



# Outcome evaluation of NSW's Safer Pathway Program: Victims' Experiences

Lily Trimboli

**Aims:** *The primary aim was to see whether the Safer Pathway program is more effective in reducing domestic violence related offences (e.g. physical assault, threats of physical assault, intimidation) than the conventional response to such offences. The secondary aim was to describe key features of the program's operation and the response of domestic violence victims to the services provided.*

**Methods:** *Structured telephone interviews were conducted with two groups of female victims of domestic or family violence who NSW police officers had assessed (via the Domestic Violence Safety Assessment Tool, DVSA) as being 'at serious threat' of future harm or violence – an intervention group of 69 women from the nine Police Local Area Commands (LACs) where all the elements of the Safer Pathway program have been implemented and a comparison group of 61 women from nine LACs where only some of the elements of the Safer Pathway program are operating. The LACs were matched on a number of relevant criteria. The impact of the program was assessed in a repeated measures design. Each woman was interviewed on two occasions regarding her experiences of various proscribed behaviours in two four-week reference periods – prior to the index incident at which the DVSA was administered and after the program's case co-ordination processes/a comparable period for the comparison group.*

*To assess their response to the program's operation and service provision, victims were asked how well informed they were about the program, how they were treated by service providers and how they felt about various aspects of the program.*

**Results:** *Most of the women interviewed in both the intervention and the comparison groups experienced a reduction in the proscribed behaviours over time. However, the reduction was no greater for the intervention group than for the comparison group. Victims in both the intervention and the comparison groups were treated equally well by the various authorities. About nine in ten victims in each group reported being treated 'respectfully' or 'very respectfully' by the police officer when asked the DVSA questions. After the case co-ordination processes/a comparable period for the comparison group, services had initiated contact with 59.4 per cent of victims in the intervention group and 49.2 per cent of victims in the comparison group. Most victims reported that there was nothing they disliked about the support they received from the various services. The vast majority of victims in the intervention group reported that they would suggest that others in a similar situation agree to being referred to a Safety Action Meeting.*

**Conclusions:** *Providing case co-ordination processes via the Safer Pathway program to female victims 'at serious threat' of future harm in the intervention group does not result in a significantly greater reduction in proscribed behaviours compared to the conventional response to these offences. Some procedures of the program may require refinement.*

**Keywords:** *domestic violence, DVSA, risk assessment, Safer Pathway, case co-ordination, victim interviews*

## INTRODUCTION

Domestic and family violence are significant problems in Australia and throughout the world (Krug et al. 2002; World Health Organization, 2010). Broadly defined as 'any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear' (NSW Government 2014a, p. 28), domestic and family violence has been shown to be strongly associated with a variety of serious adverse social, psychological and health outcomes for victims

(Beydoun et al., 2012; Bonomi et al., 2006; Campbell, 2002; Coker et al., 2002; Dillon et al., 2013; Djikanovic et al. 2013; Garcia-Moreno, 2013; Geffner et al., 2003; Krug et al., 2002; Lacey et al., 2013; Pichta, 2004; Sarkar, 2008). In addition, violence against women and their children is estimated to cost the Australian economy \$13.6 billion each year and, without appropriate action to address this violence, it is estimated that in 2021-2022, it will cost the national economy \$15.6 billion<sup>1</sup> (National Council to Reduce Violence against Women and their Children, 2009).

In Australia, in recent years, domestic violence has attracted extensive attention not only from government but also from the media and the broader community. A number of highly publicised domestic homicides have galvanised some members of the community to campaign against domestic violence and to advocate on behalf of victims (e.g. ABC News, June 15, 2015). The appointment of Ms Rosie Batty, an anti-domestic violence advocate, as the 2015 Australian of the Year has sharpened both the community's and governments' focus on the issue.

While legislation, in the form of protection orders or Apprehended Violence Orders, has been operating for several decades in all Australian States and Territories, more recently, Governments at both the Commonwealth and State/Territory levels have employed various other strategies in an attempt to not only support victims but also to prevent, or at least, reduce the levels of domestic violence. These strategies include: a national plan to reduce violence against women and their children (Council of Australian Governments, 2011); conducting Royal Commissions/Special Taskforces (Queensland, 2015; State of Victoria, 2016); implementing the first Australian Domestic Violence Disclosure Scheme in NSW;<sup>2</sup> establishing programs targeting domestic violence perpetrators;<sup>3</sup> and implementing whole-of-government policies and programs, such as South Australia's *Family Safety Framework* (Government of South Australia, 2014; Marshall et al., 2008), the Northern Territory's *Alice Springs Integrated Response to Family and Domestic Violence/Family Safety Framework* (Australian Government and Northern Territory Government, 2015; Northern Territory Government, 2013), Western Australia's *Family and Domestic Violence Response Teams and Multi-Agency Case Management* (Government of Western Australia, Department for Child Protection and Family Support, Women's Council for Domestic and Family Violence WA, 2013) and NSW's *Safer Pathway Program* (NSW Government, 2014a). The latter is part of *It Stops Here: Standing together to end domestic and family violence in NSW: The NSW Government's Domestic and Family Violence Framework for Reform* which was launched in 2014.

This study focuses on NSW's *Safer Pathway* program. The primary aim of the study was to see whether the program is more effective in reducing domestic violence related offences (e.g. physical assault, threats of physical assault, intimidation) than the conventional response to such offences; the conventional response includes some, but not all, of the elements of the *Safer Pathway* program. Both the program and the conventional response are described in the following sections. A secondary aim of the study was to describe key features of the program's operation and the response of domestic violence victims to the services provided.

## SAFER PATHWAY PROGRAM

*Safer Pathway* is a service delivery model that was developed following the recommendations of three enquiries that were very critical of the existing system.<sup>4</sup> It is designed to fill some of the gaps that were identified in the way that both the government

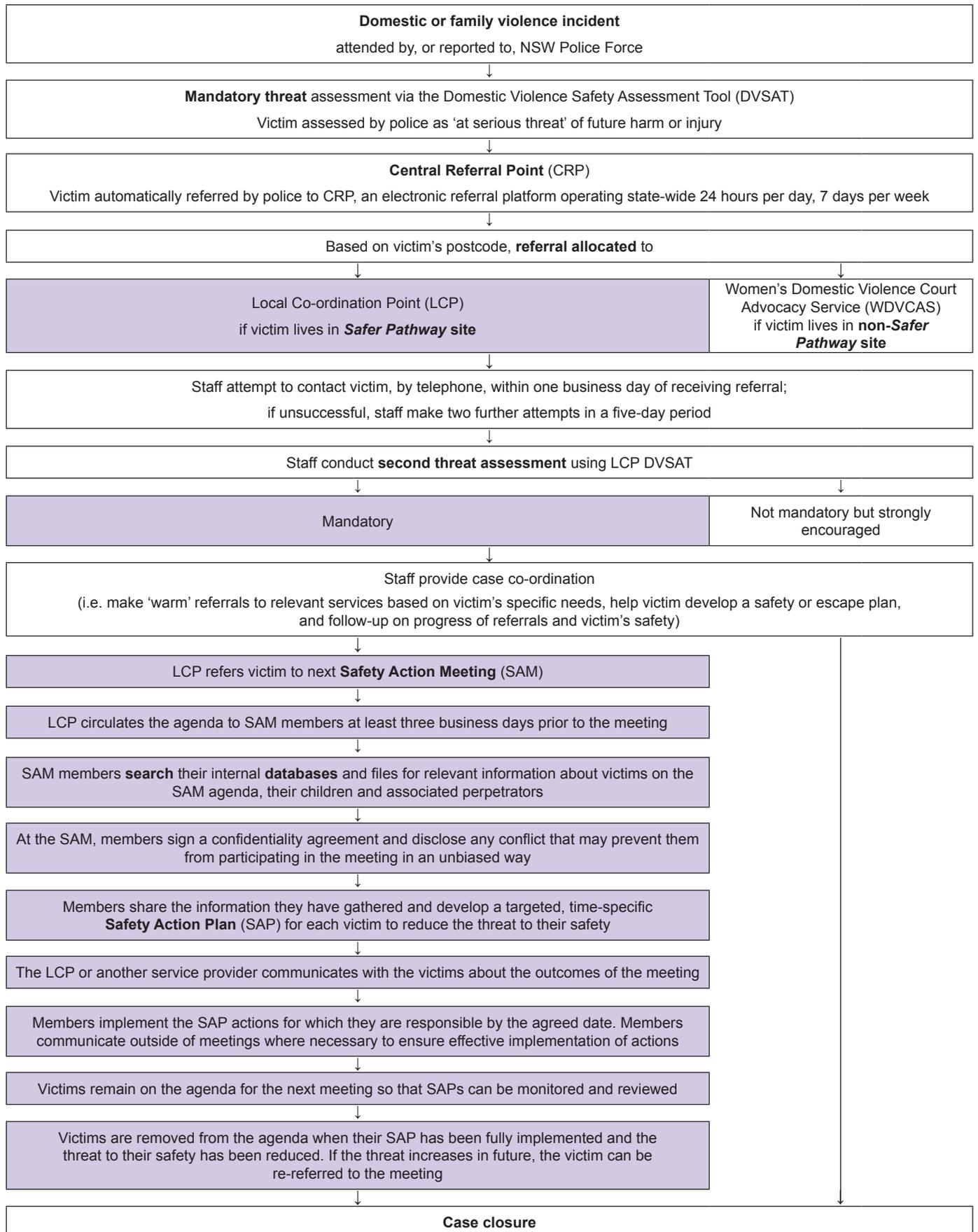
and the service sector responded to family and domestic violence. The identified gaps included a fragmented service system, no common framework to assess risk or prioritise needs and no shared understanding between organisations of each other's roles. The *Safer Pathway* program is one of five elements of the Government's Domestic and Family Violence Framework for Reform<sup>5</sup> and provides a co-ordinated and integrated response from government and non-government agencies to male and female victims who have been identified as being at risk of future domestic violence (both intimate partner and non-intimate violence). The key elements of the program are: (1) improved information sharing facilitated by the *Domestic Violence Information Sharing Protocol* under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*, (2) the use of a common threat assessment tool (Domestic Violence Safety Assessment Tool or DVSAT) which enables the early identification of victims and the prioritising of high-risk cases, (3) an electronic referral platform (Central Referral Point or CRP), (4) Local Co-ordination Points (LCPs) and (5) regular multi-agency meetings (Safety Action Meetings or SAMs) where service responses for high-risk cases can be planned, co-ordinated and monitored. Programs with some of these elements have been operating for several years in other jurisdictions, including South Australia, the Northern Territory, New Zealand, Wales, Scotland and England.<sup>6</sup>

Key features of the *Safer Pathway* program are illustrated in Figure 1 and described in more detail in the following three sections of this report. In mid-September 2014, all elements of the program began operation in the pilot sites of Orange and Waverley<sup>7</sup> and on 1 July 2015, the program became operational in an additional four sites – Bankstown, Broken Hill, Parramatta and Tweed Heads. In addition, on 1 July 2015, all but two elements of the program became operational state-wide. The two elements that were not implemented state-wide were the LCPs and the SAMs with their associated processes; these elements are exclusive to the *Safer Pathway* sites and they distinguish this study's 'intervention group' from the 'comparison group' (these groups will be described in more detail in the Method). Staged implementation of the program helps facilitate engagement with local service providers and key stakeholders, and enables the service to be refined where necessary. State-wide implementation of the program is expected within the next three to five years. Figure 1 illustrates the similarities and differences between the responses of NSW authorities to female victims of domestic violence at serious threat both in the *Safer Pathway* sites and the rest of NSW.<sup>8</sup>

## Domestic Violence Safety Assessment Tool

A key feature of the *Safer Pathway* program is the Domestic Violence Safety Assessment Tool (DVSAT). The DVSAT was developed so that police officers and service providers could accurately and consistently identify the degree of risk of future harm to domestic violence victims in both intimate partner

**Figure 1. An overview of how NSW authorities respond to female domestic or family violence victims 'at serious threat' in Safer Pathway sites and the rest of NSW**



Partially adapted from NSW Government (2014b). Safety Action Meeting Manual, p. 21.

and non-intimate relationships. Since 1 July 2015, it has been mandatory for police officers attending domestic violence related incidents anywhere in NSW to administer the DVSAT to victims.

The DVSAT has two components. Part A is a risk identification checklist for victims in intimate relationships. It consists of 25 questions which are divided into five sections (violence toward the client; the relationship between the client and partner, for example, whether the partner is jealous or controlling of the client, has stalked or harassed the client, and whether the client and the partner have separated in the last 12 months; the background of the partner, for example, whether the partner is unemployed, has mental health problems, has substance abuse problems, has threatened or attempted suicide, and has access to firearms; children and sexual assault, for example, whether the partner has threatened or used physical violence against the client during pregnancy, and has ever been arrested for sexual assault). This part of the tool provides a score of the seriousness of the threat to the victim. Part A includes the following questions:

Has your partner ever threatened to harm or kill you?

Has your partner ever used physical violence against you?

Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?

Has your partner ever threatened or assaulted you with any weapon (including knives and/or other objects)?

Has your partner ever harmed or killed a family pet or threatened to do so?

Part B is based on the professional judgement<sup>9</sup> of the police officer or the service provider completing the DVSAT with the victim. The officer/service provider may believe that the threat of future violence is greater than that indicated by the victim's responses to the questions in Part A. Several factors may increase the victim's vulnerability and threat to her/his safety, for example, substance misuse, mental health issues, disability, social or geographical isolation, cultural or language barriers, immigration issues, unwillingness to engage with support services, the perpetrator's access to weapons, or involvement with the Department of Family and Community Services. These factors may be known to the officer/service provider. In Part B of the DVSAT, police officers/service providers can include the victim's own perception of the threat to her/his safety. For victims in non-intimate relationships (e.g. abuse by an adult child), police assess the threat level on the basis of their professional judgement as well as repeat victimisation.

The DVSAT is designed to determine whether a victim's life, health or safety are 'at threat' or 'at serious threat' due to domestic violence. A victim is identified as 'at threat' either if she/he answers 'yes' to any of the 25 questions, or on the basis of professional judgement. A victim is assessed as being 'at serious threat' either on the basis of professional judgement or if she/he answers 'yes' to 12 or more questions.<sup>10</sup> It is not necessary for the threat to be imminent to be considered serious.

## Central Referral Point and Local Co-ordination Points

Across NSW, each police-administered DVSAT is uploaded electronically to the Central Referral Point (CRP). The CRP was established to create a single, streamlined and efficient data collection and referral pathway for all domestic violence clients in NSW. This electronic referral platform, which is hosted by Victims Services NSW, operates 24 hours a day, seven days a week. The CRP electronically transfers the referrals to one of three locations: (1) female victims of domestic and family violence in the *Safer Pathway* Police Local Area Commands (LACs) are referred to Local Co-ordination Points (LCPs) which are hosted by the Women's Domestic Violence Court Advocacy Service (WDVCAS),<sup>11</sup> (2) female victims of domestic and family violence who are not in the *Safer Pathway* LACs are referred to existing WDVCASs, and (3) male victims are referred to Victims Services NSW which provides case co-ordination and referral to local support services, if available. Also victims assessed 'at serious threat' by another government agency or a non-government service provider can be referred directly to the relevant LCP.

Staff at both the LCPs and the WDVCASs in non-*Safer Pathway* LACs respond in the same manner to each CRP referral of women experiencing domestic violence in the local area. Staff are required to attempt to contact each woman, by telephone, within one business day of receiving the referral. If they are unsuccessful, staff must make at least two further attempts in a five-day period; priority is given to women who have been assessed as at serious threat. However, after the woman has been successfully contacted, the procedure differs. In *Safer Pathway* sites, LCP staff are required to use the LCP DVSAT to undertake a second comprehensive threat assessment to determine the victim's current risk status (because it may have changed since the original referral was made). LCP staff can either upgrade or downgrade a woman's threat level.<sup>12</sup> In non-*Safer Pathway* sites, WDVCAS staff are not obligated to undertake a second DVSAT assessment, however 'they are *strongly* encouraged to do so if their workload permits' (Legal Aid NSW, 2015, p. 21, emphasis added). Other functions of both the LCPs and the WDVCASs in non-*Safer Pathway* sites are to undertake safety planning to address the victim's immediate safety needs, develop safety or escape plans, provide case co-ordination and make 'warm referrals' to relevant service providers.<sup>13</sup> However, as Figure 1 shows, the subsequent responses distinguish LCPs from the WDVCASs in non-*Safer Pathway* sites. A crucial function of the LCPs is to refer victims assessed 'at serious threat' of future harm or injury to a Safety Action Meeting (SAM). LCPs provide a link between the CRP and the SAMs. LCP staff also provide secretariat support for SAMs and communicate with victims regarding the SAM process.

## Safety Action Meetings

SAMs<sup>14</sup> are multi-agency meetings that operate only in the *Safer Pathway* sites. They are designed to provide a forum for effective information sharing between agencies regarding domestic violence victims in the local area. Victims must be aged 16 years or more and can be either female or male. SAMs are held fortnightly and are attended by senior representatives of key government agencies and local non-government service providers working with domestic violence clients and perpetrators. Neither clients nor perpetrators attend SAMs. The Safety Action Meeting Manual (2014) guides the operation of SAMs and the roles and responsibilities of the members. According to the Manual, the regular membership of SAMs in each site should include a senior police officer as Chairperson, the SAM Co-ordinator who is employed by the LCP, a representative from either Victims Services NSW or a local support service (who attends, either in person or by teleconference, if a male victim is listed on the agenda), and other government agency representatives (including NSW Health, NSW Department of Family and Community Services, NSW Department of Education and Communities and Corrective Services NSW). In addition, representatives from non-government service providers may be invited to attend on either a regular (if they might contribute to Safety Action Plans for a broad range of victims) or occasional basis (if they have a particular interest in an individual on the agenda). Non-government membership of SAMs is decided locally by the SAM Chairperson and the SAM Co-ordinator, in consultation with relevant stakeholders; they may include agencies involved in domestic violence support, accommodation, family support, case management, counselling and community health. SAM members 'must be in a senior role with authority to commit to actions, prioritise matters and allocate resources on behalf of their service provider ... without having to take decisions or proposals back to their service provider for approval' (Safety Action Meeting Manual, p. 14). This allows actions to be developed and implemented quickly.

One of the key functions of SAM members is to search their internal databases and files for information that is relevant for the victims listed on the meeting agenda as well as associated children and perpetrators, if this information is held. This is based on the principle that no single agency has a complete picture of the victim's situation, but rather that each agency may hold some useful information on different aspects of the victim's life. It is believed that sharing and combining this information at the meeting allows the development of a comprehensive understanding of the victim's situation, her/his needs and the threats to her/his safety. One of the objectives of improved information sharing is to eliminate the need for victims to re-tell their story to different service providers. As Figure 1 shows, SAM members develop a targeted and time-specific list of practical steps that service providers can take for each victim who is 'at serious threat' of escalating violence. These Safety Action Plans (SAPs) are designed to prevent or lessen a serious threat to the life, health or safety of domestic violence victims and their

children.<sup>15</sup> While victims are not required to comply with any SAPs and cannot be directed to take any actions following a SAM, all SAM members must implement the actions for which they are responsible. This implementation must occur within agreed timeframes and members must advise the next SAM of the outcomes of their actions. If it is safe to do so, either the LCP staff or an appropriate service provider must inform the victim of the actions that will be taken to reduce the threat to her/his safety. To ensure that actions are effectively implemented, SAM members may communicate with each other outside of the meetings. Victims remain on the SAM agenda for the subsequent meeting so that the SAPs can be monitored and reviewed. However, since SAMs are not case management or case tracking meetings, victims generally only remain on the agenda for no more than two or three meetings.

Victims are removed from the agenda when their SAP has been fully implemented and the threat to their safety has been reduced. Victims may also be removed from the agenda if, at two meetings, SAM members can take no further action collaboratively and members cannot identify any new actions. In this situation, service providers are advised to continue monitoring such victims. A victim can be referred to a SAM again if the threat increases in the future and a new SAP is then developed. Victims with complex needs or at grave risk of serious injury or death may be referred to SAMs on multiple occasions.

## METHOD

### DESIGN

#### Reduction in proscribed behaviours

As noted earlier, the main objective of the current study was to determine whether providing case co-ordination via the *Safer Pathway* program reduces female victims' experiences of proscribed behaviours. This was assessed by conducting structured telephone interviews with two groups of female domestic violence victims:

1. An intervention group, drawn from each of the nine Local Area Commands (LACs) where **all** elements of the *Safer Pathway* program have been implemented – Bankstown, Barrier/Broken Hill, Botany Bay, Canobolas, Eastern Beaches, Eastern Suburbs, Parramatta, Rose Bay and Tweed/Byron. In this report, these nine LACs will be referred to as the '*Safer Pathway* sites/LACs'; and
2. A comparison group, drawn from nine LACs where only some of the elements of the *Safer Pathway* program were operating but which were matched on a number of relevant criteria – Albury, Barwon, Griffith, Holroyd, Ku-ring-gai, Liverpool, Miranda, Northern Beaches and The Hume. (See Appendix A1 for an explanation of the method for selecting the comparison sites). In these LACs, neither LCPs nor

SAMs are operating. However, the remaining elements of the program are operating, that is, police-administered DVSATs, referral to CRP and the subsequent referral to WDVCSAs for female victims and Victims Services (or local service provider) for male victims; since the NSW Government implemented these elements state-wide on 1 July 2015, it is not possible to generate a comparison group for all the elements of the *Safer Pathway* program. In this report, the nine LACs in the comparison group will be referred to as the 'non-*Safer Pathway* sites/LACs'.

Victims in both the intervention and comparison groups were asked about their experiences of various proscribed behaviours in relation to the alleged offender during two four-week reference periods. The questions used to tap proscribed behaviours were those used in previous research on domestic violence by Trimboli and Bonney (1997) and Trimboli (2014). They focus on stalking; physical assault; threats of physical assault; intimidation; verbal abuse in person, by phone and by text messages; and approaches by the defendant to the victim's family, friends and children.

The first interview, which was conducted close to the time of the index domestic violence incident for which the victim was referred to the CRP, dealt with the victim's experience of proscribed behaviours in the four weeks prior to the index incident at which the attending police officers administered the DVSAT to the victim (as noted earlier, police administer the DVSAT to victims of all domestic violence incidents, both intimate partner and non-intimate relationships). The second interview, which was conducted approximately six weeks after the date of the incident as recorded on the referral entered onto the CRP, canvassed the same experiences in the four-week reference period beginning two weeks after the index incident (thereby allowing time for victims in the intervention group to be referred to the next Safety Action Meeting). In each interview, if a victim responded that she had experienced a proscribed behaviour during the reference period, she was asked to indicate how frequently that behaviour had been experienced during that period: one to three times over the four-week period, once or twice per week, three to four times per week or at least once a day. Changes in the frequency of proscribed behaviour before and after the SAM in the intervention group were compared with changes in the frequency of proscribed behaviour in the comparison group over a comparable time period.

In the first interview, each victim in both the intervention and the comparison groups was also asked the defendant's relationship to her at the time of the index incident and questions about her socio-demographic characteristics (age, country of birth, Aboriginality and highest level of education completed).

### Treatment and comparison group responses to DVSAT and services

In addition to asking the victim about her experiences of proscribed behaviours, a number of other questions were asked

to gauge victim responses to the DVSAT and services. In the **first** interview, victims in **both** the intervention and comparison groups were asked:

- how comfortable they felt about being asked the DVSAT questions at the time of the index incident (measured on a five-point Likert scale, ranging from 'very uncomfortable' to 'very comfortable'); and why they felt uncomfortable (open-ended);
- how respectfully they were treated by the police officer when he/she was asking the DVSAT questions (measured on a five-point Likert scale, ranging from 'very disrespectfully' to 'very respectfully');
- whether they would have preferred to be asked the DVSAT questions at another time, rather than at the time of the incident (yes/no). If not, when they would have preferred to be asked the DVSAT questions (open-ended); and the reasons for that preference (open-ended).

In the **second** interview, victims in **both** the intervention and comparison groups were asked:

- a) Whether any services or agencies had contacted them in the preceding four weeks (yes/no).
- b) Whether they needed support from any agencies or services in that period (yes/no).
- c) Which services or agencies had contacted them (open-ended).
- d) For those who were contacted, in what ways the service/agency had helped them (open-ended).
- e) Whether the service/agency could have done more to help (yes/no); if 'yes', what else the service/agency could have done (open-ended).
- f) For those who received assistance from a service/agency, how satisfied they were with the support they received (measured on a five-point Likert scale, ranging from 'very dissatisfied' to 'very satisfied').
- g) Whether they needed any other support during the period that was not offered (open-ended).

If the victim responded that she had been contacted by more than one service or agency, questions (d) to (f) were asked regarding each agency. All victims were then asked:

- what they liked overall about the support they received in the four-week reference period; and
- what they disliked overall about the support they received in the four-week reference period.

In addition to these questions, in the first interview **each victim in the intervention group** was asked whether she was told that her case would be referred to a Safety Action Meeting where the issue of her safety would be discussed (yes/no). If she replied yes:

- why she agreed to the case being referred to the meeting (open-ended);
- what she was told would happen at the meeting (open-ended);

- what she was told would happen after the meeting (open-ended); and
- how comfortable she felt knowing that workers from different services and agencies would discuss her case at the meeting (measured on a five-point Likert scale, ranging from 'very uncomfortable' to 'very comfortable').

If, at the second interview, the victim responded that she had been contacted following the SAM,<sup>16</sup> she was asked:

- what she liked about being referred to the SAM (open-ended);
- what she disliked about being referred to the SAM (open-ended); and
- whether, if she heard of someone in a similar situation to hers, she would suggest they agree to being referred to a SAM (yes/no) and why (open-ended).

See Appendix A2 for a copy of the interview schedule.

### Eligibility criteria

To be eligible to participate in the structured telephone interviews, the victim had to be in either an intimate partner relationship or non-intimate relationship and had to meet the following criteria:

- be assessed as being 'at serious threat' following the administration of the DVSAT by the police at the time of the index incident (i.e. the incident for which the victim was referred to the CRP);
- be referred to the CRP by one of the intervention or comparison LACs listed earlier;
- be aged 16 years or more at the time of the index incident; and
- have a telephone number, preferably a mobile telephone number, listed on the CRP referral details. Women without a mobile telephone number and who resided with the defendant were not contacted because of safety concerns.

A victim participated only once in the research, regardless of the number of times she was referred to the CRP. If the incident that triggered the referral was a breach of an Apprehended Domestic Violence Order (ADVO), the victim was not interviewed.

Breaches were excluded because it is likely that these victims would have already been administered the DVSAT for the incident which resulted in the ADVO application and, as a result, may have already become engaged with relevant services. The lag between the initial event and the breach may impact victim recall, thereby precluding questions about the defendant's behaviour during the period before the original offence.

### Interview Procedure

Contact details for the victims were accessed on a weekly basis from the CRP database maintained by Victims Services NSW. If the victim met the research eligibility criteria, a female researcher rang her using a mobile telephone. Attempts were made to contact every eligible victim. If the telephone was answered by a

woman, the interviewer confirmed that she was the victim listed on the referral details. After introducing herself and asking the victim if she was in a private environment and whether it was safe for her to talk, the interviewer explained that the purpose of the research was to assess how services respond to domestic violence incidents. The victim was then invited to participate in two telephone interviews. She was informed that all responses would be kept confidential and that specific details would not be divulged to other agencies. The victim was also informed that, following the second interview, a supermarket gift card for \$50 would be sent, via registered post, as reimbursement. If the victim stated that it was not convenient to be interviewed immediately, an appointment was made for a suitable time and date.

A paramount consideration throughout this study was not to jeopardise the victims' safety. As a result, a number of strategies were adopted, many of which have been successfully applied in other studies involving interviews with domestic violence victims (see, for example, Robinson & Tregidga, 2005, 2007). For example, at no stage did the researchers leave a message on any telephone. For each victim, researchers used the same mobile telephone number for both interviews in order to maintain continuity. If a telephone call was answered by a man and the defendant listed on the referral was a man, the researcher stated that she had made an error and terminated the call. All interviews were conducted in a quiet, private room occupied only by the researcher.

As noted earlier, the first interview (Phase 1) was usually conducted close to the time of the index domestic violence incident for which the victim was referred to the CRP, while the second interview (Phase 2) was conducted following the case co-ordination processes for victims in the intervention group and an equivalent period of time for victims in the comparison group. In practice, the second interview was conducted approximately six weeks after the date of the incident as recorded on the referral entered onto the CRP. Since SAMs are held on a fortnightly basis, this allowed time for the victim to be referred to the next scheduled meeting. One business day prior to the scheduled Phase 2 interview, the interviewer sent the victim a reminder text to confirm the time and date of the interview.

Interviews were conducted by two female interviewers who have extensive experience in conducting research with domestic violence victims. Each interview took between ten and 15 minutes to administer and slightly longer if an interpreter was involved ( $n = 4$ ). Referrals of female victims who appeared to meet the eligibility criteria were extracted from the CRP between 17 August 2015 and 9 May 2016. Interviews began on 10 September 2015 and continued until 30 June 2016. The final sample was 130 victims, with 69 (53.1%) from the intervention LACs and the remaining 61 (46.9%) from the comparison LACs; the majority in each group were in intimate relationships (54 or 78.3% and 46 or 75.4%, respectively).

Figure A3 (see Appendix A3) shows the attrition from the interview sample over the nine-month study period. A total of 511 eligible female victim referrals were extracted from the CRP. However, 85 (16.6%) of these 511 women were excluded because their telephones were disconnected when the researchers attempted to ring them. Of the remaining 426 referrals, 91 (21.4%) were excluded because their telephone was not answered at all. Of the 335 telephones that were answered, 44 (13.1%) were excluded because a male answered the telephone. Of the 291 telephones that were answered by the victim listed on the referral details, 117 (40.2%) refused to participate in the research or did not answer their phone after initially agreeing to the research. The main reasons given by the 56 women who explicitly refused to participate in the research were that they did not want to revisit or talk about the issues (30.4%), they were not interested in the research (26.8%) or they were too busy to participate (23.2%). Of a total of 174 women who agreed to participate in the research, 44 (25.3%) were successfully interviewed only at Phase 1 and 130 were interviewed at both Phases 1 and 2. The retention rate between the two interview phases was, therefore, 74.7 per cent. Most of the women lost to the second interview were in intimate relationships. There was no significant difference between the intervention and the comparison groups in the percentage lost to Phase 2 ( $p = .257$ ).

### Statistical Analysis

In most cases, all tests of differences between the intervention and the comparison groups involved Chi square analyses. Since the frequency of the proscribed behaviours was measured on an ordinal five-point scale, ranging from 'none' to 'at least once per day', Poisson regression was used (Agresti, 2007). Generalised estimating equation (GEE) regression was also used (Ballinger, 2004) to deal with repeated observations within groups (i.e. each victim providing data on two separate occasions). The GEE Poisson model generates an incidence rate ratio (a relative difference measure used to compare the incidence rates of events occurring at any given point in time). An incidence rate ratio (IRR) less than one indicates that the frequency of a proscribed behaviour (e.g. physical assault) decreased over time and an IRR greater than one indicates that the behaviour increased over time.

Poisson regressions were conducted within the intervention and comparison groups separately. The groups were then combined and a test for interaction was used to assess whether a change over time in a proscribed behaviour reported by the intervention group was different to that reported by the comparison group.

## RESULTS

### SAMPLE DESCRIPTION

Table 1 shows the characteristics of the 130 female victims who were interviewed at both Phases 1 and 2 by comparison/

intervention LACs. Our analysis of the effect of the program on proscribed behaviour is based on differences within comparison and intervention groups before and after the *Safer Pathway* intervention.

As Table 1 shows, there were no significant differences between the comparison and intervention groups in relationship type (intimate/non-intimate) or their socio-demographic characteristics. In each group, at least three-quarters of the victims were in an intimate relationship at the time of the index incident. For all the victims in intimate relationships, the offender was a man. There were no same-sex couples in this sample. The age distribution of victims was similar with about three in five victims aged between 25 and 44 years (60.7% in the comparison group and 62.3% in the intervention group). While the number of victims in non-intimate relationships was relatively small ( $n = 15$  for each group), about half in each group (53.3% in the comparison group and 46.7% in the intervention group) were slightly older than the victims in intimate relationships, being aged 45 years or more. This is consistent with the fact that, for the majority of victims in non-intimate relationships, the defendants were their sons or daughters (60.0% in the comparison group and 80.0% in the intervention group). Most victims were born in Australia (78.7% in the comparison group and 78.3% in the intervention group) and one in six (16.2%) women reported that they were Indigenous. In each group, over one in three victims (37.7% in the comparison group and 44.9% in the intervention group) had tertiary qualifications (i.e. a university degree or a diploma/certificate from a college of advanced education/technical college).

Table A4 (Appendix A4) compares the socio-demographic characteristics of the victims who were interviewed at both Phases 1 and 2 and those interviewed only at Phase 1. In summary, among the victims in the comparison group, there were no significant differences between those lost to the research (Phase 1 only) and those retained in the research (Phases 1 and 2) in terms of their age category, Indigenous status, country of birth, education or whether the defendant was an intimate partner. However, for victims in the intervention group, those interviewed only at Phase 1 were significantly more likely to be Indigenous (37% vs 13%;  $p = .017$ ).

In terms of relationship type, the sample of victims across the nine intervention and the nine comparison LACs is representative of the population of female victims assessed as 'at serious threat' and referred by police to the CRP from these LACs. In both the sample and the population, about three in four victims in each group were in intimate relationships. Table A5 (Appendix A5) shows that about three in five victims in both the sample and the population were aged between 25 and 44 years. However, across the comparison LACs, victims aged less than 24 years were under-represented in the sample (i.e. 9.8% of the total comparison group sample vs 15.8% of the total comparison group population). Some intervention LACs (i.e. Botany Bay,

**Table 1. Characteristics of female victims interviewed at Phases 1 and 2 by comparison/intervention LACs**

	Comparison LACs n = 61		Intervention LACs n = 69		Test statistic
	N	% <sup>1</sup>	N	% <sup>1</sup>	
<b>Intimate relationship</b>	46	75.4	54	78.3	$\chi^2_1 = 0.15, p = .700$
<b>Defendant's relationship to victim at index incident</b>					$\chi^2_2 = 0.62, p = .733$
Current or former spouse/partner <sup>2</sup>	33	54.1	42	60.9	
Current or former boy/girlfriend	12	19.7	12	17.4	
Other <sup>3</sup>	16	26.2	15	21.7	
<b>Age at time of interview (years)</b>					$\chi^2_3 = 2.12, p = .549$
≤ 24	6	9.8	11	15.9	
25 – 34	19	31.1	19	27.5	
35 – 44	18	29.5	24	34.8	
≥ 45	18	29.5	15	21.7	
<b>Born in Australia<sup>4</sup></b>	48	78.7	54	78.3	$\chi^2_1 = 0.00, p = .953$
<b>Indigenous</b>	12	19.7	9	13.0	$\chi^2_1 = 1.05, p = .305$
<b>Highest level of education attained</b>					$\chi^2_3 = 3.49, p = .322$
Part secondary school	19	31.1	13	18.8	
School Certificate (Year 10)/equivalent	12	19.7	19	27.5	
Higher School Certificate (Year 12)/equivalent	7	11.5	6	8.7	
Tertiary qualifications <sup>5</sup>	23	37.7	31	44.9	

<sup>1</sup> This is a percentage of the total in the comparison/intervention group (i.e. n = 61, 69).

<sup>2</sup> This includes defacto relationships and fiancés. Former relationships include separated, divorced and 'father of my children'.

<sup>3</sup> 'Other' relationships were son, daughter, parent, grand-child, relative of partner/ex-partner and sibling.

<sup>4</sup> Other countries of birth were Brazil, Fiji, Great Britain, Greece, India, Italy, Lebanon, Macedonia, Moldova, New Zealand, Nigeria, Russia, South Africa, Sudan, Vietnam and West Africa.

<sup>5</sup> This includes university, college of advanced education and technical college.

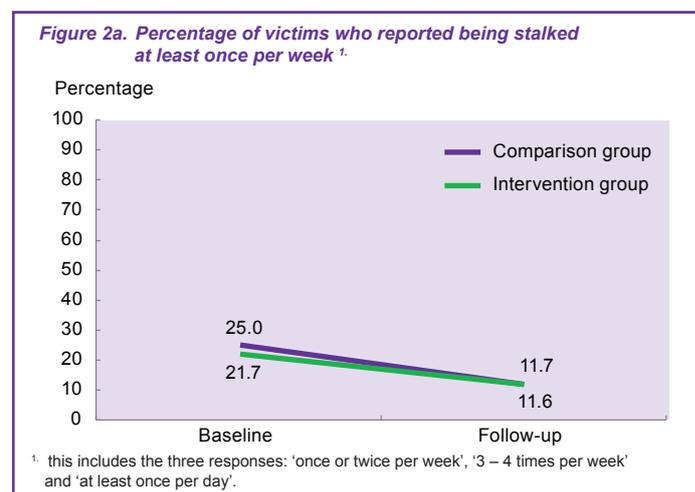
Eastern Suburbs, Parramatta and Rose Bay) contributed very small proportions to both the total intervention sample and population. However, the sample was under-represented in two LACs (i.e. Barrier LAC: 4.3% of the total intervention group sample vs 10.3% of the total intervention group population; and Liverpool LAC: 6.6% vs 17.3%, respectively) and over-represented in other LACs (i.e. Tweed/Byron LAC: 20.3% vs 9.6%, respectively; and the Hume LAC: 8.2% vs 3.0%, respectively).

**IMPACT ON VICTIMS' EXPERIENCES OF PROSCRIBED BEHAVIOURS**

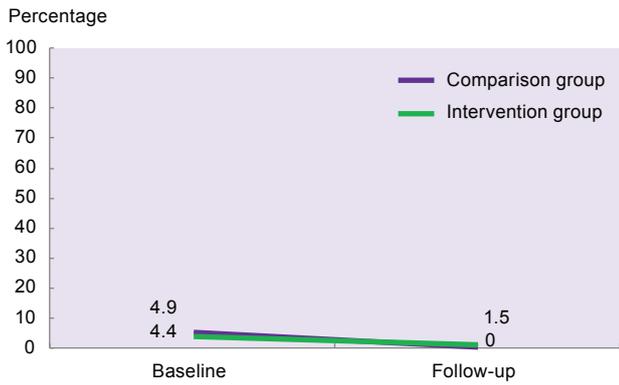
Initially, graphs are presented of the pre-post differences between the intervention and comparison groups in the weekly frequency of the seven proscribed behaviours included as outcomes in the study. Figures 2a – 2g show these differences for stalking (Figure 2a), physical assault (Figure 2b), threats of physical assault (Figure 2c), intimidation (Figure 2d) and verbal abuse in person, by phone and by text (Figures 2e, 2f and 2g, respectively).<sup>17</sup> If the *Safer Pathway* program is effective, a steeper fall is expected in the incidence of these proscribed behaviours for the intervention group than for the comparison

group. However, the overall picture conveyed by Figures 2a to 2g is that the frequency of the proscribed behaviours fell in both groups and in no case is there any obvious difference in the magnitude of the decline.

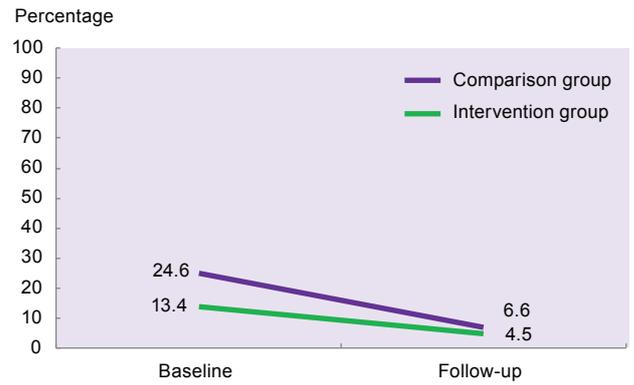
Figure 2a shows that, during the four-week period prior to the index incident (i.e. at baseline), 21.7 per cent of victims in the



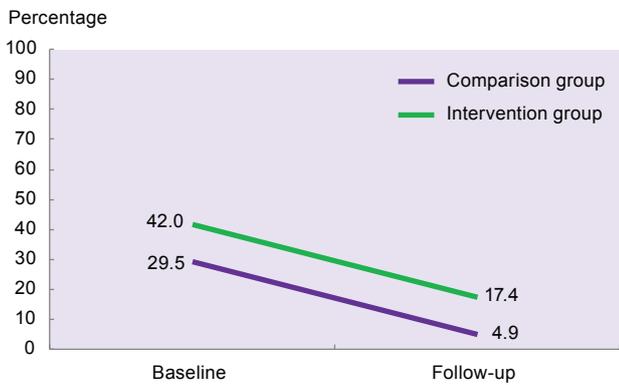
**Figure 2b. Percentage of victims who reported being physically assaulted at least once per week**



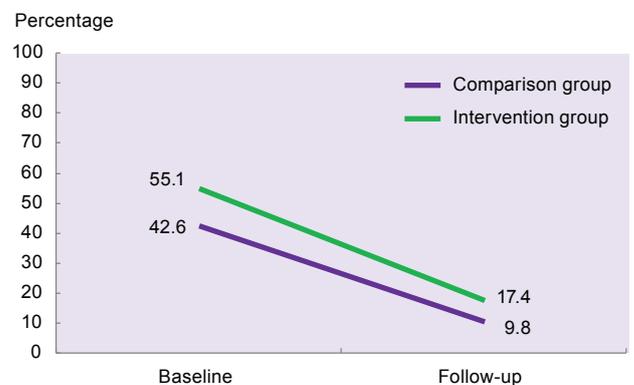
**Figure 2c. Percentage of victims who reported being threatened with physical assault at least once per week**



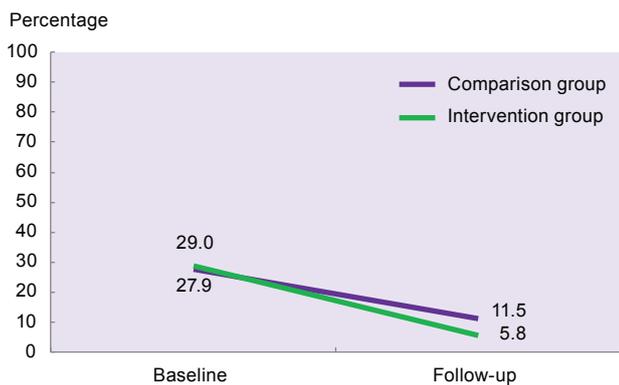
**Figure 2d. Percentage of victims who reported being intimidated at least once per week**



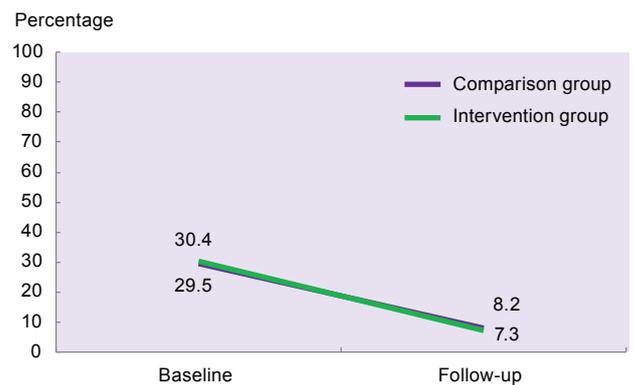
**Figure 2e. Percentage of victims who reported being verbally abused in person at least once per week**



**Figure 2f. Percentage of victims who reported being verbally abused by phone at least once per week**



**Figure 2g. Percentage of victims who reported being verbally abused by text messages at least once per week**



intervention group reported that they had been stalked at least weekly by the defendant. During the four-week period after the case co-ordination processes (i.e. at follow-up) the percentage of victims who reported being stalked at least weekly fell by 10.1 points (to 11.6%). The corresponding fall in the comparison group was very similar (13.3 points), from 25.0 per cent at baseline to 11.7 per cent at follow-up.

Figure 2b shows a similar result to Figure 2a. The percentage reporting being physically assaulted at least weekly fell by 4.9 points in the comparison group and 2.9 points in the intervention group.

The pattern in Figure 2c suggests that, if anything, the frequency of being threatened with physical assault declined more sharply in the comparison group than in the intervention group. The percentage reporting being threatened with physical assault at

least once a week fell by 18.0 points (from 24.6% to 6.6%) in the comparison group, whereas the corresponding fall in the intervention group was only 8.9 points (from 13.4% to 4.5%).

The lack of any obvious treatment effect is even more apparent in the case of intimidation. As can be seen from Figure 2d, the percentage point declines in weekly occurrences of intimidation were identical (24.6 points) in the intervention and comparison groups.

Figure 2e shows the percentage of victims who reported being verbally abused in person at least once a week in the intervention and comparison groups. The decline in the frequency of in-person verbal abuse is slightly steeper in the intervention group than in the comparison group, but the differences are not large: 37.7 points in the intervention group (from 55.1% at baseline to 17.4% at follow-up) and 32.8 points in the comparison group (from 42.6% to 9.8%, respectively).

Figure 2f shows that about three in ten victims in each group reported that their associated defendant had verbally abused them over the telephone at least once a week during the four-week period before the index incident. By follow-up, this behaviour had declined for both groups albeit by a slightly greater margin in the intervention group (down 23.2 points) than in the comparison group (down 16.4 points).

Finally, Figure 2g shows the relative proportions in the intervention and comparison groups who were abused verbally by text message at least once a week. The decline in frequency of this behaviour is almost identical in the two groups: 23.1 points in the intervention group and 21.3 points in the comparison group.

Figures 2a-g suggest that changes over time in the frequency of proscribed behaviours were similar between the intervention and comparison groups but the results of the regression analysis provides a formal assessment of this. This analysis exploits all

**Table 2. Changes in victims' experiences of proscribed behaviours before index incident and after case co-ordination processes/comparable period: Comparison and intervention LACs**

Proscribed behaviour	Comparison LACs	Intervention LACs	Do comparison and intervention LACs have different trends?
<b>Stalking</b>	<b>IRR = 0.35</b> (0.18, 0.70) z = -2.99, <b>p = .003</b> * n = 60	<b>IRR = 0.61</b> (0.39, 0.96) z = -2.14, <b>p = .032</b> * n = 69	<b>No</b> z = 1.31, <b>p = .191</b>
<b>Physical assault</b>	<b>IRR = 0.10</b> (0.02, 0.44) z = -3.01, <b>p = .003</b> * n = 61	<b>IRR = 0.19</b> (0.09, 0.41) z = -4.22, <b>p &lt; .001</b> * n = 69	<b>No</b> z = 0.79, <b>p = .431</b>
<b>Threats of physical assault</b>	<b>IRR = 0.26</b> (0.14, 0.47) z = -4.52, <b>p &lt; .001</b> * n = 61	<b>IRR = 0.33</b> (0.16, 0.67) z = -3.05, <b>p = .002</b> * n = 67	<b>No</b> z = 0.48, <b>p = .630</b>
<b>Intimidation</b>	<b>IRR = 0.24</b> (0.12, 0.48) z = -4.06, <b>p &lt; .001</b> * n = 61	<b>IRR = 0.38</b> (0.24, 0.62) z = -3.97, <b>p &lt; .001</b> * n = 69	<b>No</b> z = 1.11, <b>p = .267</b>
<b>Verbal abuse</b>			
In person	<b>IRR = 0.24</b> (0.13, 0.42) z = -4.85, <b>p &lt; .001</b> * n = 61	<b>IRR = 0.32</b> (0.21, 0.49) z = -5.24, <b>p &lt; .001</b> * n = 69	<b>No</b> z = 0.87, <b>p = .382</b>
By telephone	<b>IRR = 0.39</b> (0.22, 0.68) z = -3.31, <b>p = .001</b> * n = 61	<b>IRR = 0.28</b> (0.13, 0.59) z = -3.34, <b>p = .001</b> * n = 69	<b>No</b> z = -0.68, <b>p = .495</b>
By text	<b>IRR = 0.32</b> (0.17, 0.60) z = -3.55, <b>p &lt; .001</b> * n = 61	<b>IRR = 0.28</b> (0.16, 0.49) z = -4.45, <b>p &lt; .001</b> * n = 69	<b>No</b> z = -0.28, <b>p = .783</b>

the data on the frequency of each of the proscribed behaviours, not just the data pertaining to those who reported having experienced each behaviour at least once per week.

Table 2 summarizes these results. The first column lists each of the proscribed behaviours. The second and third columns report the results of the trend analysis before and after the two four-week reference periods for the comparison and intervention LACs, respectively. In each of columns two and three, an  $IRR < 1$  combined with a  $p$ -value of less than 0.05 indicates a significant declining trend for the proscribed behaviour in question. The final column addresses the question of whether the trends identified in columns two and three are significantly different. A  $p$ -value of more than 0.05 indicates that there is no significant difference between the intervention and comparison groups in the magnitude of the change in the proscribed behaviour. Inspection of each row in the final column of Table 2 confirms what Figures 2a to 2g suggest – in no case is there a significantly greater fall in the incidence of a proscribed behaviour in the intervention group than in the comparison group.

## VICTIM RESPONSES TO THE PROGRAM

### Responses to the DVSAT

Table 3 shows the responses given to selected DVSAT risk indicators by the 91 female victims in intimate relationships who participated in both interviews (Phases 1 and 2). Note that these questions are only asked of victims in intimate relationships (12 victims who participated in both phases are excluded because they 'refused to answer' each of the seven risk indicator questions or they were incorrectly administered the DVSAT for non-intimate relationships although when interviewed they reported that their relationship to the defendant was intimate).

As Table 3 shows, the majority of women in both the comparison and the intervention groups reported that their intimate partner had threatened to harm or kill her (63.4% and 72.0%, respectively) and/or had used physical violence against her (66.7% and 78.0%, respectively); there was no significant difference between the two groups on these questions. At least one-quarter of the women interviewed reported that their partner had choked, strangled or suffocated her or attempted to do so (25.6% and 40.4%, respectively); again, there was no significant difference between the two groups on this question. However, there was a significant difference between the two groups on the DVSAT question:

Has your partner ever threatened or assaulted you with any weapon (including knives and/or other objects)?

Two-fifths (39.6%) of the women in the intervention group responded that their partner had either used or threatened to use a weapon against them compared with 17.5 per cent of the women in the comparison group ( $\chi^2_1 = 5.11, p = .024$ ).

For all female victims who were interviewed at both Phases 1 and 2, Table 4 shows how much they feared the defendant.<sup>18</sup> This is based on the police officers' professional judgment at the time of administering the DVSAT at the index incident (information that is then uploaded onto the CRP) and is relevant for both victims in intimate and non-intimate relationships.

As Table 4 shows, in both the comparison and the intervention LACs, police officers assessed about two-thirds of the victims as 'afraid' or 'terrified' of the defendant. There was no significant difference between the comparison and the intervention groups in terms of how much they feared the defendant ( $\chi^2_1 = 0.02, p = .901$ ).<sup>19</sup>

When asked 'how comfortable did you feel being asked the [DVSAT] questions at the time of the [index] incident', about half of the victims in each group reported feeling 'comfortable' or 'very comfortable' (52.2% for the comparison group and 49.2% for the intervention group). Moreover, the vast majority of victims in both groups (87.8% and 93.3%, respectively) reported being treated 'respectfully' or 'very respectfully' by the police officer when asked the DVSAT questions and indicated that they preferred to be asked the DVSAT questions at the time of the incident (89.6% and 70.0%, respectively) rather than at another time. Of the 23 victims who reported that they would have preferred to be asked the DVSAT questions at another time, the majority preferred the day after the incident and the remaining victims would have preferred to be asked the DVSAT questions either under different circumstances (e.g. when the defendant was not nearby) or more than one day after the incident.

### Service provision to victims

Table 5 shows the number of victims who reported that they had been contacted by services or agencies in the four-week reference period (for the comparison group) or 'since the SAM' (for the intervention group).

As Table 5 shows, slightly less than half (49.2%) of the victims in the comparison group and 59.4 per cent of the victims in the intervention group reported that services or agencies had contacted them in the reference period. However, the difference between the two groups was not statistically significant ( $\chi^2_1 = 1.37, p = .242$ ).<sup>20</sup> Victims named a range of different types of services/agencies that had contacted them; including housing, police, generalist counselling and child-related services. The main type of agency that was reported to have initiated contact with female victims 'at serious threat' of future violence was an agency dealing with domestic violence. However, some women were unclear about which specific agency had contacted them and used terms such as 'the lady at the court'. After some probing by the interviewer, it became evident that most of these victims were referring to the female staff of the WDVCSA who provide assistance to women in the Safe Rooms at the courthouses.

**Table 3. Selected DVSAT risk indicators for female victims interviewed in intimate relationships: Comparison LACs versus intervention LACs**

Risk indicator	Comparison LACs n = 41		Intervention LACs n = 50		Test statistic
	N responding 'yes'	% of total IPV sample <sup>1.</sup>	N responding 'yes'	% of total IPV sample <sup>1.</sup>	
Has your partner ever threatened to harm or kill you?	26	63.4	36	72.0	$\chi^2_1 = 0.77, p = .382$
Has your partner ever used physical violence against you?	26	66.7 <sup>2.</sup>	39	78.0	$\chi^2_1 = 1.43, p = .232$
Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?	10	25.6 <sup>2.</sup>	19	40.4 <sup>3.</sup>	$\chi^2_1 = 2.08, p = .149$
Has your partner ever threatened or assaulted you with any weapon (including knives and/or other objects)?	7	17.5 <sup>4.</sup>	19	39.6 <sup>2.</sup>	$\chi^2_1 = 5.11, p = .024^*$
Has your partner ever threatened or used physical violence toward you while you were pregnant?	10	27.0 <sup>5.</sup>	12	25.5 <sup>3.</sup>	$\chi^2_1 = 0.02, p = .877$
Has your partner ever harmed or threatened to harm your children?	5	13.2 <sup>3.</sup>	12	25.0 <sup>2.</sup>	$\chi^2_1 = 1.88, p = .171$
Has your partner ever been charged with breaching an apprehended domestic violence order?	8	22.2 <sup>6.</sup>	13	28.3 <sup>5.</sup>	$\chi^2_1 = 0.39, p = .534$

\* Difference between intervention and comparison groups is statistically significant at  $p < 0.05$ .

<sup>1.</sup> This is a percentage of the total in each group who answered the specific question. Percentages do not add to 100.0 per cent because of multiple responses. IPV = intimate partner violence.

<sup>2.</sup> Excludes two victims.

<sup>3.</sup> Excludes three victims.

<sup>4.</sup> Excludes one victim.

<sup>5.</sup> Excludes four victims.

<sup>6.</sup> Excludes five victims.

**Table 4. DVSAT: Victims' assessed fear level by comparison/intervention LACs**

DVSAT fear level 'how fearful is the client of [the defendant]?'	Comparison LACs n = 61		Intervention LACs n = 68 <sup>1.</sup>	
	N	%	N	%
Not afraid	20	32.8	23	33.8
Afraid/terrified	41	67.2	45	66.2

<sup>1.</sup> Excludes one victim for whom this information was not recorded on the DVSAT that was uploaded onto the CRP.

**Table 5. Responses to 'did any services or agencies contact you in the past four weeks/since the SAM?' by comparison/intervention LACs**

Did any services or agencies contact you in the past four weeks/since the SAM?	Comparison LACs n = 61		Intervention LACs n = 69	
	N	%	N	%
Yes	30	49.2	41	59.4
No	31 <sup>1.</sup>	50.8	28 <sup>2.</sup>	40.6

<sup>1.</sup> This total includes one victim who stated that she could not remember whether she had been contacted.

<sup>2.</sup> This total includes one victim who stated that she could not remember whether she had been contacted and one victim who did not know whether she had been contacted.

The majority of victims contacted by domestic violence related agencies were either 'satisfied' or 'very satisfied' with the support that they received. However, of the victims who reported that domestic violence related agencies had contacted them, one in five (21.6%) stated that the agency could have done more to help them. Comments included:

They could have supported me to get into a refuge; maybe a phone call from them would have carried more weight than a call from me.

When you call and say there's an appointment, you should follow up; [name of staff person] didn't follow up, without any explanation.

I've texted [name of staff person] four times and made two phone calls and she hasn't responded.

Of the 71 women who reported that services or agencies had contacted them during the reference period, 18 (25.4%; 8 from the comparison group and 10 from the intervention group) stated that they needed *additional* support that had not been offered. Of the 59<sup>21</sup> women (45.4% of the total group of 130 women) who reported either that no agencies had contacted them during the reference period or that they could not recall whether they had been contacted, only 11 (18.6%<sup>22</sup> or 8.5% of the total group of 130 women) stated that they needed support during this period; most of these women (9) were from the comparison LACs. Women in each of these sub-groups stated that they would have liked to receive support for housing, financial assistance, advice regarding AVOs and/or counselling. A further 14 of these 59 women (23.7%) who reported that no agencies had contacted them volunteered the information that they had sought out services themselves and then arranged their own appointments or had resumed/continued with pre-existing service providers.

Most victims (16 or 61.5% in the comparison group and 21 or 53.8% in the intervention group) reported that there was nothing they disliked about the support they received during the four weeks/after the Safety Action Meeting. Among those who nominated something they disliked, the most commonly cited dislikes were: police-related issues (noted by 8 victims; e.g. police being condescending, not supportive or arriving late); a lack of, or a delay in, follow-up (noted by 5 victims) and insufficient resources (noted by 5 victims).

### Referrals to Safety Action Meetings

Of the 68<sup>23</sup> victims in the intervention LACs who were interviewed at both Phases 1 and 2, 33 (48.5%) reported that they had been told that their case would be referred to a Safety Action Meeting where the issue of their safety would be discussed. Of the remaining 35 (51.5%) victims, 28 (41.2% of the total) stated that they had not been told and seven (10.3% of the total) stated that they could not recall whether they had been told about a SAM referral.<sup>24</sup> Some women noted that they were dealing with a number of issues in the immediate aftermath of the index incident and were therefore uncertain if they had

received information about a forthcoming meeting. Some asked the interviewer about the meeting and whether they were required to attend it.

Most of the 33 victims (24 or 72.7%) who reported that they had been told that their case would be referred to a Safety Action Meeting stated that they agreed to the referral.<sup>25</sup> Of the remaining nine victims, six stated either that they did not agree to the referral or they could not recall whether or not they had agreed, and three victims stated they weren't asked, didn't get a chance to agree or believed they didn't have a choice. The main reasons that women gave for agreeing to being referred were: to get support/help, to enhance her safety and that it might be useful.

Of the 24 women who said they had agreed to their case being referred to a Safety Action Meeting, 15 (62.5%; 12 in intimate relationships and 3 in non-intimate relationships) reported that they felt comfortable/very comfortable knowing that workers from different services and agencies would discuss their case at a Safety Action Meeting. The majority of victims noted that there was nothing that they *disliked* about being referred to a SAM and the vast majority (33 of 36, 91.7%) reported that they would suggest that others in a similar situation agree to being referred to a Safety Action Meeting.

In response to the question 'what were you told would happen at the Safety Action Meeting?', several women gave multiple responses – ten (41.7%) of the 24 women replied that they were told that their situation would be discussed by the services and that support would be organised, six (25.0%) stated that their safety or the safety of their family would be discussed, but one in five (20.8%) stated that either they had not been told what would happen or could not recall what they had been told.

When asked 'what were you told might happen after the Safety Action Meeting?' almost half (11 or 45.8%) stated either that they had not been told what might happen after the SAM or could not recall what they had been told. A similar percentage of women stated that they had been told that they would be contacted. Two in five (n = 28 or 40.6%) of the 69 victims in the intervention group responded that they had been contacted after the Safety Action Meeting; six (8.7%) victims stated that they could not recall whether or not they had been contacted after the SAM and 21 (30.4%) stated that they had not been contacted.

## DISCUSSION

The main purpose of this study was to assess whether providing case co-ordination via the *Safer Pathway* program reduces female victims' experiences of proscribed behaviours. Baseline and follow-up interviews were conducted with 69 female victims residing in sites where all elements of the *Safer Pathway* program are operating and 61 female victims in sites without the complete *Safer Pathway* program. The results show that, in the weeks after the index domestic violence incident, the situation improved for most of the women who were interviewed. Overall, there was a statistically significant reduction in the negative behaviours that they had experienced from the defendant in the weeks after the index incident compared with the four weeks before. This included significant reductions in the frequency of stalking, physical assault, threats of physical assault, intimidation and verbal abuse (in person, by phone and by text messages). Importantly, these improvements were not restricted to victims in the intervention group, but were evident for both female victims in sites where all elements of the *Safer Pathway* program are operating and female victims in sites where only some of the elements of the *Safer Pathway* program are operating.

Evaluations of multi-agency domestic violence interventions operating both overseas (e.g. Coy & Kelly, 2011; Robinson & Tregidga, 2007) and in Australia (Marshall et al., 2008) have also found that most victims reported no further violence after their involvement with the relevant interventions. However, unlike the current evaluation, none of these earlier studies compared victim outcomes from intervention sites with victim outcomes from well-matched comparison sites where the usual services and systems were operating. Without a counterfactual, it is difficult to make any causal inferences regarding the impact of the program. The rigour of the current evaluation is also enhanced by the substantially larger sample size recruited, the higher response rate achieved and the use of a more sensitive measure of offending/victimisation (i.e. victim self-report through structured interviews) compared with previous research. Evaluations of other multi-agency domestic violence interventions have involved either police recorded crime data (e.g. Robinson & Tregidga, 2007), a single post-intervention interview conducted with small samples of victims (e.g. Robinson, 2006, interviewed 27 out of a possible 52 victims; and Marshall et al., 2008, interviewed 5 out of 69 women) or questionnaires returned by a small proportion of service users (e.g. in the evaluation conducted by Coy & Kelly, 2011, only 73 out of 400 questionnaires were returned).

The current study's failure to detect any differences between the intervention and comparison groups in the measured outcomes may be due to the fact that, with one major exception, namely, referral to SAMs and the subsequent integrated case co-ordination processes, all victims of domestic violence across the State receive similar responses from various key

authorities. Since mid-2015, all NSW police officers responding to domestic violence incidents are required to administer the DVSAT to victims in order to assess her/his risk of future harm or violence, and are required to upload this information to the CRP to facilitate victim contact through the LCP or WDVCS. These new processes may affect risk of repeat victimisation through two different mechanisms. Firstly, simply being asked the 25 DVSAT questions by police officers at the index incident may encourage women to re-assess their relationship with their intimate partner (perhaps to move from minimising the violence to taking it more seriously); this may ultimately result in more victims taking action to change their circumstances in order to reduce their immediate or future risk. Secondly, automatic referral of victims to LCP or WDVCS staff through the CRP process may reduce subsequent victimisation through the victim support and services they provide or facilitate. This may include helping women to develop safety or escape plans, making 'warm' referrals to relevant local service providers such as housing, domestic violence counselling, welfare assistance and family services, and/or following-up women who are at serious threat to check on their safety and on the progress of the referrals made. However, this referral/support process appears to work equally well (at least in the short-term) whether these actions are initiated by LCP staff and supported by the SAM process or delivered by WDVCS staff (perhaps together with the local Domestic Violence Liaison Officer and other police in the Local Area Command). That staff in both the intervention and the comparison sites assist victims is borne out by the fact that at least half of the women in each group in this sample reported that services had initiated contact with them to offer assistance in the four-week reference period after the index incident. In fact, there was no statistically significant difference between the two groups on this issue. In addition, most of these victims reported that there was nothing they disliked about the support they received.

It is also possible that the changes in defendant behaviour are entirely independent of both the administration of the DVSAT by the police and the generation of referrals and support following the CRP process. Attendance of the police at the time of the index domestic violence incident and/or any legal processes that are initiated in the days following the incident may create a deterrent effect. The defendant may discontinue or reduce the violence towards the victim (even if it is only for a short period of time) because he/she fears the legal or social consequences associated with detection by police or believes that there is an increased risk of being caught and sanctioned if he/she continues the violence. Data from other domestic violence studies conducted prior to the introduction of the new service model suggests that this could be a plausible explanation, particularly amongst those perpetrators where an Apprehended Domestic Violence Order (ADVO) has been granted (see Trimboli & Bonney, 1997; Trimboli, 2014).

Any of these responses from authorities, either alone or in combination, may have contributed to the reduction in the negative behaviours experienced by most of the women in this study. However, what is certain from these results is that the procedure of referring victims to Safety Action Meetings and the associated processes does not appear to provide victims any extra short-term benefits over and above the systems that operate for women at serious threat in the comparison sites.

This study also shows that victims in both the comparison and the intervention group were treated in a similar manner by the various authorities involved. For example, about nine in ten victims in each group reported that the police officer had behaved 'respectfully' or 'very respectfully' when asking the DVSA questions. Only one in five women from each group stated that they needed additional support that they had not been offered by the agencies that had contacted them.

However, some procedures of the program may need to be refined, for example, informing victims 'at serious threat' that their case would be referred to a Safety Action Meeting, informing victims about what might happen at this meeting and after it, or indeed contacting victims at all either before or after the meeting. For example, less than half (48.5%) of the victims interviewed in this study reported that they had been told that their case would be referred to a Safety Action Meeting where the issue of their safety would be discussed; the remaining women stated either that they had not been told (41.2%) or that they could not recall whether they had been told about a SAM referral (10.3%). It is possible that some women had been given this information by the LCP staff, but they could not recall it. By way of possible explanation for lack of recall, it should be noted that some women stated that they were dealing with a number of issues in the immediate aftermath of the index incident and were therefore uncertain if they had received information about a forthcoming meeting. Similar findings were noted by Coy and Kelly (2011) in their evaluation of MARACs; these researchers found that only 30 (42.3%) out of 71 women reported that they knew their case had been referred to the MARAC; the remaining 41 women were either not sure (46.5%) or did not know (11.3%).

Despite the numerous and substantial strengths of this study, it also had a number of limitations. One limitation is the short follow-up period used to assess changes in victims' experiences of the various forms of proscribed behaviour, such as stalking, physical assault and intimidation. It is possible that the SAM process produces longer-term benefits to victims that could not be measured in this study. Replication of the current methodology using multiple follow-up interviews would capture these longer-term effects, but maintaining contact with high-risk victims over a long period of time is very difficult and time-consuming. In fact, in the current study, it took nine months of intensive work to successfully recruit and interview just 130

victims on two occasions. Other researchers (e.g. Coy & Kelly, 2011; Robinson & Tregidga, 2005, 2007) have also noted that conducting interviews with high-risk victims is both challenging and problematic.

A further limitation of this study is that there was no measure of implementation success. It is possible that there was variation across LACs in how the *Safer Pathway* program was implemented or how the SAMs operated. This may have occurred despite the existence of various operational manuals and the extensive training of relevant staff. If this were true, differential, and perhaps better, outcomes may have been expected in these high performance LACs compared to other sites. Interviewing a larger numbers of victims from the various LACs involved in this study would have allowed these dosage effects to be tested more rigorously. A larger sample size would also have improved our ability to detect small intervention effects (if they exist). Some of these limitations will be addressed by comparing and contrasting trends in domestic violence related incidents at the LAC level for *Safer Pathway* and non-*Safer Pathway* sites. This work is currently being undertaken by the NSW Bureau of Crime Statistics and Research (BOCSAR), and the results will become available late in 2017.

It should be noted that this study was not, nor was it intended to be, a comprehensive evaluation of all aspects of the *Safer Pathway* program. BOCSAR acknowledges that this study focused exclusively on the experiences of female victims, particularly the frequency of their experiences of proscribed behaviours. It did not explore the characteristics of individual incidents of these behaviours. It is possible that even a single incident of a proscribed behaviour could generate considerable risk and fear.

Other aspects of the program could be evaluated in future research, such as the effectiveness of the streamlined referral mechanism, information-sharing among service providers, co-ordination between service providers or the adequacy of suitable services for victims of domestic violence within the catchment areas.

## ACKNOWLEDGEMENTS

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## NOTES

- 1 This includes domestic (intimate and ex-intimate partner) and non-domestic violence and sexual assault. However, the estimate only captures reported violence. The sum of \$15.6 billion comprises \$7.6 billion in non-financial costs (pain, suffering and premature death) and \$8 billion in financial costs (e.g. public and private health system costs, production-related costs such as absences from work, consumption-related costs such as replacing damaged property, criminal justice system costs) (National Council to Reduce Violence against Women and Children, 2009).
  - 2 The NSW Domestic Violence Disclosure Scheme is a police-led scheme that allows people who are or have been in an intimate relationship and are concerned about their safety to make an application to the police to undertake a risk assessment and criminal history check of their current or former partner. An application may also be made by a third party who has an ongoing relationship with the person who may be at risk.
  - 3 For example, an expansion of NSW's Suspect Target Management Plan to include recidivist domestic violence offenders, and the creation of Domestic Violence High Risk Offender Teams.
  - 4 These enquiries were Australian and NSW Law Reform Commissions (2010), Audit Office of NSW (2011) and NSW Parliament Legislative Council Standing Committee on Social Issues (2012).
  - 5 The other elements are a strategic approach to prevention and early intervention focused on research findings; accessible, flexible, person-centred service responses; a strong, skilled workforce; and the NSW Domestic Violence Justice Strategy adopted by justice agencies to improve the criminal justice response to domestic violence and launched in December 2012.
  - 6 The New Zealand program is called the Family Violence Interagency Response System or FVIARS (Carswell et al., 2010) and the British program is called the Multi-Agency Risk Assessment Conferences or MARACs (Robinson & Tregidga, 2005, 2007).
  - 7 The Waverley site comprises four NSW Police Force Local Area Commands (LACs) – Botany Bay LAC, Eastern Beaches LAC, Eastern Suburbs LAC and Rose Bay LAC.
  - 8 Male victims are referred to Victims Services NSW and, in *Safer Pathway* sites, to the relevant SAMs and their associated processes. However, since only female victims participated in this study, Figure 1 focuses on the responses of authorities to female victims. Male victims were not included in this study because most victims of domestic violence are women; the type and availability of services catering to male victims are very different to female victims, and much fewer in number; the male sample size is very small, precluding analyses to be separated out by gender; and after piloting the interview with a small number of male victims, it became apparent that male interviewers would be needed and the NSW Bureau of Crime Statistics and Research (BOCSAR) did not have resources available at the time to do this.
  - 9 Professional judgment is 'an assessment based on information gathered with a victim, and the knowledge, skills and experience of the service provider completing the DVSAAT'. (Source: NSW Government, 2014c, p. 4).
  - 10 Prior to 9 March 2015, this threshold was 10 or more 'yes' responses.
  - 11 The Women's Domestic Violence Court Advocacy Services (WDVCASs) are funded by Legal Aid NSW. The 28 WDVCASs across NSW provide information, assistance and court advocacy to women and children who are, or have been, experiencing domestic violence.
  - 12 On 9 March 2015, the procedure for downgrading the threat level prior to a Safety Action Meeting became effective. The change, which was proposed jointly by NSW Police Force and Legal Aid NSW and endorsed by the Delivery Board out of session, became applicable for all criteria which lead to an assessment of 'at serious threat' – DVSAAT threshold, professional judgment or three or more incidents of domestic violence in a six-month period. LCP staff are required to consult with the relevant Domestic Violence Liaison Officer and complete a comprehensive case file note to explain the reasons for the decision to downgrade the threat level.
  - 13 'Case co-ordination is defined as arranging and following up on the delivery of services and supports to women and their children. It is not case management – LCPs are not expected to work with clients over an extended period of time'. (Source: Legal Aid NSW, 2014, p. 20).
- A 'warm referral' is defined as (Source: Legal Aid NSW, 2014, p. 3):
- a referral made by a service provider on behalf of a client. Warm referrals involve contacting a service provider for a client, rather than providing the client with information and recommending that they contact the service provider directly. Warm referrals also involve a certain amount of follow-up, in which the initial service provider checks to make sure that the referral has been successful and the client is receiving the required support from the service provider to which they have been referred.

- 14 The Safety Action Meeting Manual (NSW Government, 2014b, pp 2, 7) defines a SAM as:
- a regular meeting of local service providers that aims to prevent or lessen serious threats to the safety of domestic violence victims through targeted information sharing ... The objectives of Safety Action Meetings are to:
- prevent domestic violence-related deaths, illness, injury and disability;
  - prioritise responses to victims at serious threat and their children;
  - reduce repeat victimisation;
  - reduce re-offending by perpetrators;
  - manage threats collaboratively across relevant service providers;
  - improve service provider accountability for their response to victims, children and perpetrators; and
  - increase the safety of staff working with victims and perpetrators.
- 15 Some examples of SAP actions are (*Source: SAM Co-ordinators*): police to provide a copy of Apprehended Domestic Violence Order to Department of Education and Communities, police to do bail check, Corrections to check on drug testing for person of interest, Housing NSW to investigate fixing door broken during domestic violence-related incident, Staying Home Leaving Violence to speak with Family and Community Services caseworker, (*specific hospital*) to investigate whether there is a birth recorded for this child, (*specific mental health service*) to work with Family and Community Services and co-ordinate support for the family, WDVCAS to investigate pro bono family legal advice options and inform client, (*specific agency*) to encourage client to report domestic violence incidents to the police.
- 16 For each victim in the intervention group, the date of the Meeting was obtained from the agenda papers which were provided to BOCSAR by the SAM Co-ordinator of each Local Co-ordination Point.
- 17 Small proportions of victims in both the comparison and the intervention groups experienced verbal abuse via Facebook and email, and the defendant contacting the victim's support network of family, friends and children.
- 18 The first question in Part B (professional judgement) of the DVSAT reads 'How fearful is the client of *their partner*?' (emphasis added). However, since this question is asked of victims in either an intimate or non-intimate relationship, in this report, the words 'their partner' have been replaced with 'the defendant' in order to accommodate victims regardless of the relationship type.
- 19 For the Phase 1 only interviews, there was also no significant difference between the comparison and intervention groups ( $\chi^2_1 = 0.47, p = .495$ ) in the assessed fear level. There was also no significant difference between the assessed fear level of the victims who participated in the Phase 1 only interviews and those who participated in both the Phases 1 and 2 interviews ( $\chi^2_1 = 0.03, p = .854$ ). For this statistical test, intimate and non-intimate relationships were combined, 'afraid' and 'terrified' were combined, and comparison and intervention groups were combined.
- 20 For the purposes of the statistical test, intimate and non-intimate relationships were combined within each group.
- 21 Of these 59 women, 52 reported that they had not been contacted by services during the four-week reference period, 3 could not recall or did not know whether they had been contacted, and 4 stated that only the researchers had contacted them.
- 22 The response is missing for one victim in an intimate relationship in the intervention group, therefore percentage is based on  $n = 58$ .
- 23 The response is missing for one victim in a non-intimate relationship, therefore percentage is based on  $n = 68$ .
- 24 Of the 19 victims in the intervention LACs who were interviewed only at Phase 1 (and who were lost to Phase 2), 11 (57.9%) reported that they had been told that their case would be referred to a Safety Action Meeting where the issue of their safety would be discussed. The remaining 8 (42.1%) victims stated that they had not been told. There was no significant difference between the two groups (Phase 1 only and Phases 1 and 2) in the pattern of their responses to this question ( $\chi^2_1 = 0.52, p = .470$ ).
- 25 Of the 11 victims in the intervention LACs who were interviewed only at Phase 1 and who reported that they had been told that their case would be referred to a Safety Action Meeting, 10 (90.9%) stated that they agreed to their case being referred. The woman who reported that she did not agree to her case being referred stated that she did not need it. There was no significant difference between the two groups (Phase 1 only and Phases 1 and 2) in the pattern of their responses to this question ( $\chi^2_1 = 1.55, p = .213$ ).
- 26 These included:
- i) Domestic violence-specific variables (sourced from BOCSAR databases):
    - a. Percentage of domestic violence assault victims Indigenous; percentage of domestic violence assault victims aged: under 30, 30 - 59, 60+; percentage of domestic violence assault victims female;

- b. Percentage of domestic violence assaults in domestic violence incidents; percentage of DV assaults with grievous/actual bodily harm; percentage of DV incidents with grievous/actual bodily harm; percentage of DV assault incidents where a person of interest (POI) is identified; domestic violence assault incidents where person of interest (POI) is proceeded against to court relative to total domestic violence assault incidents with an identified POI;
  - c. Ratio of Apprehended Domestic Violence Orders (ADVOs) in place to domestic violence victims (indicator).
- ii) population-level socio-economic variables (sourced from the ABS—primarily the 2011 census):
- a. Resident population;
  - b. Percentage of population living in: lone-person households, group households, one-parent family households, couple/one-parent families with children, couple families with no children; percentage of families with 4+ children; percentage of population in dwellings with 5+ residents;
  - c. Percentage of population: in registered marriage, de facto marriage, divorced/separated;
  - d. Percentage of population with: less than a Year 12 formal education; a bachelor/post-graduate degree; percentage of population with weekly personal income under \$1,000; male unemployment rate; female unemployment rate; percentage of males not in labour force; percentage of females not in labour force; gender gap in percentage of males and females not in the labour force;
  - e. Percentage of population needing assistance with core activities;
  - f. Percentage of population who speak English at home; percentage of population who speak English: not well or not at all; percentage of population who speak English: not at all;
  - g. Home ownership rate; percentage of dwellings public housing.
- iii) Region remoteness indicators (ABS area remoteness categories):
- a. Indicators for: Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; Very Remote Australia.

27 Variables were included to capture (at the LAC level) the percentage of the population aged: under 5 years, 5 – 14, 15 – 29, 30 – 44, 45 – 59, 60 – 74, 75 and over.

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## APPENDIX A1

### METHOD FOR SELECTING COMPARISON SITES

In the first instance, quantitative data were considered as follows. A statistical regression model was developed to predict rates of domestic violence (DV) re-victimisation (according to official records) at each police Local Area Command (LAC) in NSW. A wide range of covariates potentially relevant to DV outcomes were considered for inclusion in the model as independent variables.<sup>26</sup> The final model included those variables that were collectively most closely correlated (either positively or negatively) with re-victimisation rates, after controlling for the age-structure of the local resident population.<sup>27</sup>

Specifically, the model included independent variables measuring, for each LAC:

- the share of Indigenous persons amongst victims of DV assaults;
- the percentage of the local population with a formal education under year 12;
- the percentage of DV assault victims aged under 30 years;
- the share of public housing in total dwellings;
- the percentage of DV assault incidents where a Person of Interest (POI) is identified;
- an indicator of the ratio of Apprehended Domestic Violence Orders (ADVOs) in place to victims of DV incidents;
- the percentage of the population who do not speak English well, or at all;
- the percentage of DV incidents involving grievous or actual bodily harm.

LACs with predicted re-victimisation rates similar to those evident in the intervention sites were, in the first instance, considered preferred options for respective comparison sites. The model implies top three recommendations for each intervention site as listed in Table A1. Similarities in the predicted re-victimisation rates are then tempered by an assessment of similarities across the very characteristics shown in the model to be uniquely relevant predictors of re-victimisation outcomes. In combination with intuition provided through consultation with key stakeholders, final comparison sites were selected from amongst the top recommendations. Both NSW Police Force and Legal Aid NSW were consulted regarding several potential comparison LACs and the final list was endorsed by both agencies.

*Table A1. Key implications of a model comparing DV re-victimisation rates and related data across LACs*

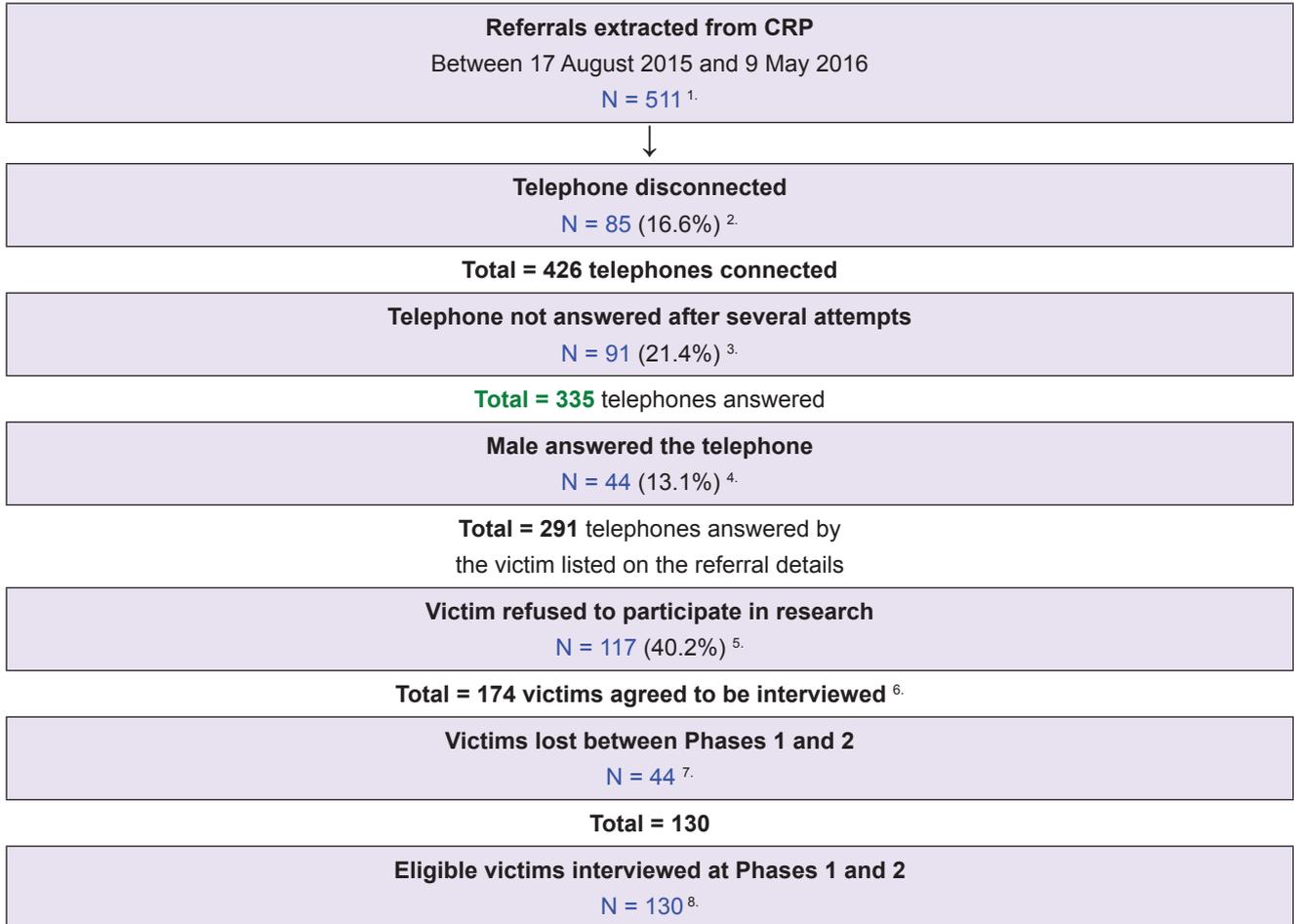
<b>Intervention LACs</b>	<b>Top three recommended comparison LACs</b>
Canobolas (Orange)	Cootamundra; Griffith; Redfern
Botany Bay	Tuggerah Lakes; Albury; Hawkesbury
Eastern Beaches	Campsie; Harbourside; Miranda
Eastern Suburbs	Cabramatta; Northern Beaches; Campsie
Rose Bay	Ku-ring-gai; Ryde; Flemington
Bankstown	Liverpool; Brisbane Water; Burwood
Barrier (Broken Hill)	Barwon; Orana; Lachlan
Parramatta	Burwood; Brisbane Water; Holroyd
Tweed-Byron	Rosehill; The Hume; Far South Coast

APPENDIX A2

INTERVIEW SCHEDULE CAN BE ACCESSED ON BOCSAR WEBSITE

APPENDIX A3

Figure A3. Attrition from the study



<sup>1</sup> This applies to victims who appear to be eligible for the research on the basis of the information entered onto the CRP. Of these 511 referrals, 247 (48.3%) were from the intervention LACs and 264 (51.7%) were from the comparison LACs, with 207 (83.8%) and 213 (80.7%) in intimate relationships, respectively.

<sup>2</sup> This is a percentage of the number of referrals of victims who appear to be eligible for the research on the basis of the information entered onto the CRP (i.e. 85 out of 511). Of these 85 referrals, 39 (45.9%) were from the intervention LACs and 46 (54.1%) were from the comparison LACs, with 34 (87.2%) and 43 (93.5%) in intimate relationships, respectively.

<sup>3</sup> This is a percentage of the telephones that were connected (n = 426). Of these 91 referrals, 44 (48.4%) were from the intervention LACs and 47 (51.7%) were from the comparison LACs, with 38 (86.4%) and 36 (76.6%) in intimate relationships, respectively. This applies to victims who appear to be eligible for the research on the basis of the information entered onto the CRP. Attempts were made to ring each telephone number at different times of the day and on different days of the week.

<sup>4</sup> This is a percentage of the telephones that were answered (n = 335). Of these 44, 21 (47.7%) were for referrals from the intervention LACs and 23 (52.3%) were from the comparison LACs, with 16 (76.2%) and 15 (65.2%) in intimate relationships, respectively.

<sup>5</sup> This is a percentage of the telephones that were answered by the victim who identified herself as the victim listed on the referral details (n = 291).

<sup>6</sup> Of these 174 victims, 88 (50.6%) were from the intervention LACs and the remaining 86 (49.4%) were from the comparison LACs.

<sup>7</sup> That is, of 174 research-eligible victims who completed a Phase 1 interview and who agreed to a Phase 2 interview at a specific time and date, 44 (25.3%) could not be contacted either at the time of their Phase 2 appointment or on several subsequent attempts. They had not, however, explicitly refused to participate in the Phase 2 interview. Of these 44 victims, 19 (43.2%) were from the intervention LACs and 25 (56.8%) were from the comparison LACs, with 16 (84.2%) and 18 (72.0%) in intimate relationships, respectively.

<sup>8</sup> That is, 25.4 per cent of the 511 referrals extracted from CRP or 44.7 per cent of the 291 telephones answered by the victim on the referral details.

## APPENDIX A4

**Table A4. Socio-demographic characteristics of female victims interviewed at both Phases 1 and 2 versus victims interviewed at Phase 1 only by comparison/intervention LACs**

	Comparison LACs			Intervention LACs		
	Phases 1 and 2	Phase 1 only	Test statistic	Phases 1 and 2	Phase 1 only	Test statistic
	n = 61	n = 25		n = 69	n = 19	
	%	%		%	%	
<b>Intimate relationship?</b>						
Yes	75.4	72.0	$\chi^2_1 = 0.11, p = .742$	78.3	84.2	$\chi^2_1 = 0.32, p = .569$
No	24.6	28.0		21.7	15.8	
<b>Age (years)</b>						
< 30	24.6	28.0	$\chi^2_2 = 0.72, p = .697$	29.0	31.6	$\chi^2_2 = 1.22, p = .543$
30 - 44	45.9	36.0		49.3	57.9	
45+	29.5	36.0		21.7	10.5	
<b>Indigenous status</b>						
Non-Indigenous	80.3	80.0	$\chi^2_1 = 0.00, p = .972$	87.0	63.2	$\chi^2_1 = 5.67, p = .017^*$
Indigenous	19.7	20.0		13.0	36.8	
<b>Country of birth</b>						
Australia	78.7	80.0	$\chi^2_1 = 0.02, p = .892$	78.3	84.2	$\chi^2_1 = 0.32, p = .569$
Other	21.3	20.0		21.7	15.8	
<b>Education</b>						
Part secondary	31.1	24.0	$\chi^2_2 = 0.47, p = .789$	18.8	36.8	$\chi^2_2 = 3.93, p = .140$
School Certificate	19.7	20.0		27.5	10.5	
HSC or tertiary	49.2	56.0		53.6	52.6	

## APPENDIX A5

As Table A5 shows, in the intervention LACs, the age distribution of the sample of victims reflects that of the population. In both the intervention LACs and the comparison LACs, about three in five victims in both the sample (62.3% and 60.7%, respectively) and the population (60.1% and 59.3%, respectively) were aged between 25 and 44 years. However, in the comparison LACs, victims aged less than 24 years were under-represented in the sample (9.8% vs 15.8%).

**Table A5. Representativeness of this sample of victims (Phases 1 and 2) compared to all victims at serious threat referred to the CRP by comparison/intervention LACs and age of victim**

Comparison LACs	Total	
	This study	Total CRP <sup>1</sup>
<b>Age (years) <sup>2</sup></b>		
≤ 24	6 (9.8%) <sup>3</sup>	175 (15.8%) <sup>4</sup>
25 – 34	19 (31.2%)	355 (32.0%)
35 – 44	18 (29.5%)	303 (27.3%)
≥ 45	18 (29.5%)	276 (24.9%)
<b>Total</b>	<b>61 (100%)</b>	<b>1,109 (100%)</b>
<b>Intervention LACs</b>	<b>This study</b>	<b>Total CRP</b>
<b>Age (years)</b>		
≤ 24	11 (15.9%)	220 (18.7%)
25 – 34	19 (27.5%)	365 (31.0%)
35 – 44	24 (34.8%)	342 (29.1%)
≥ 45	15 (21.7%)	250 (21.2%)
<b>Total</b>	<b>69 (100%)</b>	<b>1,177 (100%)</b>
<b>TOTAL</b>	<b>130 (100%)</b>	<b>2,286 (100%) <sup>5</sup></b>

<sup>1</sup> This refers to all female victims assessed as being 'at serious threat' by the police officer making the referral and who, on the information available in the CRP, appear to meet this study's eligibility criteria (i.e. LCP/WDVCSA is eligible and the referring LAC is one of the study's intervention or comparison LACs; breach ADVO matters are excluded).

<sup>2</sup> For victims in this study sample, this refers to age at the time of the Phase 1 interview. For victims in the CRP, this refers to age at 30 June 2016.

<sup>3</sup> This is a percentage of the total sample in the intervention LACs (n = 69) or the comparison LACs (n = 61).

<sup>4</sup> This is a percentage of the total population in the intervention LACs (n = 1,177) or the comparison LACs (n = 1,109).

<sup>5</sup> Age was missing for 40 victims on the CRP database.