choice where it is safe to do so
- Services working as part of a broader local service system including Police, courts, corrective services, child protection and NGOs to delivery timely and client-focussed supports.[5]

While the Technology Trials showed promising results in the provision of technology support, the evaluation found ongoing issues with technology provision in the Queensland SAH 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. Barriers and gaps in service provision in relation to technology is discussed further in section 5.3.2.

Both papers suggest 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. While perceived to be effective, both studies conclude that technology options should not be treated as a standalone SAH response.

4.2.3. The importance of protection orders

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 SAH program and living separately from the perpetrator.[3] 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.[3]

The study concluded that supporting women to 'stay at home' with the perpetrator removed may be a pathway to safety, but only for a minority of women and only if supported by proactive policing and action from courts. The researchers also suggest that tightly integrated, and specific "safe at home" programs, may be beneficial.

4.2.4. A focus on housing security and client choice

A qualitative study exploring practitioner perspectives on housing outcomes for clients found that central to SAH provision is client choice.[7] In interviews with 11 frontline SAH workers in rural and metropolitan settings in Australia, the participants emphasised that remaining in the home should be a choice, and control of the decision to stay or leave the home is 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 SAH response which has a direct effect on safety and housing decisions.

4.2.5. Components of a Safe at Home wrap-around program

The sixth SAH resource identified for this review was an evaluation of New Zealand based SAH program, The National Home Safety Service – Whānau Protect. Whānau Protect is offered in high-risk family violence cases for victims and their children who remain in the family home. The program is a six-month service that includes 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.[6] Specifically, the program was extremely highly regarded by clients and staff, with service success attributed to four key areas:

1. Responsiveness
2. Interagency collaboration with Police and other agencies
3. Strong relationships with contractors
4. The complementary nature of the technology upgrades (monitored alarm) and physical safety upgrade.[6]

Staff praise 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 medium risk clients.[6]

4.3. Research Question One: What are the key components of a Safe at Home response?

4.3.1. Publications organised under the Four Pillars

Resonating with the meta-evaluation[8] and the National Audit and Operational Framework,[2] the four pillars have, in various combinations, helpfully described the central components of SAH responses. Of the 34 articles and evaluations included in this review, 28 did not identify as focussing specifically on a SAH response, but rather focused on:

- Two or more of the four SAH pillars
- Acknowledged SAH service provision in some way in the discussion of results.
- Referred to management of DFV in emergency situations such as COVID or diverse population groups

The following section is organised into DFV responses in relation to safety, housing stability, integrated service provision and economic security, from which we can infer practice evidence to SAH responses. The six specific SAH resources have also been included to provide an overarching summary of key components of a SAH response. None of the 34 articles and evaluations mentioned SAH program elements which fall outside the four pillars of safety, housing stability, integrated service provision and economic security as the pillars encompass all SAH-specific components.

Table 3 provides a summary of all articles in relation to the four pillars.

Table 3. Articles organised by Four Pillars and additional areas of interest.

Article	Focus on SAH?	Housing	Safety	Integrated service provision	Economic security	Perpetrators	COVID-related contexts	Diverse population groups
Abela 2020 [66]	No	X			X			
Andermann et al. 2021 [55]	No	X						
Australian House of Representatives 2017 [76]	No	X	X	X				
Bell and Coates 2022 [70]	No		X			X		
Bignold 2020 [4]	Yes		X	X				
Blatch et al. 2016 [53]	No					X		
Breckenridge et al. 2016[50]	No	X		X				
Breckenridge et al. 2021[2]	Yes	X	X	X	X			X
Campo et al. 2020 [56]	No	X	X					
Chung et al. 2020 [71]	No					X		
Clarke et al. 2022 [72]	No						X	X

Article	Focus on SAH?	Housing	Safety	Integrated service provision	Economic security	Perpetrators	COVID-related contexts	Diverse population groups
Cortis and Bullen 2016 [69]	No				X			
Cripps & Habibis 2019[57]	No	X		X				
Diemer et al. 2017 [3]	Yes	X	X					
Flanagan et al. 2019[58]	Partial	X		X				
Gendera et al. 2019[5]	Yes		X	X				
Jeffrey and Barata 2017[59]	No	X						
Meyer 2016[60]	No	X						
Meyer et al. (2021)[54]	No	X	X	X		X		
Morley et al. 2021[73]	No	X					X	
Mossman et al. 2017[51]	No		X	X		X		
NSSRN 2018[68]	No	X			X			
NZ Ministry of Justice 2017[6]	Yes	X	X	X				
O'Campo et al. 2016[61]	No	X	X		X			

Article	Focus on SAH?	Housing	Safety	Integrated service provision	Economic security	Perpetrators	COVID-related contexts	Diverse population groups
Pfitzner et al. 2022[74]	No						X	
Soraghan 2022[7]	Yes	X	X	X				
Speed et al. 2020[75]	No						X	
valentine and Breckenridge 2016[65]	Partial	X		X	X			
valentine et al. 2020[67]	Partial	X						X
Wendt et al. 2017[62]	Partial	X						X
Wong et al. 2019[77]	No					X		
Woodhall-Melnik 2017[63]	No	X	X		X			
Zmudzki et al. 2019[52]	No			X				
Zufferey et al. 2016[64]	Partial	X	X		X			

4.3.1.1. Pillar One – Safety

Prioritising safety is a key in DFV responses more broadly. The literature sourced highlights that safety is a complex and layered concept which importantly encompasses physical safety and also feelings of, or women's perceptions of safety.[2, 56, 61, 63, 64] The importance of a 'home' as contributing to psychological safety for women and children is consistent with the philosophical underpinnings of SAH service provision.[2] The interrelationship between safety and a sense of 'home' for mothers and their children was highlighted in two articles. [56, 63] Both articles directly tied a women's sense of 'home' to a perception of personal agency or control over their circumstances. This control, as discussed by Campo et al., [56] can be challenged by the perpetrator's violence and abuse but it can also be diminished by institutional processes and structural barriers including a lack of affordable and available housing.

Practical safety measures commonly addressed through SAH programs include risk assessment, home security upgrades, and an increasingly common use of technology. Risk assessment practices, as highlighted by Breckenridge et al.[2] confirm that best practice suggests the use of safety planning and a common risk assessment tool, which should be implemented as part of a dynamic and ongoing process with victim-survivors.[2] In the mapping of SAH responses across jurisdictions all SAH responses implement a common risk assessment tool and safety planning but not all jurisdictional responses have an ongoing risk assessment protocol.

Home safety upgrades typically include lock changes, property repairs, installing outdoor lights and security alarms or cameras. In an evaluation of the Whānau Protect SAH program property upgrades would take an average of 24 days to complete at a cost of $1124.[6] Brokerage was discussed as a valuable tool in three articles and evaluations,[6, 58, 64] as a means to increase technology options for clients. However, when brokerage is designated for safety upgrades it can detract from other creative and important uses of brokerage money to support women and children after leaving the violent relationship.

Time to complete safety upgrades varies drastically between programs, as does the duration of support. Some studies find an increased sense of safety[63] and reduction in revictimization while technology is in place,[6] however others note a high associated cost,[2, 64] For example, Flanagan et al.[58] questioned the viability of security upgrades in the face of ongoing violence and harassment, suggesting that upgrades are more effective if implemented in tandem with interventions that ensure perpetrator accountability.

There was a clear acknowledgement that cameras and alarms can deter but not prevent violence [4] and other challenges associated with training staff, technology partnerships and the possibility of malfunction or damage increasing risk for clients. [2] While the use of technology has increased as a means to enhance the safety of women and children post separation, it is clear it needs to be resourced properly and more research is needed to design the optimal way in which it can implemented, maintained and upgraded in partnership with technology providers.

The Operational Framework[2] suggests that safety in SAH responses is increasingly addressed by technology options rather than protection orders. The mapping shows that protection orders are not mandatory in any jurisdiction and ouster orders were mandatory in one jurisdiction only. This is a shift from the findings of the 2016 Meta-evaluation of SAH responses where protection orders were central to safety planning and technology was still being trialled in some jurisdictions.[8]

Protection orders were the focus of one empirical study from Victoria[3]. As reported earlier, the study found only a minority of women (26%) reported that the abuse stopped after obtaining a protection order and that the level of breaching was high, particularly for women who remained in their homes and did not relocate. The study concluded that supporting women to 'stay at home' with the perpetrator removed may be a pathway to safety but only for a minority of women and only if supported by proactive policing and action from courts. The researchers also suggest that tightly integrated and specific "safe at home" programs encompassing the four pillars of SAH may be beneficial.[3]

The safety of women staying in the home where the violence occurred has been a point of discussion for some time. This discussion and the reality that many women either want to move or can't afford to stay in this home has influenced the definition of SAH responses to extend to 'staying in their home' or a 'home of their choice'. The limitation of the definition of 'home' for First Nations women and children was strongly expressed throughout the consultation process for the Operational Framework and as a result the definition of SAH was extended to include 'community' or 'community of their choice'.[2]

Case management was identified as critical to ensuring safety needs of women and children are met.[2, 55, 76] One scoping review of interventions to support women at risk or experiencing homelessness found that case management helped women exit shelters and access stable housing quicker, and reduced exposure to violence, IPV, homelessness and time in institutional settings. [55] Two articles included in the evidence review[2, 76] emphasise that case management can provide security, safety and a wrap-around model of care. For case management to be effective it should be available long-term including after family law and criminal matters are resolved, if there is still a risk.[2] This is not the case in many SAH programs, including Whānau Protect, which does not provide case management for clients but is instead delivered through a centrally located Whānau coordinator.[6] The mapping of SAH programs did identify that SAH responses in all jurisdictions at a minimum, ensured wrap around support from a DFV service, followed by case management and or case coordination.

Further safety related program elements addressed in the literature included cultural safety for clients, and the wellbeing and safety of staff.[2] In relation to cultural safety, Breckenridge et al.[2] emphasised that safety should encompass cultural safety, accessibility, and non-discriminatory practice, ensuring that SAH responses are prioritised and tailored to people in marginalised or vulnerable situations who may face additional barriers to accessing support and safety. Secondly, in relation to staff safety, Breckenridge et al.[2] note that there are particular risks for staff delivering SAH responses including vicarious trauma and the physical and psychological safety of staff should be prioritised in workplace policies and procedures.

4.3.1.2. Pillar Two – Housing

The literature underscores that stable housing is a complex issue for women and children affected by DFV encompassing safety, stability, financial security, independence and space to process traumatic experiences. Key components of SAH responses relating to housing response and support was addressed in eight articles included in this evidence review.[2, 7, 55, 58, 59, 63, 65, 66] While housing is a key component of all SAH programs, as demonstrated in the SAH mapping,[2] a large amount of the

evidence in this review focused on housing instability and barriers for women, rather than strategies to enhance housing security in SAH responses.

The review found four primary areas relating to housing which contribute to SAH responses. These include:

- ensuring women have the choice to remain in their home or relocate to a home of their choice or a community or community of their choice[2, 7]
- appreciating how women with lived experience of IPV view stable housing[2, 63, 65]
- specific housing subsidies which provide safety, choice and dignity to clients and families[2, 55, 58, 59]
- the intersection between housing support and financial security[3,66]

Ensuring women and families are in control of their decisions to stay or leave their homes is considered key to SAH responses,[7, 8] along with ensuring that women are informed by SAH providers about their options before the time of crisis and at separation.[2] The SAH Operational Framework found that staying within community or close to family friends and other networks enables existing support to be leveraged alongside the SAH response and maximises the effectiveness of the support offered to women and children.[2] In most Australian jurisdictions, specific housing support and advice is provided through SAH via the provision of housing support, referrals to accommodation services and advocacy with tenants' services and private real estate agents.[2] One evaluation of a New Zealand SAH Program Whānau Protect found that 92% of clients who completed the exit interview were still living in their own homes six-months after receiving housing and security support[6] indicating that a SAH housing support model is effective in helping women remain in their own home.

Another study from Canada conducted interviews with 41 women with lived experience of IPV about their perspectives on housing stability and their sense of 'home'.[63] For all women interviewed, housing remained an important foundation for recovery and participants discussed the material stability and independence gained from living away from violence. For one participant, living in transitional housing for women who had experienced violence provided more than just a roof over her head, importantly it enabled her to process traumatic experiences.[63] Many of the women interviewed discussed their children in relation to housing stability, emphasising that stable housing meant that children could develop a secure routine, live in safe neighbourhoods and feel comfortable building social connections.[63] Another study found that for some women living in safe and stable housing reduced or eliminated their fear of losing their children through legal proceedings, and women who had already had children removed by Child Protection Services felt that they were in a better position to have their children returned.[65]

Evidence-based interventions including housing subsidies were discussed in four articles.[2, 55, 58, 59] Permanent housing subsidies such as tenant-based rental assistance can reduce housing instability, food insecurity, exposure to violence and psychological distress, as well as improve child well-being outcomes.[55] In interviews with ten women on housing programs for IPV survivors, one study found that most women would have had no safe housing options without subsidies, likely being homeless, returning to the abuser, living in dangerous circumstances, or living in shelters.[59] The study found that subsidised housing not only enabled women to escape violence but also led to feelings of safety, self-sufficiency, reduced stress, and more time to focus on other aspects of their lives.[59] Flanagan et al. did however find that while subsidies gave women a degree of choice and flexibility, in

the face of the housing crisis with rising rents, the assistance was insufficient and women were still unable to afford rent. [58]

Housing stability often goes in hand with financial security, as indicated in the previous discussion of subsidies. Two articles in the review examined the intersection of housing and financial support. In the Operational Framework Phase, one of the most consistent findings was that SAH clients who had stable housing and were financially independent, had the best outcomes.[2] Similarly, Abela found that clients who were assisted with debt and legal problems associated with family violence achieved affordable and stable housing *sooner* than clients who did not receive financial support. [66]

4.3.1.3. Pillar Three – An integrated service system

An integrated response is the third of the four pillars identified in the 2016 meta-evaluation, involving coordinated partnerships between local and government services. In the SAH Operational Framework, Breckenridge et al.[2] identify key agencies involved in SAH responses as including police, child protection services, legal services, the courts, corrections, Specialist Homelessness Services, health, mental health and Aboriginal Health services, non-government organisations, technology and security providers. In total, 12 articles included in this review discuss the centrality of integrated responses,[2-4, 6, 7, 51, 52, 58, 60, 65, 71, 76] finding overall that integration leads to better outcomes, protection and safety for adult victims and children, and better support for perpetrators to stop violent behaviours.[51] Further discussion regarding the importance of Police involvement and proactive policing [3, 6, 7, 65] and support for children [2, 76] were identified.

Integration and coordination with partner services as a key factor determining service success is emphasised in seven articles and evaluations included in this review.[2, 51, 52, 58, 60, 65, 71] In interviews conducted with 22 women with lived experience of IPV and at risk of homelessness, Meyer found that an integrated approach to care ensured a more holistic response to family violence. [60] Furthermore, the study emphasised that service integration enables the identification and monitoring of intersecting risk factors, contributes to skill building across sectors and opens multiple entry points for intervention and support,[60] also noted by valentine and Breckenridge.[65] When implemented effectively, integrated partnerships come together to recognise and respond to the complex relationships between trauma, mental health, legal systems, child protection, housing providers and financial institutions and other issues which can be consequences of DFV.[2] A further benefit of integrated or coordinated responses for both services and clients is information sharing which lessens the burden on clients to retell their story and improves efficiency of risk assessment, safety planning and case management.[51]

Strong working relationships with Police, particularly at a local level, are central to program success, as emphasised in three articles included in the review.[2, 6, 7] A comparative study of three NSW housing interventions, including the SAH program Staying Home Leaving Violence program, found that Police responses that are rapid and respectful lead to better outcomes for women and families and can further facilitate necessary access to support services.[65] One survey with 124 women found that while there have been some improvements in Police response, women continue to feel powerless against breaches and violence despite continued Police contact.[3]

Finally, the need for strong service coordination for children was emphasised in two articles,[2, 76] noting that specialised support groups for children, referrals to child protection and education for children about technology safety are required to properly address the needs of families. Ensuring

support for children in court proceedings by providing a child's safety service including supervision, safety planning, and a communications representative to act on a minor's behalf was addressed in one article.[76] Not all SAH responses in Australia record children as clients in their own right and therefore there is often limited funding and resourcing allocated to children experiencing family violence.[2]

4.3.1.4. Pillar Four – Enhancing economic security

Recognising and enhancing economic security is the fourth SAH pillar and is intended to address the intersection of DFV and financial instability for many women and families. Without economic security women may be discouraged by the prospect of financial insecurity and poverty and highly anxious about leaving the violent relationship. In addition, once they have left, they are less likely to retain their housing and financial independence.

The review identified three key components to economic support for DFV interventions generally, including:

- the importance of financial stability and independence on long-term service goals,[2, 63]
- specific, personalised financial supports,[61, 68]
- financial literacy and education. [66]

Financial independence and income support leading to long-term stability was addressed in four articles,[2, 61, 63, 68] often linking financial stability with housing stability. In interviews with 41 women with lived experience of IPV describing how they define stable housing, women described the importance of being self-reliant and financial independent, with employment being one route to this goal. Similarly the connection between financial independence and housing security was highlighted in a Canadian study which interviewed 45 women on their housing experiences.[61] O'Campo et al. found that financial supports were necessary for an extended period after leaving a violence relationship, and that short-term subsidies were not sufficient. Elsewhere, Breckenridge et al.[2] in interviews with SAH clients and service providers, identified that working with clients towards financial independence was central to the SAH response and led to better outcomes long-term.

Strategies identified as part of a SAH response to enhance economic security for women include:

- referrals for financial counselling,
- advocacy with financial institutions and
- assistance to facilitate women's education, training, and/or return to the workforce[2, 65, 69]

SAH responses do not consistently provide services aimed at improving women's financial wellbeing, for example, the evaluation of New Zealand's Whānau Protect indicated that the program does not provide economic supports or education.[6]

Finally, financial counselling was discussed in one article[66] indicating that accessible and affordable specialist financial advice delivered in partnership with a DFV service can take the pressure off a case worker and assist in resolving debts and related financial issues for women and families.

4.3.2. Summary

From the analysis of the selected resources, key components of a SAH response include:

- **Receive specific funding** contributing to one or more components of the SAH response[2]
- **Ensure DFV services are offered** to the client as part of or in addition to the response[2]
- **Provide access to housing support** to prevent women entering or remaining in specialist homelessness or supported accommodation[2]
- **Ensure women remain safely** in independent accommodation of their choice [2]
- **Focus on women's safety** as part of or in addition to the response—criminal justice strategies,[3] consistent risk assessment processes and safety planning, security upgrades and innovative technologies [4, 5] used to increase safety and reduce risk[2]
- **Encourage local partnerships** and provide strong service coordination[2, 6]
- **Work alongside perpetrator interventions** as part of a holistic response to support victim/survivor safety[2]
- **Listen and respond to the needs of children**, including their needs for physical safety, emotional wellbeing, relationship support and trauma-informed recovery services[2]
- **Provide cultural safety and cultural authority** and address intersectional and specific needs of different population groups[2]
- **Integrate technology-driven solutions as one component** of a suite of safety responses and not as a sole or primary intervention [4, 5]
- **Ensure clients have a voice** in decision-making[7]
- **Prioritise responsiveness** as a key program element, including timely referral and assessment, and flexibility to respond to changing circumstances[6]

4.4. Research Question 2: What are the facilitators and barriers to implementing a Safe at Home response as identified in the literature?

This section outlines the facilitators and barriers to implementing an effective SAH response identified in the literature. It should be noted there may be some overlap between key components of a SAH response and facilitators of a response. The distinction between components and facilitators may depend on specific client contextual factors and the type of service offered to clients.

4.4.1. Facilitators of a Safe at Home response as identified in the literature

The review identified several facilitators that may contribute to an effective SAH response. These included:

- a multi-agency and integrated approach[3, 7, 65]
- flexible support for victim-survivors[65]
- opportunities for economic and financial security for victim-survivors, including employment and stable housing[2, 64, 66]
- supportive responses from police[5, 7]

- community awareness of DFV[5]
- investment of adequate resources.[5]

The Operational Framework highlighted the importance of stable housing and economic security in facilitating positive outcomes for victim-survivors.[2] A consistent finding of the audit conducted to inform the Operational Framework was that victim-survivors who had access to stable housing and were financially independent or were engaged with services that facilitated financial independence and housing stability, had the best outcomes. Although not focused on SAH responses specifically, another study highlighted the importance of victim-survivors having access to employment, as the economic independence gained from employment allowed them to remain in their home.[64]

The importance of an integrated service system in facilitating responses to DFV was highlighted by several studies.[3, 50, 65] One study discussed the effectiveness of integrated housing interventions to support victim-survivors who are at risk of homelessness and poverty, including the Staying Home Leaving Violence (SHLV) Program.[65] The authors noted that the SHLV program provided flexible support, with the duration of support provided to clients being adaptable as needed. While the primary aim of the program was to assist clients to maintain their tenancies, services not specifically related to housing, such as education, legal, health or counselling, were also available. This allowed service providers to deliver individually targeted responses, drawing on a diverse range of resources, to ensure that clients' long-term housing goals could be met. Similarly, valentine and Breckenridge[65] identified several benefits of an integrated response to DFV, including providing a broader range of services to clients, improved professional knowledge, prompt decision-making, increased collaborative case management, and multiple entry points for clients.

The Queensland Technology Trial evaluation noted several facilitators that may be relevant to SAH responses. The evaluation highlighted that adequate resources must be invested into these programs, as resources are needed to sustain the use of technology measures such as PDAs and security cameras and provide ongoing technology support to maintain and upgrade devices.[5] Service providers and funding agencies also require resources to monitor the implementation of SAH initiatives and collect robust data on client characteristics and outcomes.[5] The evaluation also noted that community awareness and understanding of DFV is an important facilitator, with participants identifying a need for increased awareness among police and other first responders and training for service providers in housing and other sectors. Finally, the involvement of police as lead agencies can be a significant facilitator for effective implementation, as police were often resourced to communicate with perpetrators about the issuing of security devices.

4.4.2. Barriers to a Safe at Home response as identified in the literature

Studies identified a range of barriers to implementing a SAH response that require careful consideration in any future iterations of SAH programs. One study noted several barriers to the delivery of SAH, including the restrictive rollout of personal safety equipment and technology, and limited eligibility and access criteria.[4] Similarly, another Australian study exploring Victorian Family Violence practitioners' views of SAH noted there were distinct barriers to implementing an effective PSI response.[7] Both studies will be discussed in greater detail in the response to Research Question 3.

Zufferey et al.[64] conducted a national survey to examine the effects of IPV on women's housing circumstances in Australia. Almost half of the survey respondents (42%) reported making frequent and significant geographical moves to escape violence, often living in constant fear, and leaving their homes with nowhere else to go. Participants reported ongoing difficulties with having the perpetrator removed from the home despite the availability of SAH programs, with 50.9% reporting experiences of post-separation violence. Some women were able to remain in their homes but did so at increased costs, including higher mortgages, increased personal debts, and the costs of installing security such as locks, extra lighting, CCTV, and video intercom.

A meta-evaluation of existing interagency partnerships, integrated interventions, and service responses to violence against women identified several significant barriers and implementation challenges for integrated responses.[50] These included:

- power imbalances between agencies
- difference in perspective and disciplinary/occupational practice
- client perception of cross-agency control
- communication problems between services causing frustration for clients and staff
- resource limitations which affect program sustainability, and
- loss of specialisation and tailored responses.

The Whānau Protect program evaluation highlighted the barriers that service providers may face when implementing SAH or similar programs.[6] These included:

- budgetary constraints, especially where comprehensive security upgrades are needed
- perpetrators being bailed to the home address of the victim-survivors, which essentially forces the victim-survivor to leave the property
- clients moving after the property had been upgraded, as some perceived this as losing a significant investment in making the victim-survivor safer
- low rates of referrals, possibly due to a lack of awareness about the program
- difficulties sourcing tradespeople in some locations, and
- difficulties implementing safety upgrades in homes owned by social housing providers.

The KWSITH technology trial in Queensland was evaluated to examine whether and how the initiative enables victim-survivors to stay safe in their homes.[5] The evaluation identified substantive implementation challenges including:

- the level of technical knowledge required for service providers to support clients operating the technology
- arduous administration and reporting requirements that were beyond the limited funding allocations, and
- difficulties maintaining engagement with high-risk clients over time.

Some clients also reported concerns about privacy, such as the installation of security cameras in strata-controlled units, public housing, or rental properties, as clients may have to disclose their experiences to property managers in order to get permission to have the cameras installed.

One contentious issue raised in several resources is whether support for perpetrators of DFV should be provided as part of SAH programs. Responses to perpetrators in Australia has tended to focus mostly on men's behaviour change programs, which aim to work directly with perpetrators in order to prevent violence against women and children.[71] There is limited evidence that perpetrator's access to

accommodation may reduce the likelihood of being reconvicted following participation in a group-based intervention.[53] Conversely, a lack of support services to address men's basic needs, such as housing and employment, may limit the ability of practitioners to provide a holistic support approach for men.[77] Similarly, a failure to address these basic needs may create barriers to perpetrator's readiness to engage in interventions to address their behaviour, which may lead to further family violence or breaches of protection orders.[54]

A systematic review of interventions for perpetrators of DFV found that interventions for perpetrators may result in improvements in gender-based attitudes, reduced acceptance of violence, improved mental health outcomes and a reduction is substance misuse.[70] The review suggested that protection orders may be associated with a small but significant reduction in severe DFV re-victimisation or that they may de-escalate violence to less severe forms of abuse and harassment. The review also highlighted the importance of pro-active and efficient police responses, as short-term responses such as a timely attendance at a DFV incident may increase reporting of future DFV and reduce DFV re-offending.

4.5. Research Question 3: Are there gaps in current Safe at Home service provision for women in Victoria?

The PSI Operational Guidelines[1] state that the PSI is a non-crisis response which aims to utilise safety and security responses, including property modifications and technology, to enable victim survivors of family violence to remain safely in, or return safely to, their own homes and communities, or relocate to a new home, and to increase safety and feelings of safety for victim survivors.

The review identified several gaps in the current Victorian family violence service provision which may be applicable to the implementation of the PSI. These included, but were not limited to:

- a lack of accessible legal advice and support for victim-survivors, including support for complex legal processes or difficulties in obtaining legal aid funding for property matters[58]
- challenges in responding to DFV perpetrated by family members and not by an intimate partner, which may limit victim-survivor's entry into some programs[2]
- failures in police responses, including failure to respond to a DFV incident unless there were multiple breaches, subjective labelling of which breach was more 'serious' than another, and variations in language and attitudes towards family violence[7]
- communication breakdowns between agencies, meaning that important information about the perpetrator's location is not passed on[7]
- lack of availability of home upgrades for community housing due to limited property management budgets in some locations.[67]

Two studies provide useful insight into the gaps of SAH provision in the Victorian context. The first study noted several gaps in the delivery of SAH, including a bias towards women and children moving to crisis accommodation while the perpetrator remains in the home, the 'highly rationed' rollout of personal safety equipment and technology, and restrictive eligibility and access criteria. The second study noted the following gaps in SAH service delivery:

- the persistence and severity of perpetrator violence compromising safety

- system flaws and fragmented service provision
- unaffordable housing
- lengthy waiting periods for case management and personal safety initiatives.[7]

Experiences of SAH or similar programs in other jurisdictions also provide helpful insights into similar gaps in SAH service provision in Victoria. In the Queensland Technology Trial evaluation, clients and service providers reported gaps in the program.[5] This included perceived system failures where the perpetrator was not held accountable for their actions, insufficient duration of support provided by the pilot trial, issues regarding usability and reliability of personal safety devices and security cameras.

One study from New Zealand provided suggestions on how SAH programs could be improved.[6] The recommendations most closely related to the gaps identified in PSI service provision included:

- expanding the program eligibility criteria to include medium-risk clients, rather than solely high-risk clients experiencing severe physical violence
- increasing the time period for service delivery
- streamlining risk assessment for clients already engaged with DFV services
- increasing the flexibility of the program budget, including extending the six-month alarm funding period
- improving awareness and accessibility of the service, particularly for victim-survivors in isolated and rural areas

The housing crisis and limited public housing availability in Victoria may negatively affect the PSI and create barriers to clients remaining in their home and community. While the lack of affordable housing stock is a problem in all jurisdictions, the *Residential Tenancies Act 1997 (Vic)* requires that a tenant obtain written permission from their landlord before additional safety features are added to the rental property. This means women may be required to disclose the DFV to explain their request and their privacy is then breached – however unintended. Additionally, a tenant who has installed additional safety features must also restore the premises to their original condition before the tenancy ends, unless they have the landlord's consent in writing that they don't have to remove them when they leave.

The current project will be able to consider the evidence provided in this scoping review, alongside the lived experiences of workers and women to identify and address gaps in the current PSI service provision and recommend appropriate recommendations for service improvements.

4.6. Research Question 4: Is there evidence of how Safe at Home responses can be adapted to ensure the safety of victim-survivors:

4.6.1. In emergency or COVID-related contexts?

The review identified limited evidence of how SAH responses can be adapted to ensure that safety of victim-survivors COVID-related contexts and no evidence in this time range of how SAH may be adapted in other emergency situations. None of the studies referred to SAH programs specifically,

however reflections on the impacts of COVID-19 on the DFV sector more broadly may still provide some insight into how SAH programs could be adapted.

Studies noted that COVID-19 had significant impact on the housing security of victim-survivors, resulting in an increase in homelessness due to a lack of access to emergency housing and other alternative accommodation.[73] While COVID-19 resulted in reduced service capacity for the DFV sector, [72, 75] services were also highly adaptable and were able to respond to DFV in innovative ways.[74] One study conducted a survey with DFV sector workers across Australia to examine the impact of the COVID-19 pandemic on the sector. [72] Workers reported a significant reduction in available services for clients largely due to COVID-related restrictions and lockdowns. Adaptive changes that were implemented by organisations included a shift to telephone and online platforms to deliver services. Participants were also asked to consider what was needed to better equip them in responding to future disasters. Participants identified:

- the importance of upskilling staff in the use of technology
- developing flexible methods of service delivery across the sector
- greater investment in social infrastructure, including increased access to social and affordable housing.

Similarly, another Australian study conducted a survey with DFV practitioners to explore their perspectives of the impact of COVID-19 on women experiencing DV and the specialist DFV service sector. [74] Unsurprisingly, participants reported that COVID-19 restrictions necessitate a sudden pivot to remote service delivery for the DFV sector. Participants reported that lockdowns resulted in increased safety concerns and restricted victim-survivors' opportunities to seek help. As a result, DFV organisations created new systems for women to signal they were at risk or needed support, such as the use of code words in telephone and text communication and home visits conducted via video call as part of risk and safety assessment processes.

4.6.2. From diverse population groups?

Evidence suggests it is important to consider intersecting forms of discrimination and disadvantage experienced by victim-survivors of DFV, as this may create different service needs and outcomes.[2] The SAH Operational Framework recommended that SAH services taking an intersectional approach can:

- effectively respond to the diverse needs of different groups, including Aboriginal and Torres Strait Islander women, women from CALD backgrounds, women with disability, older women and clients from LGBTIQ communities.
- ensure inclusion, diversity, equity through genuine consultation with clients, communities, and partners/collaborators about their needs.
- support principles of equity and fairness of opportunity for all client population groups
- create equitable access to systems and services in areas such as housing, financial security, education, mental and physical health, and overall social wellbeing.[2]

These recommendations are particularly salient for policy makers determining the program elements of a SAH response but also should underpin inclusive front-line practice with different client groups.

An Australian study of women engaged in a SAH program in Victoria examined whether there were differences in housing pathways depending on the background of the women.[3] While it is considered less disruptive for women and children to remain in their home and instead the perpetrator is relocated, the findings suggest women who were more vulnerable, such as women with lower English language proficiency, those living in unstable housing or rural areas and women with disability, had no option other than to relocate from the family home. Another Australian study noted that SAH was an important option for women living in rural areas, as crisis accommodation in these areas is limited for all cohorts and women often wanted to remain living in their local communities.[7]

A study examining how partnerships between housing and other service responses could be improved to better meet the needs of Aboriginal and Torres Strait Islander peoples and their families, provides important evidence for intersectional practice.[57] Findings note that recent changes in DFV law and integrated service systems tend to adopt a one-size-fits-all approach, failing to respond to the unique and specific needs of Aboriginal and Torres Strait Islander women and children. While most Aboriginal and/or Torres Strait Islander women preferred to remain in the family home, home upgrades are only available in limited locations or may be constrained by property management budgets and internet access. Even when brokerage funding is available, the length of time needed to implement the upgrades can be prohibitive, especially in remote areas. It was recommended that safety upgrades of homes should be streamlined to reduce wait times and reduce costs.

Service providers also noted that another issue with SAH programs was that for Aboriginal and/or Torres Strait Islander perpetrators, removal from the family home usually meant moving into homelessness, which creates further criminalisation and health risks[57]. The SAH Operational Framework recommends that it is the responsibility of SAH services to provide choice to Aboriginal and/or Torres Strait Islander women to remain in their community and support them in choices they wish to make in accessing services.[2] Also noted in the 2016 meta-evaluation, more research is needed to understand how to tailor SAH service provision to meet the needs and preferences of Aboriginal and Torres Strait Islander women who access mainstream services.[8]

Wendt et al.[62] conducted interviews with women who had experienced DFV and focus groups with managers and practitioners from DFV agencies to explore the experiences of victim-survivors who live in regional, rural, and remote areas in Australia. Practitioners highlighted that in regional, rural, and remote places, women should not be asked to leave their community if they do not wish to. Working with women to stay in their own homes is important in DFV work in these geographic areas because it enables housing stability and keep women close to their community networks, including family and friends. Practitioners also discussed the importance of providing outreach support to keep women safe in their homes. This included providing counselling to victim-survivors and always responding to the perpetrator. However, they also noted that, due to the increased pressures of crisis DFV work and inadequate staffing and resources, the ability to provide outreach work is increasingly limited.

Further research is needed to understand how SAH could be implemented after natural disasters and crises such as bushfires, cyclones and other such disasters where housing is compromised.

5. Implications

Considerable funding from the Commonwealth KWSITH Grant program, alongside targeted funding from each jurisdiction, has established and expanded SAH provision across Australia. SAH responses are now a legitimate choice and part of a suite of responses offered to women and children leaving a violent relationship and wanting to remain in their own home or home of their choice.

However, there is a seeming juxtaposition in the amount of available evidence focused specifically on the operationalisation of SAH responses. Of the total 34 studies included in this review, just six focussed specifically on SAH programs and responses. The remaining 28 resources offered some discussion or made a link between remaining in the family home or home of their choice in relation to one or more of the Four Pillars of a SAH response – safety, housing, economic security, and an integrated response. One possible explanation for this being that until very recently, there was no agreed definition, or accepted/shared core components of a SAH response.

The 2021 SAH Operational Framework now provides a consistent national definition of a SAH response and has mapped the core characteristics of various initiatives and components of a SAH response in each jurisdiction against the four key pillars as described in section 4.2.1 of this report. Aligning with one or more of the four pillars provides flexibility and allows each jurisdiction to design their own SAH response, fit for purpose and aligned with jurisdictional definitions of DFV and the accompanying policies and procedures. Most importantly, this level of agreement allows comparison across jurisdictions and sets a benchmark for future research.

While individual jurisdictional reports were not publicly released, the Operational Framework reported the following high-level findings from the embargoed outcome studies which may provide some insight into the factors underlying a SAH service:

- The relationship between the caseworker and client is central to any SAH interventions offered.
- Technology options are an important component of all SAH responses but should not be the only or primary component of a SAH response.
- A general trend across all jurisdictions was identified, demonstrating that services focusing on financial independence, housing stability, material aid (brokerage and employment), and safety consistently produced positive outcomes.
- One of the most consistent findings was that clients who were financially independent and had stable housing, or engaged in services that facilitated financial independence and housing stability, had the best outcomes.
- Women from priority population groups often face barriers to service success, resonating with the findings of this evidence review. With the exception of older women, analyses from the SAH audit indicate that women from diverse groups were more likely to *not* have their needs and goals met and took *more days on average* to achieve a successful service completion. Further research is needed to fully understand the optimal provision of SAH services for priority population groups and intersecting needs and experiences.

It is worth noting that in some of the jurisdictional SAH responses, the link to homelessness prevention is implicit at best and in some cases, women may be refused a SAH service if their housing is insecure.[2]

The evidence from this review suggests key components of a SAH response include:

- **Receive specific funding** contributing to one or more components of the SAH response[2]
- **Ensure DFV services are offered** to the client as part of or in addition to the response[2]
- **Provide access to housing support** to prevent women entering or remaining in specialist homelessness or supported accommodation[2]
- **Ensure women remain safely** in independent accommodation of their choice [2]
- **Focus on women's safety** as part of or in addition to the response—criminal justice strategies,[3] consistent risk assessment processes and safety planning, security upgrades and innovative technologies [4, 5] used to increase safety and reduce risk[2]
- **Encourage local partnerships** and provide strong service coordination[2, 6]
- **Work alongside perpetrator interventions** as part of a holistic response to support victim/survivor safety[2]
- **Listen and respond to the needs of children**, including their needs for physical safety, emotional wellbeing, relationship support and trauma-informed recovery services[2]
- **Provide cultural safety and cultural authority** and address intersectional and specific needs of different population groups[2]
- **Integrate technology-driven solutions as one component** of a suite of safety responses and not as a sole or primary intervention [4, 5]
- **Ensure clients have a voice** in decision-making[7]
- **Prioritise responsiveness** as a key program element, including timely referral and assessment, and flexibility to respond to changing circumstances[6]

5.1. Implications for Safe at Home in Victoria

The following findings from this review may be relevant to the Victorian PSI:

- Responsiveness was identified as a possible key driver to service success, including timely referrals and assessments, and flexibility to respond to changing circumstances.[6] The PSI is not a crisis response and there is a wait time for the PSI assessment process to be completed. This can mean a client's housing may be compromised during this wait time.
- There is a triangulated relationship between the PSI local coordinator, the case manager and the client. It is important to explore how this relationship is best established and managed to ensure a consistent and transparent flow of information.
- Integrated service delivery is limited by the availability of services in geographic areas. This has a particular impact on the availability of referral options for women and children from specific population groups.
- The applicability of current SAH responses to Aboriginal and Torres Strait Islander communities and cultural contexts has been a discussion point in both the 2016 Meta-Evaluation and the recently completed National Audit. Specifically, the broader research project will be able to provide insight into whether Aboriginal and Torres Strait Islander people are utilising the PSI initiative given the eligibility criteria that PSI clients must be in the

process of applying for a Family Violence Intervention Order (FVIO) with an exclusion condition and that they cannot receive a PSI response while cohabiting with the perpetrator.[k]
- The housing crisis and limited public housing availability in Victoria may affect the provision of PSI and create barriers to clients remaining in their home and community.

The following points could also be taken into consideration when examining the effectiveness of the PSI:

- Technology security upgrades are limited to a twelve-week intervention after which the client's risk is reassessed. The time-period may not adequately address the client's safety needs prior to service exit.
- Being required to have a current intervention order or being in the process of obtaining an intervention order to access the initiative means the primary focus of the PSI is on physical safety. Studies reported failures in police responses, including failure to respond to a DFV incident unless there were multiple breaches, subjective labelling of which breach was more 'serious' than another, and variations in language and attitudes towards family violence.[7] In addition, this focus may mean that other forms of Family Violence affecting housing stability, such as economic and financial abuse, may not be addressed.
- There is no specific mention in the PSI Operational Guidelines of the initiative being accessible to gender non-binary people, trans* people or same sex attracted women.
- Case management for PSI clients does not always include a specific focus on homelessness prevention. This should be included in the PSI guidelines as a key goal of the program.
- The PSI Operational Guidelines state that "a perpetrator's history and patterns of behaviour must be considered when assessing a victim survivor's suitability for a PSI response. Where a risk and needs assessment identifies that a perpetrator poses an immediate risk to the life or safety of an individual or family, the appropriateness of a PSI response should be carefully considered, and alternative options explored. Justice system responses and/or potential relocation may be more appropriate in these circumstances"1 (page 17). Allowing ongoing perpetrator violence and abuse to determine whether a woman can receive a PSI response may be concerning. Perpetrator history is not always an indicator of future behaviour and therefore the client and family's choice and their feelings of risk must be included in decision making. Centering client choice is critical to a person-centered model of care as it builds trust and contributes to better outcomes. The PSI Operational Guidelines should emphasise client choice and client feelings of safety contribute significantly to decision making about PSI eligibility.

The importance of integrated responses and collaboration with local service networks was emphasised in the review. Barriers relating to integrated responses and collaboration are often systemic and pose challenges across the whole DFV service sector including SAH responses. The following issues should be considered in the delivery of PSI as a component of SAH service provision:

[k] The PSI Guidelines do allow for some flexibility for clients without an FVIO, stating "where there are additional barriers to the victim survivor accessing a FVIO, the case manage should discuss this with the PSI Coordinator who will consider each situation on a case-by-case basis and determine whether a PSI response is appropriate at that time." However, this flexibility assumes that the victim survivor is in the process of seeking an FVIO to the exclusion of victim survivors who do not want an FVIO but are at continued risk of perpetration. Further flexibility around the FVIO requirement may be inconsistently delivered by PSI Coordinators across the state, and a case manager or client may immediately assume ineligibility without consulting a PSI Coordinator.

- While case managers could support victim survivors to seek written permission from their landlord before any PSI related changes are made to their property, where permission is denied for the installation of technology, a client may be denied a PSI service thereby contributing to housing instability.
- Communication breakdowns between local Police and service providers were reported in the review, meaning that important information about the perpetrator's location is not passed on to the client, including jail release dates and postponement of hearings.[7]
- A lack of accessible legal advice and support for victim-survivors, including support for complex legal processes or difficulties in obtaining legal aid funding.[58]

The review highlights that the absence of nationally agreed definition of SAH has led to a splintering of SAH-funded programs nationally[8] (see section 5.2.1.1 Mapping the service system in each jurisdiction). The development of a consistent national definition through the 2021 SAH Operational Framework[2] should align SAH responses nationally and enable comparison across jurisdictions in the future. Such comparisons give insight into the strengths and weaknesses of specific program responses and highlight areas for improvement. The review highlights a significant number of areas for further consideration to strengthen Victoria's PSI response and bring it into alignment with the Four Pillars and the SAH Operational Framework guidance.

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Appendix 1 – Review Design

Search terms

Table 4. Search terms and concept areas

Concept 1: DFV	Concept 2: Housing	Concept 3: Safety and/or risk	Concept 4: Integrated service provision	Concept 5: Economic security	Concept 6: Perpetrators
domestic and family violence	hous*	safe*	integrated n/5 service	financial* secur*	perpetrat*
domestic or family violence	homelessness	safety planning	integrated n/5 response	economic* secur*	perpetrator n/5 program
family and domestic violence	accommodation	risk	collaborat*	financial* safe*	perpetrator n/5 housing
family or domestic violence	supported accommodation	risk assessment	partnership	economic* safe*	behaviour change*
family violence	communit*	risk management	coordinated n/5 response	financial wellbeing	offender
domestic violence		safe n/5 home	coordinated n/5 service	economic wellbeing	batterer
intimate partner violence		staying home leaving violence		economic* independen*	men who use violence
dating violence		keeping women safe in their home*		financial* independen*	people who use violence
domestic abuse		KWSITH		financial* safe*	
family abuse		technology		economic* safe*	
spous* abuse		secur*		financial* stabil*	
violence against women				economic* stabil*	
gendered violence				flexible funding	

batter*	financial* capab*
	economic* capab*
	financial* empower*
	economic* empower*
	financial literacy
	economic independence
	financial independence
	financial education

The search terms listed above were combined using Boolean operators to run the following searches:

1. Concept 1 AND Concept 2 AND Concept 3
2. Concept 1 AND Concept 2 AND Concept 3 AND Concept 4
3. Concept 1 AND Concept 2 AND Concept 3 AND Concept 5
4. Concept 1 AND Concept 2 AND Concept 3 AND Concept 6 (evaluations only)