

Passionate, relentless, grassroots problem-solving

Insights from the Field of
Domestic and Family
Violence Specialist Support

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**Innovation Unit acknowledges the
Traditional Owners of the countries on
which we work, and pays respect to Elders
past and present.**

Contents

About this paper.....	2
Key observations.....	3
About the program.....	5
The importance of specialist DFV support.....	8
Strengthening the field, catalysing change.....	11
What are we learning?.....	14
Shared Identity.....	15
Standards of Practice.....	22
Knowledge Base.....	26
Leadership and Grassroots Support.....	30
Funding and Supporting Policy.....	35
Emerging Practices and Opportunities.....	40
Learning about Cohorts.....	46
What next?.....	53
Acknowledgements.....	54
Appendix 1.....	55

About this paper

This Learning Paper shares insights from the Paul Ramsay Foundation's Open Grant Round for Specialist Domestic and Family Violence (DFV) Support. Innovation Unit is acting as a Learning Partner to this work, convening a group of 31 organisations who have been awarded grants as part of this program. This is the first of two Learning Papers from Innovation Unit sharing insights and learning from engagement with this group.

Between October 2023 and January 2024, Innovation Unit held one-to-one conversations with representatives from 31 DFV specialist support agencies from across Australia. These conversations explored professional experiences of working with specialist cohorts and communities around DFV support and prevention, as well as the wider shifts in support and conditions needed to really make a difference for people, families and communities.

Our conversations aimed to surface 'field' level insights, challenges and opportunities, using a tool from the Bridgespan Group called the [Strong Field Framework](#).

This paper should be of interest to those in the DFV specialist support field, as well as peaks, intermediaries, Federal and State Governments, philanthropic and other funders. Given the cross-cutting nature of the issues at the root of DFV, these insights should also be relevant to overlapping areas of actions such as housing and homelessness, child protection, education, youth services, health and wellbeing and migrant and refugee services, amongst others.

A second Learning Paper will follow in mid to late 2024. This will dive into a small number of challenges and opportunities facing the sector in greater depth.

"We hope that building this national network of specialist organisations will strengthen the sector and its ability to tackle domestic and family violence through sharing experiences and information."

Jackie Ruddock, Head of Cohorts, PRF



Key observations

Some of the insights presented in this paper will come as no surprise to those working in and around the DFV field. Many are well-documented in the [National Plan to End Violence Against Women and Children 2022-2032](#) and are a feature of daily conversations for DFV service providers - particularly the insecurity of funding for complex, critical DFV work, and the huge impact of the housing crisis on our ability to support victim-survivors. These challenges remain as significant obstacles in our efforts to address DFV in Australia, and we must maintain pressure for positive change in the funding and policy environment.

Below are some key observations from this work:

- The specialist support field is diverse and dynamic. There is deep knowledge about how to work with specific cohorts and communities towards support, prevention and healing, as well as strong practice that is showing promise and having an impact.
- Across specialist support organisations, personalisation is a strength and a common feature. Working successfully to engage specific cohorts requires deep personalisation and approaches that centre trust and cultural safety. There are many great examples of what this looks like in practice.
- Collaborative, placed-based approaches show strength and aim to make a long term difference. Partnerships between police, schools, GPs and others help to avoid duplication, meet the holistic needs of help-seekers, and strengthen the focus on primary prevention and early intervention in places where it is needed the most.
- Organisations would like to see more upstream interventions and cross-portfolio collaborations that work across silos, stop help-seekers from 'falling through the cracks' and improve funding approaches for organisations who serve people with multiple and complex needs.
- There is a shared commitment across the field to ending violence, but efforts can seem diffuse and lack coordination due to the diversity of service providers and the breadth of sectors involved. There are also some fundamentally different lenses on the problem and the solution. This is generating important new practice approaches that work for particular cohorts and communities, and might also be a bit of a barrier to field-level learning and coordinated, collaborative efforts.

Key observations

- Specialist knowledge and practice can get trapped in a locality or context because mechanisms for supporting sharing of knowledge and transfer of practice are not accessible or strong enough. Small organisations can be burdened by requests to contribute their specialist knowledge to larger, mainstream organisations and institutions, which they often do without compensation simply because they want to help others understand what works for a cohort.
- Small organisations also struggle with data access, collection and evaluation. They believe they could target and scale their programs more effectively if more/better information was available about the cohorts they serve, and if they had more support to evaluate impact.
- Philanthropic funding plays an important role in advancing the field by enabling organisations to innovate (develop and test new approaches) and invest in scaling their most impactful programs and practices - something that isn't always possible under more prescriptive government commissioning.
- Many organisations feel that the government does not understand the complexity and scale of the challenge in communities that they work with every day, and don't feel able to influence the policy picture. The unpredictability of the funding environment makes strategic planning difficult and stressful for leaders.
- The field is characterised by an incredibly tenacious and determined workforce used to doing what they can to make a positive difference in the lives of their clients. They work in a state of passionate and relentless grassroots problem-solving to meet the needs of families and communities.

About the program

2023 Specialist DFV Programs National Open Grant Round: Cohort programs



Location of the 31 organisations that sit within Innovation Unit's learning network of grant recipients. Image credit: Paul Ramsay Foundation

In September 2023, in partnership with the Australian Communities Foundation (ACF), Paul Ramsay Foundation (PRF) committed a total of \$13.6 million in funding to 58 organisations working with key cohorts and communities affected by DFV. These grants aimed to engage specialist support services working with specific groups, including First Nations communities, children, migrant and refugee communities, rural and remote communities, pregnant women, LGBTIQ+ communities, single mothers, women with a disability, and perpetrators and users of violence.

“Domestic and family violence remains a complex and unending issue in Australia. The statistics are grim, and while DFV exists at all levels of our society, we know the need is higher in the specific community cohorts which these grants seek to target.”

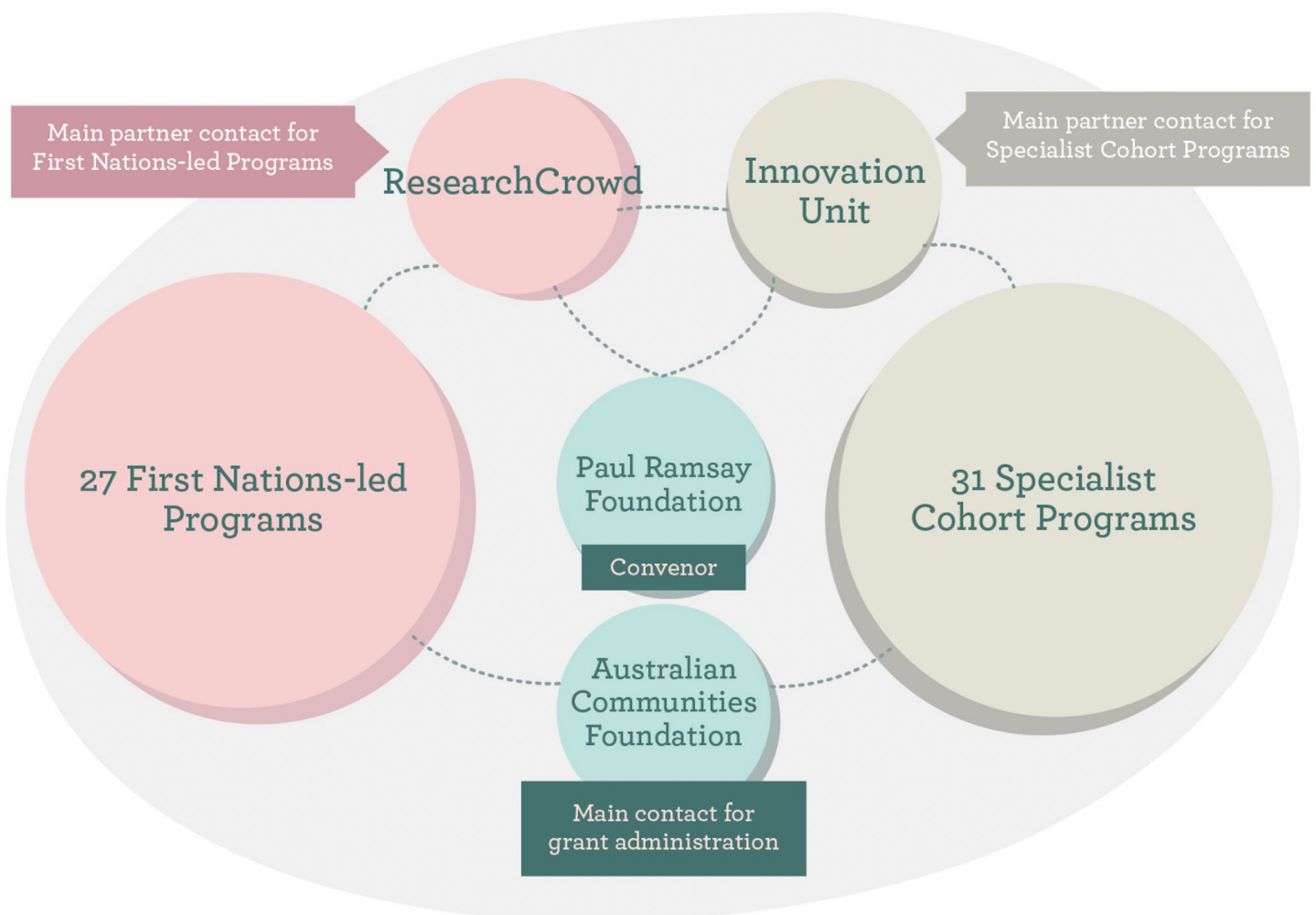
Jackie Ruddock, Head of Cohorts, PRF



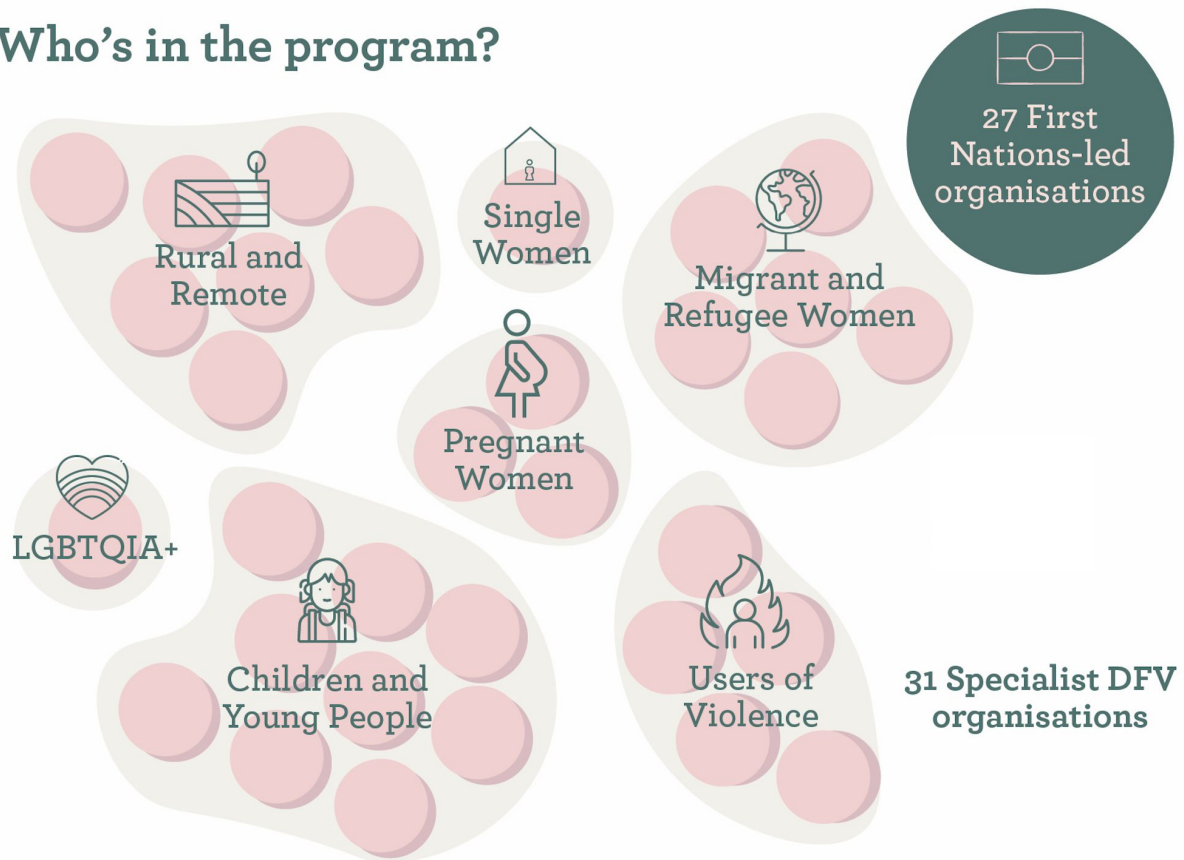
At the same time as making a financial contribution to the specialist support field, PRF established a network to forge a learning connection between participating organisations, programs and practitioners. The network aims to build relationships across the DFV specialist support field - a field that is rich with knowledge and expertise around how to work with key cohorts and communities to address and prevent DFV. The field is also highly diverse and possibly not as connected and coordinated as it could be.

This network has two elements. ResearchCrowd is convening a group of 27 First Nations-led organisations, while Innovation Unit is convening a group of 31 non-First Nations-led organisations working across a range of specialist areas.

ResearchCrowd and Innovation Unit are working together to share insights through the course of network activity, meeting at regular intervals (as each group also does) to explore insights, opportunities and points of connection. The aim of these groups is to surface shared challenges and opportunities and to identify recommendations and actions that might be taken forward to connect and strengthen the specialist support field, and enhance collective impact.



Who's in the program?



Each pink bubble represents an organisation participating in the Special Cohorts stream of the Open Grant Round 2023, and which cohort their funded program primarily targets.

There is significant diversity in the organisations convened by Innovation Unit, and in the needs of the help-seekers they support. The next phase of research will include making contact with cohorts that didn't participate in this grant round, such as organisations supporting women with disability, so that their experiences are taken into account as we learn more about what it takes to support cohorts with specialist needs.

The importance of specialist DFV support

Domestic and family violence (DFV) is an entrenched problem across all communities in all parts of Australia, however some groups experience violence and its ongoing impacts with greater levels of prevalence and harm, and are not well-served by current and mainstream provision.

Specialist support workforces for DFV play a critical role in efforts to address violence by working in ways that are deeply attuned to and informed by the needs and circumstance of specific cohorts, and the socio-cultural contexts of specific communities. Across Australia, important work is happening in the specialist support field with First Nations communities, migrant and refugee communities, rural and remote communities, pregnant women, LGBTIQ+ communities, single mothers, women with a disability, children and young people and perpetrators and users of violence.

The specialist support field is creative, dynamic and diverse. Organisations working with different cohorts and communities in many pockets of Australia are demonstrating powerful new ways of responding to violence in our families and communities.

The Federal Government's [National Plan to End Violence Against Women and Children 2022-2032](#) highlights that the success of Australia's efforts to prevent DFV in part depends on the size, strength and diversity of the specialist workforce. It also points out that:

- Specialist support services are leading best practice, but they often do not get the recognition and support they need. Short term, program-based government funding does not match the complex nature of the work that is often required to support women and families, as well as developing crucial early intervention and prevention work in communities.
- Specialist knowledge and expertise is critical to the design of national, state, and local approaches. Appropriate engagement, partnership, and co-design structures and processes should be established to ensure expert knowledge from specialist practitioners informs work by governments at all levels, as well as those in other sectors and settings who are leading policy, research, strategy, or programming.
- Sector development must support coordination and collaboration, the sharing of information, and collective capacity building across all states and territories.

In order to make the most of the collective efforts of the field, something more and different needs to happen to address the challenges of short-term funding, coordination and collaboration, information sharing and collective capacity building.

The specialist support field includes work with these cohorts and communities:

Information about these cohorts has been drawn from the *National Plan to End Violence against Women and Children 2022-2032*.

<p>Aboriginal and Torres Strait Islanders</p>	<p>Family violence, sexual assault and abuse is a major cause of personal harm, family and community breakdown for Aboriginal and Torres Strait Islander people. This is compounded and unhelped by the ongoing effects of colonisation and systemic racism.</p> <p>Respect for Aboriginal self-determination, choice and cultural safety is an essential component of specialist family violence service provision and advocacy. The National Plan requests that mainstream family violence services critically reflect on where they may be perpetuating colonising approaches and discriminatory practices and work to promote culturally safe service responses, and develop practices that are aligned with the leadership and goals of Aboriginal communities.</p>
<p>Children and Young People</p>	<p>Children and young people are a growing cohort in the specialist support field. This reflects the fact that they are now understood to be victim/survivors in their own right, and not just witnesses. The evidence clearly suggests the extent to which mental health, well-being and relationships children depend on for their development are impacted by DFV over a life course. It also suggests how early intervention with children and young people represents huge promise in terms of supporting healing and breaking intergenerational cycles.</p>
<p>Migrant and Refugee backgrounds</p>	<p>Women and children from diverse cultural, ethnical, religious and linguistic backgrounds and migrant and refugee women and children, including those on temporary visas, can face specific challenges. These include the impact of their visa status (for example, depending on partners for residency in Australia and having restricted eligibility criteria for access to government support and services); the absence of trusted social networks or families in Australia and linguistic and cultural barriers in seeking help and reporting violence.</p>
<p>Rural and Remote</p>	<p>Women and children living in regional and remote areas experience higher rates of intimate partner violence compared with women in capital cities (21% compared to 15% since age 15). They also experience challenges accessing services and support without travel or without risk of being identified.</p>

Women with a disability	Violence against women and girls with disability tends to occur more frequently, over a longer period of time and across a wider range of settings. It can also be perpetrated by a greater range of people than violence against women and girls without disability, including by carers, guardians and support workers, in both home and institutional settings. In addition, women with intellectual or cognitive disability can also be particularly susceptible to various types of technology-facilitated abuse.
LGBTQIA+	LGBTQIA+ people can experience violence due to homophobia, biphobia, transphobia and intersexphobia. This stems from cisgenderism and heteronormativity, and the stigmatisation of bodies that do not fit medical and social norms. A key driver of violence against LGBTQIA+ communities is rigid gender norms, which can result in prejudice-driven violence and harms against LGBTQIA+ people. LGBTQIA+ people experience violence within their intimate partner relationships at similar levels to those in cisgender heterosexual relationships. They also experience significant violence within their families of origin, particularly as children and young people.
Single Mothers	Recent research suggests around 60% of single mothers with children under 18 have experienced intimate partner violence. Women in this position are faced with impossible choices, such as whether to stay in an unsafe but financially secure household or leave and risk homelessness. Women who do leave a violent relationship with children have a 50% chance of living in poverty, and are at risk of violence being perpetrated by their former partners via child support and custody arrangements.
Pregnant Women	The likelihood of women experiencing violence increases at times of life change, such as becoming pregnant. Existing intimate partner violence can increase in severity during pregnancy, and young women (aged 18-24) are at greatest risk of experiencing violence during pregnancy. A mother experiencing violence during pregnancy is also linked to poor birth outcomes and post-natal depression. Pregnancy can trigger jealousy and a perception of loss of control for users of violence as women turn their attention towards their own well-being and that of their unborn child. Pregnancy and post-natal care are critical screening points for DFV given the number of times women come into contact with health professionals in relatively private spaces, and the heightened risk to mother and child during a time of significant change in their lives.

In addition, specialist work with perpetrators and users of violence are a growing and critically important area of focus for DFV prevention.

Strengthening the field, catalysing change

“What is a field? A community of organisations and individuals: working together towards a common goal, and using a set of common approaches to achieving that goal.”¹

This work aims to learn more about the specialist support field, as a first step to identifying gaps and priorities for strengthening the field. In our meetings and conversations with network members, we have used a tool called the Strong Field Framework (SFF) to discuss and make sense of field-level challenges. Developed by the Bridgespan Group in 2009 through research with 60 leaders from the field of education in the US, the SFF is one of a number of tools and frameworks developed in recent years as part of strategic efforts to catalyse change at ‘field’ level.

In Australia, as around the world, social sector funders are investing in more strategic attempts to catalyse change to address complex and entrenched social challenges, such as DFV. There is an emerging typology of intermediaries who exist to coordinate and catalyse efforts across a field. They are helping disparate organisations to find coherence and mobilise around shared ambitions, make the most of collective knowledge, expertise and capabilities and work in more aligned and connected ways to achieve shared goals.

Initiatives such as the Early Years Catalyst, Health Justice Australia and CoAct are bringing expertise and organisations together from across a field to understand and unlock systemic barriers to change, drawing investment to the areas where it is most needed and growing collaborations that spread and multiply impact.²



“Funders and nonprofits increasingly recognize that no single organisation or strategy, regardless of how large or successful it may be, can solve a complex social challenge at scale. Instead, organisations need to work collaboratively to tackle pressing social problems.”³

¹ The Bridgespan Group, [The Strong Field Framework: A Guide and Toolkit for Funders and Nonprofits Committed to Large-Scale Impact](#), 2009.

² E. Barkly, [Evaluating Field-Building Intermediaries: Challenges and Emerging Approaches for Early Stage Field Catalysts](#), Report prepared by Clear Horizon for the Early Years Catalyst, 2023.

³ Taz Hussein, Matt Plummer & Bill Breen, [How Field Catalysts Galvanise Social Change](#), Stanford Social Innovation Review, 2018.

The Strong Field Framework

1. Shared Identity	Community aligned around a common purpose and a set of core values
2. Standards of Practice	<p>Codification of standards of practice</p> <p>Exemplary models and resources (e.g., how-to guides)</p> <p>Available resources to support implementation (e.g., technical assistance)</p> <p>Respected credentialing/ongoing professional development training for practitioners and leaders</p>
3. Knowledge Base	<p>Credible evidence that practice achieves desired outcomes</p> <p>Community of researchers to study and advance practice</p> <p>Vehicles to collect, analyze, debate and disseminate knowledge</p>
4. Leadership and Grassroots support	<p>Influential leaders and exemplary organizations across key segments of the field (e.g., practitioners, researchers, business leaders, policymakers)</p> <p>Broad base of support from major constituencies</p>
5. Funding and supporting policy	<p>Enabling policy environment that supports and encourages model practices</p> <p>Organised funding streams from public, philanthropic and corporate sources of support</p>

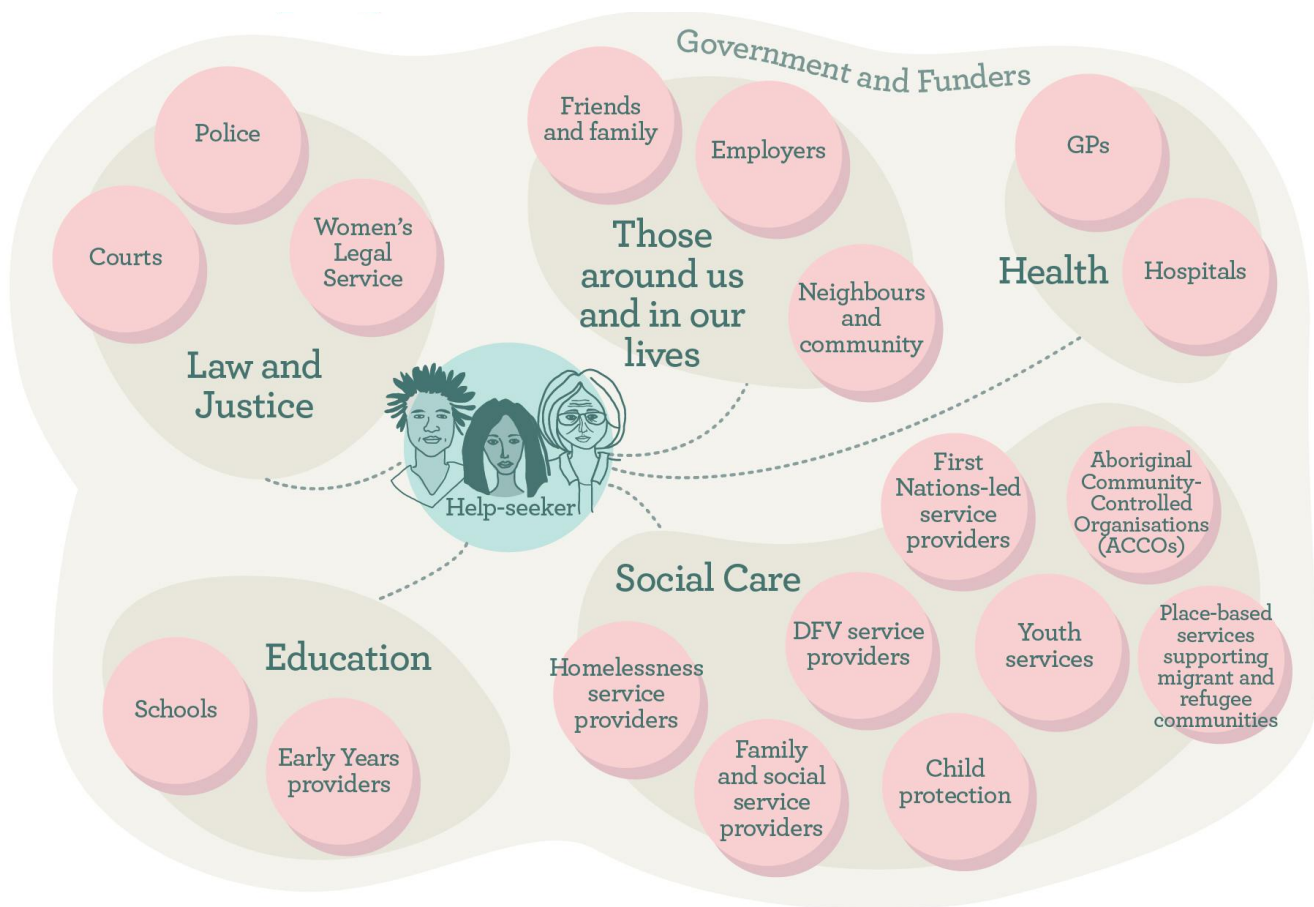
Framing the field - Some caveats to our use of the framework

In the pages that follow, we share insights emerging from the network around the different elements of the DFV specialist support field. The framework is helping us to learn about the strengths and challenges of the specialist support workforce, as well as identify opportunities and priorities for future development and investment.

There are some important caveats to our use of the SFF in this context. Firstly, the insights shared through this paper give a specific and partial perspective on the field. All organisations in the network are support providers who applied to a competitive grant opportunity, and met certain criteria for eligibility. The specialist support field is clearly much wider and broader and includes providers who were not successful in their applications, as well as many who did not apply or were not aware of the opportunity.

Secondly, a survey of the 'field' should include more than service providers, involving everyone who works from different angles and at different levels towards the aim of reducing and preventing violence and supporting those who experience it. This would include peak bodies, academic and research community, government and policy makers, adjacent services and probably wider leaders and advocates from community and business domains (who have not been part of the network conversations to date). Part of what the SFF helps to assess is how well these diverse players across different parts of the system are able to work together, under current arrangements, towards a common goal.

A snapshot of the DFV field in Australia: who supports help-seekers?

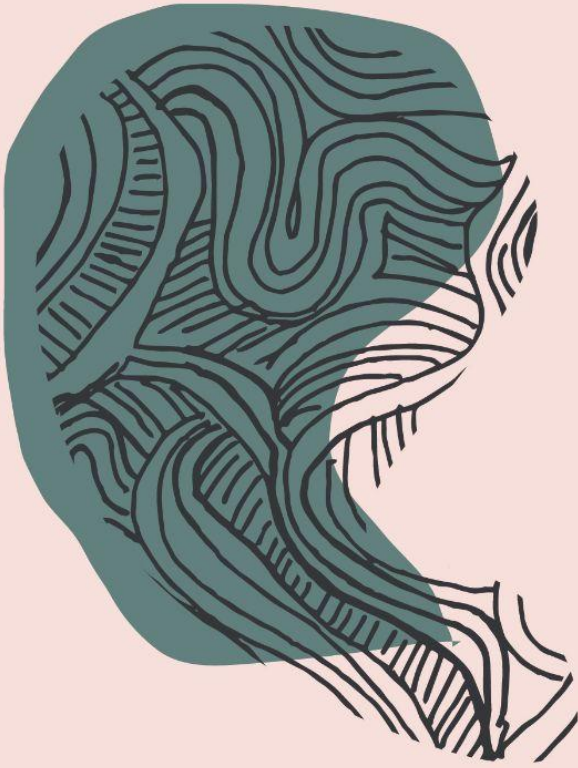


With these limitations in mind, the SFF gives us something to frame the field level conversations that are happening in the network. As long as we are aware of the partial view that it provides as we consider key messages, it is nonetheless a useful way to make thematic links between the individual challenges that network members are facing, and identify the trends and opportunities they see as critical moving forward.

What are we learning
through engagement
with the network about
the DFV support field?

The following report
shares key findings...





Shared Identity

Is this a community aligned around a common purpose and set of values?

According to Bridgespan's Strong Field Framework, shared identity is the foundation of a field - the thing that binds and makes sense of all the other field components. A field can be dynamic and diverse, comprising many different kinds of organisations and players. But it must be underpinned by an alignment of values and a common purpose, otherwise individuals and organisations can work in isolation or at cross-purposes.

Our conversations with network members about shared purpose and values led us to the following observations about the specialist support field.

1. The field is dynamic and diverse
2. There is a shared commitment to ending violence, but different lenses on the problem (and solution)
3. The field knows how to personalise support
4. Collaboration and place-based working is a strength
5. The workforce is characterised by creativity, pragmatism and hope





1. The field is dynamic and diverse

The organisations and programs represented in the PRF network are certainly diverse, and give a real hint at the diversity to be found across the sector more generally.

They work in different geographical and cultural contexts across all Australian states and territories in urban settings, regional towns and remote settings. The network has a mix of large established organisations with well-known names in the social sector that work across multiple sites and offer a range of services alongside the programs that feature in their work with the network. It also comprises many small and niche organisations, working with specific communities in one locality. Some see DFV support and prevention as their primary offer, while others focus on cohorts and communities, picking up DFV service provision because it is a part of someone's experience. Some organisations work firmly in health or education settings, or offer legal services or tailored support to people who have been incarcerated.

There are lots of other differences between the organisations, for example in how well networked organisations seem to be, and how easily they are able to explore, develop and take on new knowledge and practices. Larger organisations, sometimes through economies of scale, have more time/funds to spend on data collection, evaluation and practice development, whereas smaller organisations can find themselves in a reactive state and unable to free up time to codify what they know and can do.

There are pockets of deep knowledge about how to work with specific communities in this sector, as well as practice that is having a real impact on support, prevention and healing. However, sometimes knowledge and practice remains 'trapped on-site' because the mechanisms for knowledge and practice sharing aren't obvious or available. We'll hear more about this point through the remainder of this paper.




2. There is shared commitment to ending violence with different lenses on the problem (and the solution)

Participants in the network share a clear common purpose around ending violence in relationships, families and communities. They are also often tackling the challenge through different lenses, which makes for different kinds of priorities and practice responses.

Many practices that have been dominant in the field have their origins in feminism and the Women's Refuge movement, and this remains a strong thread through specialist support. However, organisations are now also recognising that not everyone feels comfortable accessing mainstream DFV services, or is well-served by support and provision based on these approaches. Different groups and communities need (and will probably only respond to) responses that understand and are tailored to their different situations and contexts.

Understanding DFV as influenced by colonisation and poverty is providing a critical view on the challenge and the solutions. New practice responses are deeply embedded in culture and place, working in culturally aligned ways to support healing and recovery. Organisations that are led by Aboriginal and Torres Strait Islander people are developing new practices for men, women, families and communities. Mainstream organisations are keen to learn from these services and to work in deeper partnership to support people.



"There is a belief out there that young women or any women, only ever use violence in resisting violence. We feel like it's much more nuanced and complex than that and can relate to developmental trauma and normalisation of violence in their family of origin experiences."

Research participant



“We have a service that works with women who decide to stay in a relationship, or for [a number of] reasons are unable to leave the relationship. We know many organisations say no - they tell the women ‘look once you're ready to leave, give us a call’ but we know that there are many challenges for migrant or refugee women in making that decision.”

Research participant

Meanwhile, mainstream organisations are also reckoning with issues of trust and engagement (and sometimes reparations) with First Nations communities for harm organisations and connected institutions and systems have caused to Aboriginal people.

There is a growing commitment to working with people who use violence, supporting men’s behaviour change and healing as a key strand of prevention efforts. Many see this focus, as well as efforts to work therapeutically with children and young people, as essential to ending cycles of violence. Practices might also now support people while they stay in a relationship (where leaving is not safe or feasible) and work with a ‘whole family’ approach.

There are also calls to address DFV as a Public Health issue, rather than seeing this as a challenge for the social sector alone.

This turbulence in the paradigms underpinning the field is not necessarily unhelpful. Arguably some sector orthodoxies need to be shaken and re-imagined. These tensions are also a sign that many organisations in the field are tuning into people and communities in deeper ways and finding solutions that are much more culturally accessible and relevant. There is also lots of energy and creativity around new practice development. Specialist knowledge and practice is highly sought after by mainstream organisations as recognition of its importance (as well as demand from particular cohorts) grows.




3. The field knows how to personalise support

Practitioners in the network share a strong commitment to relational working and personalised support; support that tunes into people and their diverse contexts and works on their terms, at their own pace.

Self-determination, seeing strengths in people and communities and working with the grain of people's lives and cultural contexts were all important values and priorities that underpin practice in the specialist DFV support field. All organisations have different ways of bringing lived experience and community-specific knowledge into their practice. This extends to growing a workforce that is from and of community, recognising that this is what often makes it possible for people to feel comfortable accessing services, and building the levels of trust they need to work successfully with support available.

Many reflected that the work they do in DFV feels more supportive, personalised and trauma-informed than work in related contexts (some had worked in other connecting areas of social policy, like homelessness, housing and child protection). Some contrasted the imperatives in DFV to the imperatives that underpin Child Protection - people experiencing DFV might regard interactions with services as more likely to be punitive, or leading to child removal. Levels of trust and engagement may be low. Working in DFV, however, seems to offer the space and promise of earlier intervention and enable more open and supportive relationships with individuals and families.



“It’s incredible to be able to empower people rather than to be punitive, which is the way that I was kind of used to working. I think anyone would tell you that our child protection system is just so incredibly broken that there’s not a lot of hopefulness. There’s just so much harm. I was developing the perspective that I wasn’t helping anyone, or at the very least, doing as much harm as I was doing good. And I don’t get that feeling in our family violence programs. It’s very different.”

Research participant



4. Collaboration and place-based working is a strength

Practitioners and organisations across the field are often holding and responding to multiple challenges and connecting with partners across a wide variety of settings.



“Because we're [working] on the ground it feels like every issue is our issue. Whether we're talking about family violence prevention or response, whether we're talking about new legislation in affirmative consent or modern slavery rules around forced marriage, it's like everything is relevant [to us]. That can feel heavy.”

Research participant

DFV work encompasses a huge array of activity, from primary prevention to support and healing. Critical support and prevention work is happening in homes, schools, communities, health settings, police stations, courts, workplaces, pubs and clubs and online - wherever people are to be found. Practitioners say that it is easy to feel overwhelmed by the scale of the challenges that exist at community-level, and to prioritise and focus activities.

Many reflected on the importance of partnerships and collaborative responses across health, education, justice and community, as well as the importance of community awareness and engagement and early work with children and young people to shape healthy attitudes and behaviours. There were good examples of collaborative, place-based working in the network, and these models could provide examples to others (both providers, locality partners, policy-makers and commissioners).



“Engaging with rural communities is not more difficult, but it's more resource intensive, and requires some multi level approach. As in, we would think who in that region would likely support this person. So who is the nearest police station? Who is the nearest GP Practice? Where is the nearest hospital? Where is the school? Where is the nearest community resource centre? So we also approach those places to promote the services and to educate people.”

Research participant




5. The field is characterised by creativity, pragmatism and hope

Despite operating in contexts that are hugely diverse, practitioners across the field share a tremendous sense of creativity, pragmatism and hope.

As we will hear more about through this paper, specialist DFV workforces are responding to growing and changing levels of need in an uncertain funding environment. These conditions are far from ideal and mitigate against longer-term support and prevention efforts with communities. Those working with communities operate in a state of relentless problem-solving, piecing together all the resources they can mobilise to get the best outcomes for clients and liaising between government bodies and a range of other services to advocate for and meet their clients' needs. Many organisations undertake activities for which they receive no funding, simply because there is a need (for example, we heard of organisations working with children outside of age groups they are funded to support, and undertaking cultural awareness training with local schools without compensation).

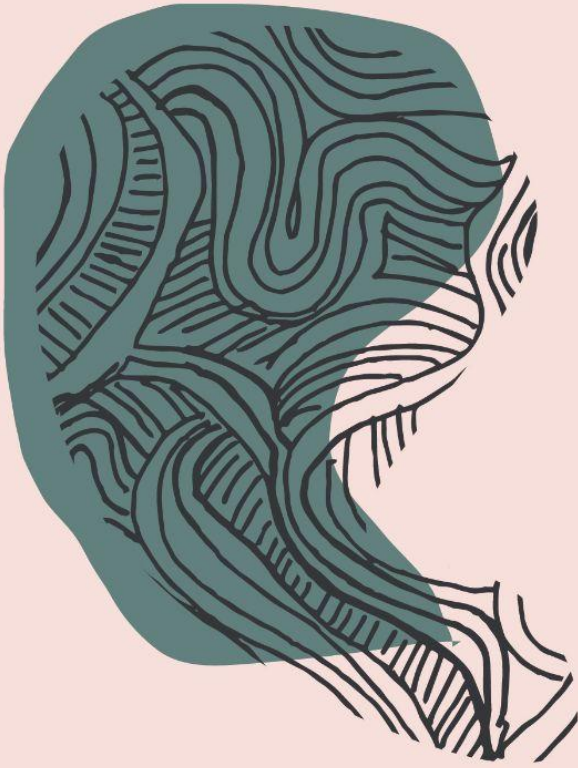
Regardless of funding and other constraints, the moral commitment to helping people improve their lives (and helping others to understand the specific challenges and aspirations of cohorts and communities) is strong and noticeable across the field. There is also a huge degree of place-based leadership and creative problem-solving evident. Committed leaders and practitioners are making things work, despite difficult conditions.

Alongside these qualities, practitioners in the network share a real sense of hope that ending DFV is entirely possible. They feel that the solutions are clear and practitioners working with communities are full of practical wisdom to make a difference. It is just committed investment that is lacking (and priorities for investment and action have been well-understood for some time and are probably well-captured in the National Plan).



“It's very innovative in the DFV sector. There's a lot of growth. There's a lot of research happening. There's a lot of projects and new programs being trialled. I find that incredibly exciting. This is something that helps me become much more hopeful.”

Research participant



Standards of Practice

How is practice developed and shared?

What resources exist to support practice development, implementation and scale?

A 'field' comprises professionals and other supporters who draw on evidence, training and their own experience to achieve their goals. According to the Strong Field Framework, a field is characterised by common understandings of 'best practice' which are codified and available to workforces. There will also be professional learning and practice development standards, and processes to ensure the rigour and quality in the work. Our conversations with network members about practice led us to the following observations about the DFV specialist support field.

1. Practice can be trapped on site and spreads unevenly
2. Knowledge sharing can be a hidden burden on small/specialist organisations
3. Levels of engagement with peaks and networks varies





1. Practice can be trapped on site and spreads unevenly

Through our conversations, we learned about lots of strong and promising practices that could work powerfully in other contexts or have more of an impact if funded to reach a greater number of people.

We also heard it can be difficult to share promising practices across the sector or beyond state lines, and to scale up approaches that make a difference.

Some larger, more established organisations are able to invest in strong internal mechanisms for innovation and practice development, and are good at seeking funding to support this work.

However, the sector seems to have few structures that are enabling the sharing of robust new practices.

We heard that knowledge and practice transfer often relies on people meeting at conferences and other chance encounters for others to become aware of them (although some interviewees talked about the power and importance of particular networks to their practice development).

Models of funding appear to exacerbate this issue, by focusing on new programs rather than knowledge transfer or scale.



“Victoria has seen a massive investment and systems change since the Royal Commission. For example, the introduction of the information sharing scheme which has undoubtedly made our ability to keep the person using violence in view so we can manage risk. This saves lives and can be a model to build on for the rest of the country.”

Research participant



“For a small not-for-profit, it's a challenge to be able to reach that level of scale without support. But we know we've got a replicable model.”

Research participant



2. Knowledge sharing can be a hidden burden on small/specialist organisations

We heard that smaller organisations with specialist, cohort-specific knowledge and practice are sometimes inundated by requests to share that knowledge with other organisations who want to understand and grow from that knowledge.

These smaller organisations are passionate about sharing their practice and ensuring that all services are culturally safe and trustworthy and so will often respond to all requests and share practice freely. But they also struggle to service these needs with their relatively lower funding levels.



“Working with schools is kind of new for us. It's not something that we tried to get into or were looking at getting into. But then we started getting phone calls, you know, like, “Hey, we've got a young Trans person or young Non Binary person at our school and they're getting picked on but we think it's because the other kids don't kind of understand”. So we've been going into schools and doing some of that capacity building not necessarily with the staff. In the past it would have been the staff. But now it seems to be with the other young people...that's what the schools are asking for. I don't think they feel comfortable in delivering that kind of stuff, so they're getting my staff to come out and do it with the young people”.

Research participant



3. Levels of engagement with peaks and networks varies

The organisations we spoke to don't engage with DFV peak bodies, research organisations and networks in the same way.

Larger organisations generally appear to be more plugged into the activities of peak and research bodies, possibly because they have more resources at their disposal to engage and rely on their outputs when bidding for large contracts and grants. Smaller, place-based and cohort-specific organisations seem to be less connected to these groups, in part because their client needs are so specific that there isn't always a wide range of evidence and practice to draw upon from other places.

Sometimes their work is so deeply place-based that staff aren't aware of what these bodies have to offer: their outputs aren't always reaching those that might benefit from them.

In some contexts however, peak bodies and networks are flourishing. In the women's legal sector for example, we heard about the establishment of communities of practice via a national peak body, identifying priorities for the sector and creating space and energy for professionals to co-design new practices across state lines.

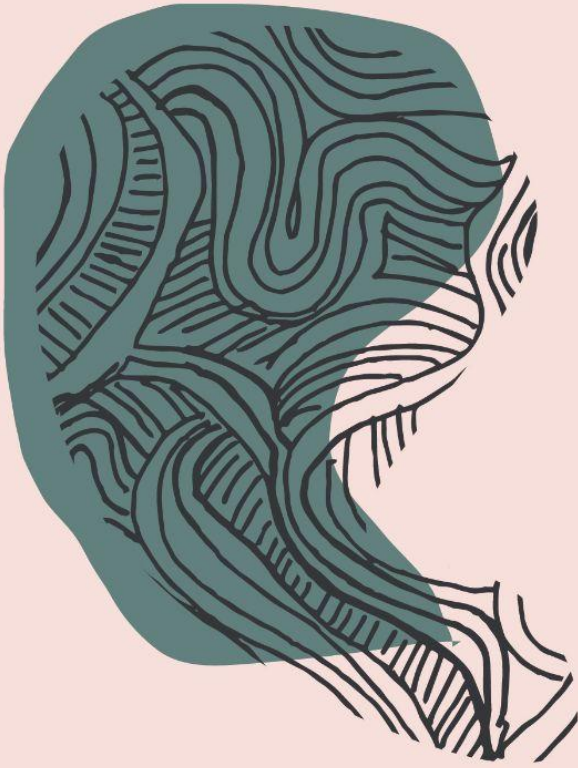


"Our staff have subcommittees around communities of practice in practice areas like family law, migration, law, employment, sexual harassment, discrimination, and community services. Our teams have different communities of practice to be joining with other women and non binary people doing the same work across the country - venting, sharing ideas, learning...It's brought connection, and it's brought a sense of being part of something bigger than just your own service, I think."

Research participant

"Sometimes new initiatives come out, or new programs or new funding, and you don't hear about it. And I don't know whether it's because they're in such high demand but they just get full straight away. (We need) some kind of streamlined system around letting people know what services are out there and what's newly funded, what programs have lost their funding, how funding has changed and how systems have changed."

Research participant



Knowledge Base

Where is data and evidence being generated and used?

How is this informing practice development?

Strong fields are underpinned by robust research and evidence, and approaches for documenting and disseminating knowledge about and within the field. Importantly they also draw upon the experiences and expertise of practitioners to improve and grow the knowledge that underpins the field as society and needs change.

Our conversations with network members led us to the following observations about the DFV specialist support field.

1. Data-informed learning and action is a missed opportunity
2. More access to evidence of 'what works' is needed
3. Organisations need support with innovation and scale





1. Data-informed learning and action is a missed opportunity

We heard that great opportunities are being missed to prevent DFV and support families because of a lack of data sharing between services and the wider system (especially with police).

Small organisations say they struggle to collect data about the needs of their clients because funding is rarely offered for these activities, and there aren't enough resources (staff time, budget, internal capability) to pursue these activities alone.

In comparison, larger organisations have a greater capacity to collect data about the cohorts they serve and generate insights about needs that fuel their strategic plans and practices.

There's an opportunity in the sector for an approach that would create greater equity in access to data.



"We collect really good data about our cohort. We work with young people from 12 through to 25 who are either homeless or at risk of homelessness. And what we try to do is build a whole lot of services around them that cross over all the intersections that might contribute to homelessness, and obviously DFV is a major one. So we've got an eight year data set. It tells us an incredible amount about our cohort and how it's changed over time and what are their current needs. 72% of young people we support have previously experienced family violence, and 45% have previously experienced intimate partner violence.

Last year, 1 in 3 young people we supported requested help with issues relating to violence, 10% said they were in a violent relationship & 21% of young people said they use violence. All of which is incredible given that it is likely underreported."

Research participant



2. More access to evidence about 'what works' is needed

A lack of data sharing across the sector can leave organisations feeling in the dark about 'what works'.

"In the sector, you might do an amazing project, and it comes to an end, and that initiative is dropped, and that knowledge is dropped. You haven't really created that long, lasting sort of impact. I'll get to that next level. And that's a repetitive thing I think, that loss of knowledge and impact."



Research participant

We heard that organisations have limited capacity to access data about the cohorts they serve, evaluate and understand the impact of their own programs, or to bring in new practices from elsewhere. In one example, while shifting their focus to behaviour change with users of violence, organisations have found themselves challenged by either a lack of helpful evidence or emerging evidence which challenges more traditional ways of working in the sector.

For small organisations, finding the resources to invest in evaluating their programs and developing their own evidence base for others to learn from can be a challenge. There's an opportunity for evaluation-specific funding, and practical support for DFV organisations to build capability in evaluation or develop mutually beneficial partnerships with research organisations.

Very few organisations made reference to Australian DFV peak bodies and research organisations when discussing how and where they learn about new developments and practices.



"There should be a component of funding that is for evaluation or a place that is funded to do that evaluation research component. Because it's very time consuming. It's very expensive. When you've got this much money and you've got all of these women out there that desperately need a service, that is what staff focus on."

Research participant



3. Organisations need support with innovation and scale

We heard that the prescriptive nature of government contracts offers little support or incentive for innovation in the sector.

Smaller organisations said they struggled to find the time and budget to invest in developing or exploring innovative practice because of the relentless demand for day-to-day services.

The emphasis on ensuring safety and avoiding risk in DFV contexts can make it hard to be genuinely experimental: the risk often feels too big, and there's no time to explore strategies to de-risk innovation.

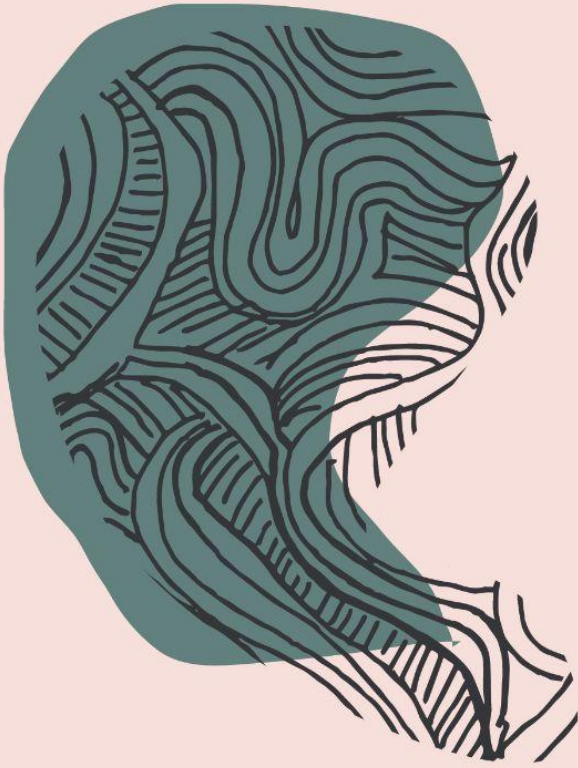
Scaling innovations beyond localities often relies on ad-hoc connections (for example, meeting someone at a conference) rather than being enabled by systems and structures.

Organisations would like to see greater flexibility in funding, such as the ability to pitch innovative, promising services and practice approaches outside of government tenders, on time frames that are more reflective of the complexity of the work and the ambition of long-term impact.



“When you work in a community, it isn't always about the reach. It's about sustained impact, and that takes time. Our model with women is to work over periods of time to build trust, and that is not a numbers based exercise. We have to work a lot harder and with fewer resources to advocate federally and to build that understanding at a state level. When we're in the spaces where we can advocate, we try to explain why we're going to reach 80 women for the same amount of money as organisations who say they are going to reach 300. We're trying to say that, ultimately, our model creates longer term change and it's more sustainable.”

Research participant



Leadership and Grassroots Support

Are there strong relationships between government and those working on the ground?

Is there are a broad and aligned base of support?

Strong grassroots support propels fields forward and creates a demand for change that system leaders have no choice but to listen to. Leaders advocate for change and seek out strategic partnerships, while developing strategies that mobilise key stakeholders and community members to demand change and investment where needed.

Our conversations with network members led us to the following observations about the DFV specialist support field.

1. There is passionate, relentless grassroots problem solving
2. There are strong models of community and place-based leadership
3. There is a gulf between grassroots and government





1. There is passionate, relentless grassroots problem solving

Creativity and determination are noticeable features of the DFV workforce.

Visionary leaders and passionate and committed teams are doing the most difficult work, and going above and beyond to stitch together the resources they need to support children, people and families to find safety and healing.

Practitioners told us they have deep admiration for their colleagues and leaders, seeing themselves as strong collaborators who make a difference. The words 'hope' and 'optimism' were used frequently by interviewees.

Organisations are often operating in a relentless problem-solving mode, which is stressful. However, this also means leaders and teams appear highly innovative and adaptive to new contexts. They work laterally in the best interest of clients and show a strong duty of care to one another.

Often this problem-solving mode means that organisations are supporting clients and communities outside of their 'usual business' and beyond the work they have been funded to do.



"I think it's the ethics of the organisation that we sometimes refer to as 'magic'. It's the pulling something out of a hat and going to everybody that's around in all the different teams, 'Guys, I need some magic today, I've got this and I can't find a solution'. And people going, 'Well, what have we got? What can we do? How can we help?'"

Research participant

"... you can't stay in your lane if you're solving a wicked problem. You've got to be a bit ambitious about solving the problem, you can't just say, well, I'm funded to do this, and therefore I'm gonna do this. It's like, if you're not always actively reaching to say, what more can I do to solve this problem? ... You don't need permission from the existing sector to solve a need that you've identified."

Research participant



2. There are strong practices of community and place-based leadership

We heard about some great place-based practices; organisations that are convening and mobilising diverse partners in local systems, forging important relationships across mainstream DFV services, health, police, education and more to support families and prevent DFV.

These relationships and local system convening are enabling an effective local response.

Many organisations are instinctively working in place-based ways, partly to address presenting issues and to support people holistically. For others, place-based working is a way of drawing attention to the

prevalence of DFV and the availability of support, reducing stigma and barriers to access, and building community capacity to respond.

Some organisations and initiatives are encouraging more input from community members as a way to raise awareness about DFV as a 'whole community' issue.

“One of the things that we found when we were working with local communities to establish new shelters is that you're not just creating crisis accommodation in partnership with the community. You're actually taking a whole community on an education journey about what domestic and family violence is. And people get curious. You know, people love local projects. I think what working in a place based way does, particularly in response to domestic and family violence, is to take a national issue that people feel is just too big and too momentous to be able to handle as a single person, and you drill that down to a local level in the community. And you've got someone who can say right, this is how your business can help. Well, this is how your school can help, or this is how your Council can help. And all of a sudden you've made...a very, very difficult problem, something that can be broken down into chunks and dealt with.”

Research participant





3. There is a gulf between grassroots and government

Organisations feel distant from 'top down' policy making, and feel government does not understand the complexity and scale of the challenge.

They would love to see greater levels of trust in those working on the ground to define and deliver solutions that will work best for people and places.

Some interviewees also talked about a 'missing middle' and the need for better mechanisms for mutual learning and policy development that connected grassroots wisdom with those who make decisions.



"I would like government to understand that they don't have all the answers, but the people working close to the issue really do.

Governments are exceptional at funding service delivery...But what they're not good at is saying, you know what, we don't have all of the solutions, but I think you've got something there that is worthwhile us backing and seeing if we can take it further to solve this problem. And that that is the space that philanthropists have consistently stepped into for us for the last 10 years."

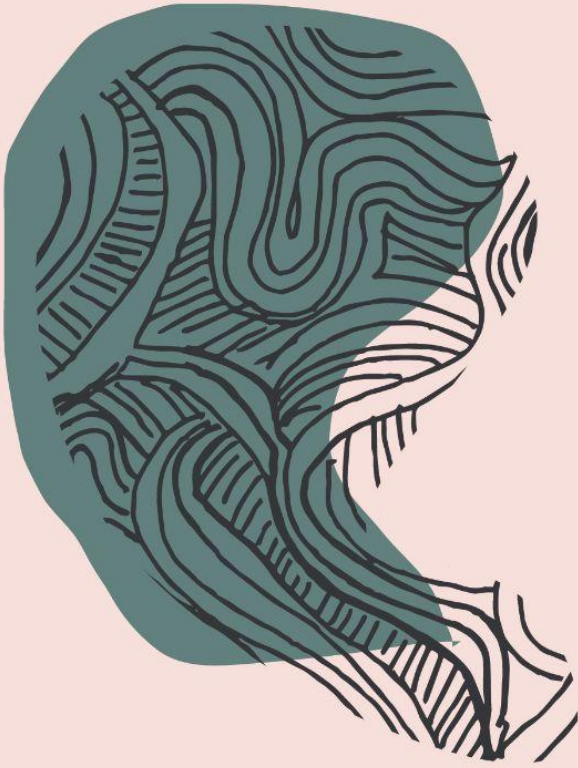
Research participant

“When you've got a wicked problem like domestic and family violence, the attraction is always to suck it all up to the top and solve it as a top down problem. If only we got consistency across everywhere across Australia, wouldn't that be fabulous? And we just manage it all from the top down. It doesn't work and that is that when you've got a wicked problem, you actually need to work it from both angles.

You need top down, and you need bottom up because the people who will know how to solve wicked problems on the ground are the people who are there and working in communities and seeing the issues present themselves.

You have to listen really deeply and go community by community to actually hear what's needed, and then build something that is responsive to that need. And that's why I think actually, the role of government is probably also not to be overly prescriptive and instead to go, 'You know what guys, we actually don't have all of the solutions. We know that the services that are working really closely with this stuff do [have the solutions] because they're doing it every day. So let's relax our funding rules a little bit and allow them to iterate some solutions and see what we can come up with'.”

Research participant



Funding and Supporting Policy

Is there an enabling policy environment that supports and encourages model practices?

Are there organised funding streams?

Fields need dedicated funding and supportive policy to thrive, aligned to the goals of the field and the needs of the people it serves. Those within the field should also have clear opportunities to influence and shape the policy environment so that decisions can have the best chance of achieving impact.

Our conversations with network members led us to the following observations about the DFV specialist support field.

1. Demand for support outstrips funding
2. Insecure funding creates stress for already-stretched organisations
3. Philanthropic funding is supporting innovation
4. Recruiting and retaining skilled staff is challenging





1. Demand for support outstrips funding

Organisations observe that there has been an overall increase in demand for DFV services, without a proportionate increase in resources.

This means they are no longer seeing an 'ebb and flow' of need: services are consistently operating above their capacity.

Other services in the ecosystem that support victim/survivors of DFV say they are overstretched too with very long waitlists, so it becomes difficult for any one service to meet people's multiple needs.

Some DFV services told us that people are turning to them because homelessness services are overwhelmed.

Services shared that many families are forced to live in motels as no rentals or government housing stock is available: as a result they can't properly feed their children, struggle to socialise their children or get them to school, and have to uproot and move often.

There was a concern that the justice system is not designed to appropriately respond to the current levels of violence, with over-crowded prisons sometimes leading to early releases which put victim-survivors in danger and at risk of re-traumatisation.

Growing demand is also leading to increased community awareness of the issue and the forms of support available.



"Because the systems are overwhelmed, we can't support and help people the way that we would like to. That becomes overwhelming for workers and workers start to think, is this the field I want to work in when every day I come to work and somebody might die because we couldn't get them out safely?"

Research participant

"We've engineered this 'system' that creates delays at every stage. That creates risk because we lose clients as they're passed through the system..... People placed in a hotel for 1-2 or more weeks often go back to FDV or exit without support. Delays in the system are harmful".



Research participant



2. Insecure funding creates stress for already-stretched organisations

The organisations we spoke to said that short term funding has a significant impact on their ability recruit and retain staff, especially when confirmation of new funding is left until the last minute.

The constant renegotiation of contracts creates additional workload and uncertainty for the future, and is especially felt in rural communities where recruitment is already very difficult.

People told us that funding is rarely sufficient to cover need, or funders' expectations about what can be achieved. Many organisations are also providing services in response to community need despite not being funded for them.

In some cases, DFV services are being provided where the organisation's majority funding is for something else (e.g. homelessness).

Practitioners feel a sense of fatigue around advocacy, needing to service the immediate needs of their clients, do ongoing advocacy for base funding as well as develop new programs in order to be eligible for new funding opportunities.



"Throw us a crumb, and then don't tell us when we'll get the other crumb, which makes it really hard to have a strategic approach to domestic violence because you never know if you're going to be funded."

Research participant

"I sometimes get frustrated when there's a new grant we can apply for but it's got to be for a new program. And I always say, "each new program that we work with is each of the 180 women that walk through the door each year. That's the new program.""

Research participant

"Whether it's our local Council, whether it's our State government, whether it's the Feds, everyone is giving us one message - that there is no money."

Research participant



3. Philanthropic funding is supporting innovation

Philanthropic funding is seen as a life-line for those keen to try something different in response to the problems they see, and to scale up their initiatives.

“This is something that sometimes ... government funding doesn't understand but that philanthropy does, and that is when you're working in a place-based way, you need to have an elasticity in the time that you give to something. Some projects will move along quickly, some will move along a bit slower. They move at the speed of trust and that is moving with taking people along on a journey, and that can take time depending on who it is and where it is.”



Research participant

Some of those we spoke to were appreciative of the opportunity to apply for funding from PRF that didn't have to be for a new program. This enabled them to spend time thinking about how to scale up existing roles, programs and practices.

We heard that philanthropic funding was important for stimulating more innovation and impact.

Philanthropic funding is understood to be less prescriptive, and more embracing of the reality of service delivery in complex cultural contexts where flexibility, adaptation, and creativity is key.

Philanthropy could also work as a sector strengthener, bringing organisations together to build connections, learn together and seek out opportunities that might not be possible to pursue alone.

“[Our program is] totally philanthropy funded. It's allowing us to continue to do our work, but also give us the ability to improve our practice as well. To try new things, to be innovative, to have the space to do that without needing to rely on state money which comes with prescriptions about the way it needs to happen.”



Research participant



4. Recruiting and retaining skilled staff is challenging

Issues with the stability and consistency of funding have implications for workforce recruitment and retention.

The nature of funding arrangements means most staff are on short term (less than 12 months) contracts and often don't know whether it will be extended until their employment has almost expired. Many shared that this approach to contracting isn't sustainable and leads to a loss of staff looking for permanent or more secure arrangements.

Organisations find they are losing staff to the Government and private sectors where pay levels are higher, as the cost of living puts pressure on staff.

Those in rural and remote areas said they are facing compounding workforce challenges with chronic shortages of specialist positions and limited leverage to attract new workers into the area, exacerbated by the housing crisis.

"We got some funding recently, as did a lot of other services in the area, to provide, expand, or deliver new specific programs. And what that meant was you had all of these organisations recruiting from the same pool [of rural workers] that was already incredibly limited."

Research participant

"Three staff members left because they could no longer afford to work in the community sector and live here as the cost of living pressures just got too high for them that they had to seek employment in higher paying roles. I think we need an increase in the Award. Obviously, we then need an increase in funding. I think it would make a difference, because we would be able to attract more experienced staff and keep staff longer. And it would just recognise that this is really important work."

Research participant



Emerging practices and opportunities

While perhaps implicit in the Strong Field Framework, it feels important to elevate the role of emerging practice to the success of a field - especially in the context of a changing economy and society where the needs of communities are rapidly shifting too.

The DFV sector is a deeply personalised field, where practitioners draw on evidence of best practice and their own professional experiences to swiftly design new approaches to meet the unique needs of their clients on a daily basis. As discussed earlier in this paper, new practices often become 'trapped on site' or aren't codified and advanced due to the challenges of information sharing across the field.

Through our interviews we heard about specific practices and priorities that organisations felt were essential to understand, promote and resource. These were:

1. Understanding barriers to help-seeking
2. Seeing trust and cultural safety as crucial
3. Empowering help-seekers and working at their pace
4. Focussing on early intervention with young people
5. Working upstream from child protection
6. Ensuring safe housing comes first
7. Finding more holistic responses.



1. Understanding barriers to help-seeking

There are numerous barriers to help-seeking, and it's important to keep learning about these in order to be visible to and welcoming for everyone who needs support.

"In respects our work is about really walking alongside women to penetrate systems because there are so many barriers that can present to women....For Muslim women, the barriers are sometimes insurmountable and the systems are not always designed to understand or facilitate that sort of support."



Research participant

We heard that:

- GPs are missing opportunities to ask questions and respond to those experiencing DFV. Primary health is not always hooked strongly into DFV responses and has no standardised practices.
- Prior negative experiences with or concerns about GPs and hospitals also prevent women from seeking help in the early stages of DFV.
- Mainstream DFV services can feel entirely off-putting to a range of cohorts, including migrant and refugee women (who would prefer to work with people who speak the same language, understand their culture and context and create cultural safety).
- Cultural safety is also important for LGBTQIA+ cohorts - effectiveness of practice increases when more staff are from these cohorts.
- Becoming 'known' to Child Protection worries people - the fear of child removal prevents many women from accessing DFV support.

Due to the housing crisis, organisations told us that women are sometimes faced with a choice of staying in an unsafe home, risking homelessness or, in rural areas, travelling a significant distance to access a refuge. More accommodation options are needed in these areas to give women equitable access to safe spaces and the opportunity to heal.

"What we hear from clients again and again is, I don't want to talk to someone who knows my business - whether those are First Nations people, or from multicultural backgrounds, or someone else local. 'They know me or I will be engaged with them and I didn't necessarily have the best experience. I just don't want to go there'."

Research participant



2. Seeing trust and cultural safety as crucial

Organisations emphasised that cultural safety is a crucial feature of effective support and engagement.

Amongst the many barriers to help seeking, some of the people we spoke to felt that mainstream DFV services don't always feel culturally safe or accessible for people.

Culturally responsive organisations that meet the needs of specific cohorts sometimes find themselves offering much-needed services outside of their funding remit, because they are trusted and their service users are wary about going elsewhere.

There is an overwhelming demand for services and capacity building in growing/emerging victim-survivor cohorts (e.g, youth, LGBTQIA+) but some organisations serving the needs of these cohorts are struggling to grow capabilities to work with these cohorts, while also responding to other groups in their communities.

DFV organisations told us they want to develop stronger partnerships with Aboriginal-led organisations so they can make client referrals for culturally safe experiences but, like other services, Aboriginal-led services are also stretched by the same constraints as the DFV sector.

“There is sometimes this idea that if you just build [the] capacity of other organisations to have cultural competency, they will be able to just service everyone. In some respects the cultural competency piece is critical, and we do deliver that. But for many women there's comfort and safety in engaging with services who understand some of the cultural experiences that may have shaped their life and the violence they're experiencing, and understand how to guide them through it in a way that recognises it all. No amount of training is ever going to be able to address that.”

Research participant





3. Empowering help-seekers and working at their own pace

Most organisations are working in highly person-centered ways to support and empower people to make the changes that they need to make, in ways that make sense for them.

Organisations shared the different ways they are putting help-seekers at the centre of practice.

Those who support specialist cohorts notice gaps and problems in mainstream provision for these cohorts, and have developed/are developing programs and practices that offer a better response.

Some approaches require a shift in mindset, such as whole-family programs or case management models that support women who, for a range of reasons, continue to live with a perpetrator.



"I'm proud of the the fact that I can say I am legitimately helping people with their view of what they need. That's the thing I'm really proud of - that I now listen to people when they talk to me about what they want and what they need. I'm not confident that I always did that as a practitioner in my earlier days working in the child protection sphere."

Research participant

"We've identified that for a number of the men coming through our men's program, they've had their own trauma experiences as well. Being able to provide a space where they can get counselling for the impacts of past trauma would benefit them, though this is currently a big gap. Some men do access local counsellors, though often the counselling is not with a DFV behaviour change lens."

Research participant



4. Focusing on early intervention with young people

Breaking intergenerational cycles of DFV and intervening early are priorities for many organisations.

Children and young people are a growing cohort in the support landscape, partly because of an evolving understanding of the impact of DFV on children. We are also learning more about effective therapeutic responses. Some practitioners we spoke with emphasised that focussing more support on children and young people is an important preventative strategy (given that young people's brains are still developing).

We heard from a number of organisations working with young people and in schools to develop awareness about healthy relationships, and to identify

unhealthy behaviours, making changes before these become established.

Organisations told us that young people won't often approach mainstream services because they aren't a great cultural fit, but many organisations focussed on homelessness prevention will offer DFV support (because it is a feature in so many cases of youth homelessness. They are attempting to develop relationships earlier in a young person's life to normalise help-seeking, and designing services that are more responsive to their needs.

"I asked the biggest boys college in my local area if they would partner with me, and I would go in and talk to the boys about why this issue [of DFV] was important, and ask them to adopt this shelter with us and help us raise it from the ground... If you can get a [school] Year Group to all have this emotional connection to an issue, and to all agree that gender inequality is real, it's not okay and it needs to change, and stereotyping is part of it, that's pivotal."

Research participant



"We know that the body can hold trauma - for us, working with domestic violence and our children, who've been subjected to domestic violence, abuse, and neglect. If it's happened in their early formative years in particular, then they can often be behind in school. Their regulation and their capacity to learn can be jarred by what's happened to them. So, having an OT work with their body alongside with the Counsellor who works with their head and their heart will be able to hopefully strengthen parts of their body that may have been weakened as a result of what's happened to them."

Research participant



5. Working upstream from child protection

Several people talked about the tensions between the work of DFV support and Child Protection.

Some talked about a different culture and impetus, where DFV support is seen as a more 'hopeful', and practice is more strengths-based, collaborative and empowering. Some talked about these systems and sectors being in tension. Fear of having children removed and being blamed for putting children in unsafe circumstances stops people seeking support for DFV (so one system and its operations impacts on another). Many people we talked to described the Child Protection system as being 'broken.'

Some of those we spoke to indicated that women avoid enquiries from Child Protection because they assume their involvement is punitive rather than supportive. Partnerships between DFV organisations and Legal Aid were helpful to making sure women knew their rights and could advocate for their child, and that every possible avenue was exhausted before the removal of a child was considered.



"We work with children with complex trauma, so these are children who have been removed from where they live because of ongoing family domestic violence in that household. It's just not safe so the Department removes them. Can you imagine having to choose between taking your kids out on the street, or you just putting up with being beaten up every night? The multi-victimisation is just everywhere."

Research participant

"We work with child safety. We're absolutely in there to make sure Mum's voice is heard, make sure that we're trying to address any concerns earlier. Working with women to go, 'let's not be scared about this, because sometimes they are actually coming in to see how they can support. If we get in there we can sit at the table with you, see what worries they have that we can talk about and how we can help you address them'. So that's been really great."

Research participant



6. Ensuring safe housing comes first

We heard that the most significant barriers people (women, children and young people) face when leaving DFV is securing a stable home.

“For housing to not be available to them (it impedes) any kind of therapeutic work, even the group work that we do. It's really challenging, because people need to have somewhere safe to be so that they can enter into that vulnerability of the recovery space. So yeah, that doesn't feel great at the moment.”

Research participant



In a housing crisis with no current end in sight, people are faced with the dilemma of remaining in unsafe houses or leaving with no guarantee of stable housing.

When victim-survivors don't have their basic safety needs met, they find it difficult to begin a journey towards healing and can find themselves re-traumatised by the lack of stability.

In some areas of Australia, new housing will take several years to come onto the market so women and their children must stay in temporary accommodation like motels, creating knock-on effects for health and wellbeing.

There's a demand from DFV services for the establishment of 'hubs' for women and families with soft, safe entry for multiple needs, similar to the Common Ground homelessness approach.

“The ideal model for us is that we get to know women for a period of time in the community. They move in maybe 2 months before their baby is due. They live in a shared house for those 2 months and 10 weeks after the baby is born, then move to one of the cottages or units where they can have some independence and, 6 months later, move that into their own public house. So they are living with us for 6 to 9 months. That's now more likely to be 12 months to 2 years because there is just no exit into affordable, safe housing.”

Research participant





7. Finding more holistic responses that cut across silos

DFV is a cross-portfolio issue for governments, spanning social services, health, housing, child protection, employment.

Many of the organisations we spoke with strive to work holistically with people and families, because those experiencing DFV have multiple needs from food, housing and finance, to therapeutic and legal support.

However, their success really depends on their ability to partner well with a range of other services (which many rarely do).

Organisations told us that the government is missing opportunities to respond by working on parts of the

problem, through silos that don't connect well enough to one another or respond to opportunities.

An example given was in the context of health: with no national strategy for training GPs in responding to disclosures of violence, we miss an opportunity to strengthen a key point of early intervention.

Investing in strategies that think of 'whole system' responses around the family and cut across silos to find solutions are desirable.

"One of the most promising things is actually the recognition that it can't all be about response, in particular crisis responses, that it's a big part of it. It is about joining up this journey between primary prevention to early intervention and response and recovery."

Research participant

"If they want to look at a reduction in homelessness, then we need to look at reducing family violence. I mean, that is the main indicator, and it's the main reason people are homeless."

Research participant

"Despite submissions to the National Plan, the health system wasn't a big focus, even though we know that survivors and perpetrators see health professionals the most. They go to them the most. They go to family and friends first, but then the GP. Health practitioners could be engaging early with families where this is happening. But it really isn't written into that policy plan to a great extent."

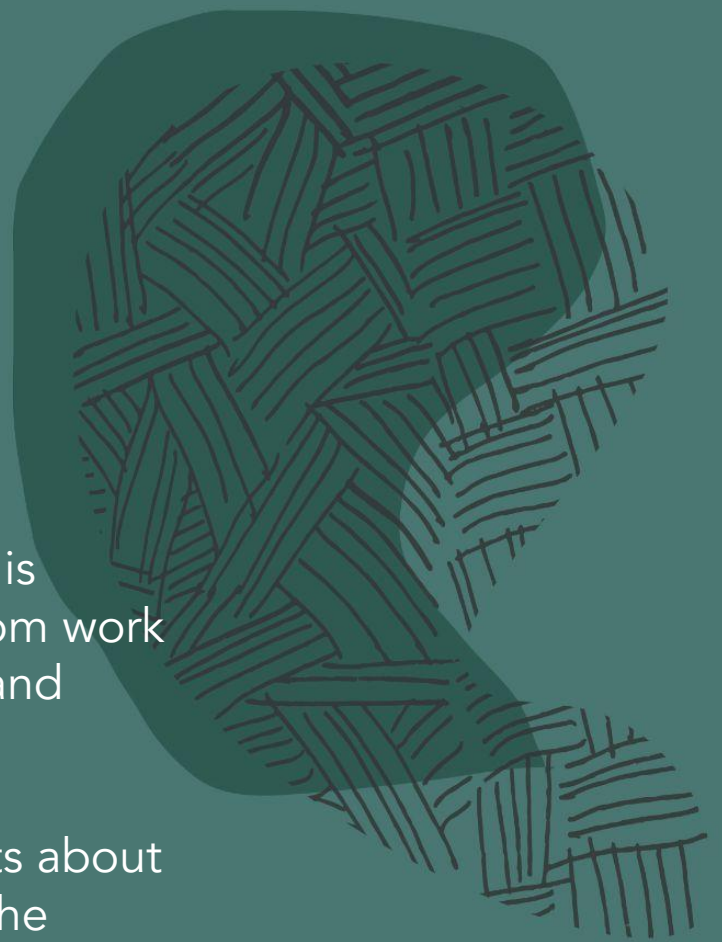
Research participant



Learning about Cohorts

The PRF DFV Open Grant Round is designed to support and learn from work being done with special cohorts and communities of help-seekers.

The following pages share insights about the needs of those cohorts, and the challenges and opportunities organisations face in providing support.



Children and Young People

- There's a growing understanding of children and young people as victim/survivors in their own right, and a growth in practices of therapeutic support.
- A significant number of young homeless people have experienced DFV, and the link between DFV and homelessness requires further attention.
- As more young people experience/report DFV, there's an increased need for age-appropriate responses - especially as the number of under-11s experiencing DFV is growing.
- Emerging mother and child play-based therapies offer promise.
- Opportunities for early intervention and primary prevention with young people may help in the long term, seeking to shift mindsets and behaviours before they become 'locked in'.

"Up until recently ... children and young people have never really been viewed as victims of family violence in their own right through a family violence lens. They were usually just seen as the children of the victim survivor... Since the Royal Commission family balance, there's been a real shift in that and a change in focus."

Research participant

LGBTQIA+ People

- Those working with this cohort note there is currently a funding gap in the service provision for LGBTQIA+ people affected by DFV.
- Help-seekers from the LGBTQIA+ community can find mainstream organisations to be unsafe. They often need services that have a deep understanding of their contexts in order to engage.
- Having staff from the LGBTQIA+ community is important in making a service safe and trustworthy.
- Those working with this cohort are not always funded to respond to children, but do so anyway due to demand.
- Organisations are also seeing an increase in requests for capability building from schools and mainstream services, who are themselves noticing increased demand for specialist support but don't have the skills and relationships to respond.

"When you start talking about the family violence, [victim survivors] don't necessarily want to go to the mainstream services ... they want to come to a service where the worker is an LGBTQIA+ specialist, and you know that they are gonna be safe."

Research participant

Migrant and Refugee Communities

- Specialist support is needed for this cohort, who have holistic needs that include complex visa and legal matters, relationship, family and community arrangements and language/translation requirements.
- Migrant and refugee women prefer to have their needs all met by a culturally competent service/person they trust, rather than be referred to multiple unfamiliar services.
- The need for holistic service provision and demand from mainstream organisations for capability building or community access can go far beyond what small place-based organisations are funded for.
- An investment of time is needed to build trusting, long term relationships with help-seekers and their communities.
- More diverse representation is needed in preventative work with migrant and refugee communities, to ensure that messages are being absorbed by the people who need to hear them.
- Some organisations find themselves in their midst of ideological clashes of religion and gender when responding to diverse client cohorts.

“The long-term of it if you're working on prevention is it's not the same across communities...And with those communities who need long term investment, don't give up on them because you're not seeing the big outcomes. We do see outcomes, but it takes time, and you need to do it in a respectful way.”

Research participant

Rural and Remote services

- Remoteness and rurality create practical barriers to accessing support, as help-seekers may have to travel for several hours to visit a service or go to a refuge. The prospect of leaving their community can sometimes feel worse than staying in an unsafe situation.
- Additional challenges of visibility prevent people from getting the support they need. Some help-seekers avoid visiting the GP and other services for fear they will see someone they know, or that confidentiality won't be honoured.
- The stigma of DFV is such that some communities are in denial about violence happening, and a lack of funding for outreach means that some communities are not able to be influenced by primary prevention or early intervention efforts.
- Recruitment and retention of staff in rural and remote areas is very challenging, especially for specialist roles.

“What we definitely identify is many of our clients do not choose to use their local services for variety of reasons ... stigma associated with seeking help. Then in small communities everyone knows everyone. So a lot of the people who have experience violence are very reluctant to act, and sometimes reluctant to even go to the GP.”

Research participant

Single Mothers and Pregnant Women

- Pregnant women experiencing DFV need to be considered a family as soon as they find out they are pregnant, so that they can access entitlements like housing and have the safety and space to heal before they welcome their child.
- Without a safe and stable home, it is difficult for pregnant women to leave abusive relationships, heal from trauma, and care for their baby; and for single mothers to meet the health, social and educational needs of their children.
- Supportive services accessed early in pregnancy lead to better outcomes for both mother and child.
- Women need DFV services to help advocate for themselves to Child Protection when they suffer from compounding challenges such as homelessness and mental health issues, and work through all possibilities before even discussing child removal.
- There's a desire in the sector for housing options that cater for women who have children of different ages, and Common Ground-style models that have a range of prenatal and parenting services available on demand.

“I think by the end of the week there were 155, probably closer to 160 under 5 year olds, living in a motel. So what we were seeing was those adverse effects on kids and nutrition, because Mum has a microwave and a kettle. That's it. They quite often don't get those social experiences. They've got little place to play.”

Research participant

Users of Violence

- This is an emergent field of practice and we are still learning what helps. Increasingly seen as the most important area to focus on to shift the needle on prevention, many larger DFV organisations are now running programs for men.
- Working with men can present an ideological challenge, especially to the feminist frameworks and approaches that have been a critical part of the sector for decades.
- There's a First Nations interest in seeing and working with the whole family. Some initiatives are focussed on men's healing with the recognition that most men who use violence were victims of violence themselves in childhood.
- Young minds have neuroplasticity - there are greater opportunities for shifting thinking and behaviour, so some organisations have focused their early intervention work on children and young people and school partnerships.
- There's a need for more programs that are tailored to young people who have identified an issue and want to resolve it, as adult programs can be too confronting and not safe.
- Genuine behaviour change with users of violence is long, complex work with significant personal commitment, which can be expensive for organisations to fund. Perpetrator accountability is also needed for these programs to be successful.

“Within our violence prevention program, that involves the young person's consent to address their use of violence, they genuinely identify that their violence is deeply problematic. So they want to do better. They want to be better parents. They want to have successful relationships. So we feel like that's all extremely hopeful and now with what we know about neuroplasticity, we can re-mould their brains. It's not too late for them. It doesn't have to be there forever- they don't need to be a perpetrator for life.”

Research participant

What next?

In the next phase of network engagement, Innovation Unit will collaborate with network participants to identify a small number of insights to explore further, with a view to learning more about the challenges, opportunities and needs of the sector, and possible recommendations for strengthening the sector's vital work.

We will work with the network to identify insight areas that:

1. Highlight the shared experiences, challenges, needs and aspirations of DFV organisations working with specialist cohorts
2. Offer insight into systemic barriers and opportunities
3. Could radically enhance the ability of service providers to make a difference to the people they serve, if we were to make these a priority.

This second phase of research will run from April to August 2024, with a second learning paper due to be released once this phase finishes.

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This research has been undertaken with ethical approval from Bellberry Limited. It was conducted by Dr Perrie Ballantyne and Emma Scott, with contributions from Claire Dodd, Martin James and Kaci Oliphant.



Appendix



Appendix 1: Organisations who received grants from the PRF Specialist Cohorts Open Grant Round 2023 under the Specialist Cohort funding stream.

[Allambee Counselling Inc](#) will use the funding to expand its Respectful Relationship Education programs in secondary schools across Western Australia's Peel Region.

[Anglicare Victoria](#) will use the funding for an Individual Mens Behavioural Change program for fathers who use violence in the home.

[Anglicare WA](#) will extend its Young Hearts program, a free counselling service for young people who have experienced DFV.

[Australian Muslim Women's Centre for Human Rights](#) will strengthen its Supporting Muslim Women's Safety program, which includes culturally sensitive DFV response and prevention services.

[Berry Street Victoria](#) will channel the funding into its Mother-Infant Village program, which provides independent accommodation and wraparound support to mothers who have experienced DFV.

[Brisbane Youth Service](#) will expand its K.I.N.D Program, which provides psycho-educational intervention to young people using violence in their relationships.

[Centre Against Domestic Abuse](#) will strengthen its Moreton Multicultural Unique Mums (MMUMs) project which engages with women from refugee and migrant backgrounds in Moreton to deepen its focus on DFV and sexual assault.

[The Centre for Non-Violence](#) are strengthening their current response to working with children and young people by appointing a case manager to work with children and young people directly in the new Growing Futures program across the Loddon area of central Victoria.

[Domestic Violence Action Centre](#) will extend its men's behavioural intervention program, Positive Choices, Safer Families.

DVassist will use the funding to continue decreasing barriers to DFV support for people living in rural or remote areas of Western Australia.

Engender Equality will extend its phone and video counselling services to ensure more people experiencing DFV in Tasmania receive timely counselling.

Family Access Network will hire a DFV therapeutic arts practitioner to provide healing & recovery support to LGBTIQ+ young people & pregnant/parenting young people who have experienced DFV.

inTouch Multicultural Centre Against Family Violence will work towards building a national approach to family violence in migrant and refugee communities.

Karinya House for Mothers and Babies will develop an evaluation framework for its work supporting homeless women who are pregnant or parenting a newborn.

Liberty Domestic & Family Violence Specialist Services will use the funding to continue delivering its men's behavioural change program, Safer Men Safer Families.

Micah Projects will extend its specialist support to women experiencing DFV during pregnancy, birth and post-birth.

Multicultural Families Organisation Inc will expand its Support Assistance, Recovery and Advocacy (SARA) program, which delivers DFV support to migrant and refugee women on the Gold Coast.

Multicultural Youth South Australia will enhance the therapeutic and outreach components of its DFV services.

Northern Rivers Women and Children's Services will use the funding to expand and streamline its DFV services across multiple community cohorts, including women with a disability and children.

NT Legal Aid will increase the capacity of its Respondent Early Assistance Legal Service in the Katherine Local Court.

Parkerville Children and Youth Care will expand its capacity to deliver tailored support to children and young people experiencing DFV in Western Australia.

Refuge Victoria will use the funding to develop specialised refuge support for LGBTQIA+ people experiencing DFV.

Sisters Inside Inc will use the funding to employ a community-based counsellor under its North QLD Anti-Violence program to support women and children at risk of incarceration, and/or exiting prison.

Southern Women's Group Incorporated will extend its community engagement and response program in the Eurobodalla region.

Stopping Family Violence will extend its early intervention and education program for West Australian adolescents who are or may be at risk of perpetuating DFV.

Sydney Children's Hospitals Foundation will use the funding to support an occupational therapist to deliver a trauma-informed practice within the Child Protection Unit (CPU) at Sydney Children's Hospital.

The Royal Women's Hospital will use the funding to support its Family Violence Prevention program to improve pathways to safety and wellbeing for pregnant women affected by DFV.

Top End Women's Legal Service Inc. will scale up innovative and place-based services to women who are experiencing or are at risk of DFV in the Northern Territory, particularly women seeking refuge at the Darwin Aboriginal and Torres Strait Islander Women's Shelter Indigenous Corporation and women incarcerated at the Darwin Correctional Centre.

Wellsprings for Women will extend its specialist housing support for migrant and refugee women who have experienced DFV.

Women's Community Shelters will grow its Walk the Talk program, educating high school students in respectful relationships and consent.

YWCA Australia will extend its capacity to deliver DFV support services to rural towns in Wingecarribee.

