

Survey Data Analysis Report

The role of the specialist women's services:
Survey on the standards of service provision
for victims/survivors of gender-based violence

AWAVA

Australian Women Against Violence Alliance

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About the survey:

This survey has been conducted at the end 2019 by Australian Women Against Violence Alliance to gather data and evidence for an update of the 2016 AWAVA's Policy Brief on the unique role of the specialist women's services in ending violence against women.¹

Notes and limitations of the survey data:

- Content warning: this document includes descriptions of experiences of gender-based violence and child abuse.
- Despite the aim of the survey to analyse the experiences of service support, many respondents reflected on their experiences with police and courts. Those responses are included in the analysis but clearly marked as a separate category.
- Sections of the survey that deal with the evaluation of received services ask respondents to choose one service they wish to assess. Many respondents, however, spoke of multiple services. These responses are analysed based on their comments.
- The survey was targeted by a group of people who expressed transphobic views in terms of both the definition of gender-based violence (GBV), understanding of a category of a woman and service access. As per our Working Methods², we believe the right to safety for all women based on their self-identification. The inclusion of both cisgender and transgender women are key in prevention and responses to GBV. Such inclusion also underpins a use of an intersectional feminist approach to addressing GBV.
- The survey was advertised widely, however no responses were collected from people residing in the Northern Territory.

Definition of gender-based violence (GBV)

The survey adopted a terminology of 'gender-based violence' for a number of reasons:

1. The term 'gender-based violence' allows to encompass not only intimate partner or family violence, but also sexual violence committed outside of intimate relationships as well as violence committed within institutions.
2. The term 'gender-based violence' allows to encompass violence committed against women (both cisgender and transgender) as well as non-binary people. Gender-based violence is violence that is directed at an individual based on his or her biological sex or gender identity.³ Thus, the term 'gender-based violence' is able to also encompass experiences of violence for LGBTIQ+ people.
3. The term 'gender-based violence' draws the attention to underlying drivers of violence that are rooted in gender norms, unequal power relationships, coercion and control.⁴

Total number of responses

In total **96 responses** were qualified for analysis. They are divided into 2 groups (as questions differed for them). This includes:

1. 64 respondents who experienced some forms of gender-based violence; sought service and evaluated their experiences of seeking support; and

¹ Available from <https://awava.org.au/2016/04/07/research-and-reports/role-specialist-womens-services-australias-response-violence-women-children>

² Available from <https://awava.org.au/about-us>

³ <https://www.womenforwomen.org/blogs/series-what-does-mean-gender-based-violence>

⁴ See the full definition of sexual and gender-based violence by the United Nations Refugee Agency: <https://www.unhcr.org/en-au/sexual-and-gender-based-violence.html>

- 32 respondents who experienced some forms of gender-based violence but did not seek service support.

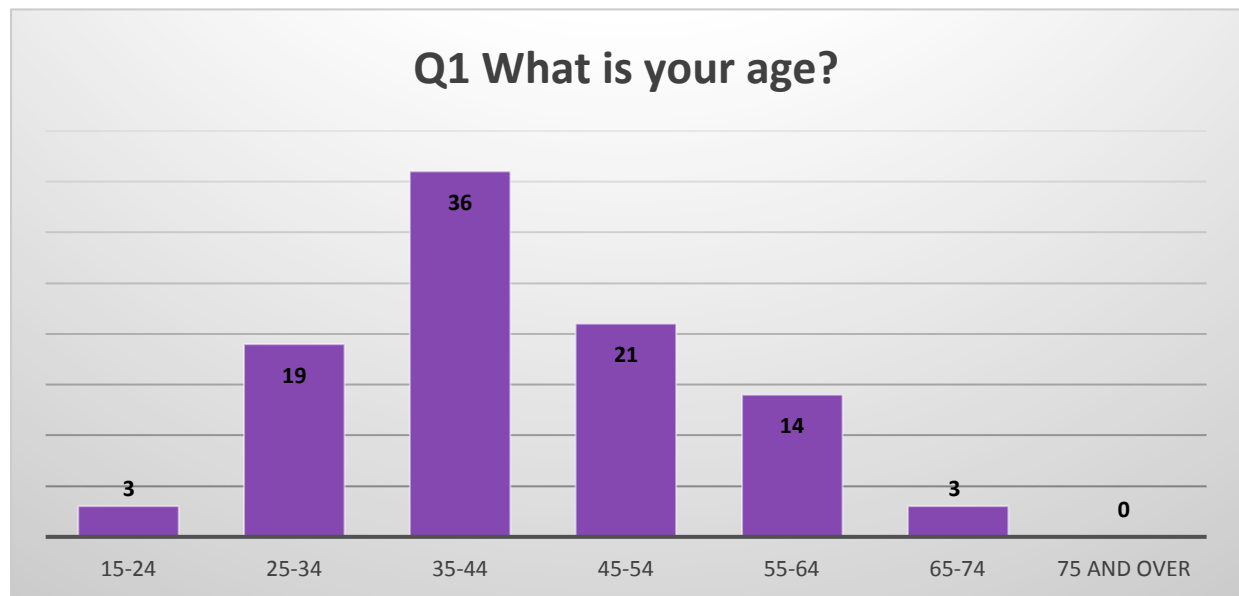
Section 1: About respondents

Responses for questions in this section combine both groups of respondents.

Age of respondents

The majority of respondents are between 35 and 44 years old.

Age	Number of responses	Age	Number of responses
15-24	3	55-64	14
25-34	19	65-74	3
35-44	36	75 and over	0
45-54	21		



Gender of respondents

97% of respondents (N93) are women, 2% are men and 1% identify as non-binary. One respondent who has selected a 'female' option also identified as femme.

Transgender and intersex respondents

Two respondents are trans women. There were no intersex people completing the survey.

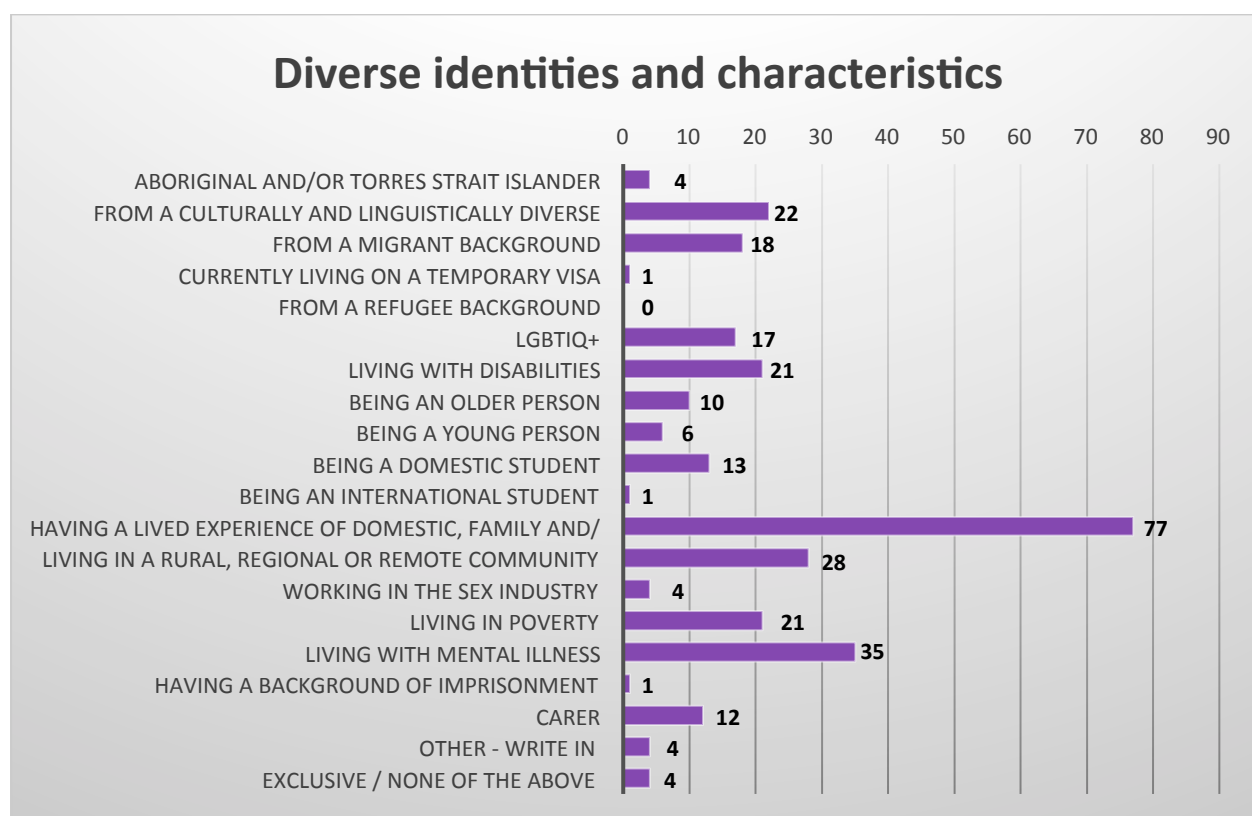
Diverse identities and characteristics of respondents

Multiple choice was possible in response to this question. Other option responses included: being an asexual person, being a mother, being a woman of colour and coming from a family of the Holocaust survivors. One respondent also noted in responses to this question that their children were given to a perpetrator of violence by the Family Court. No people from refugee backgrounds completed the survey.

Data breakdown:

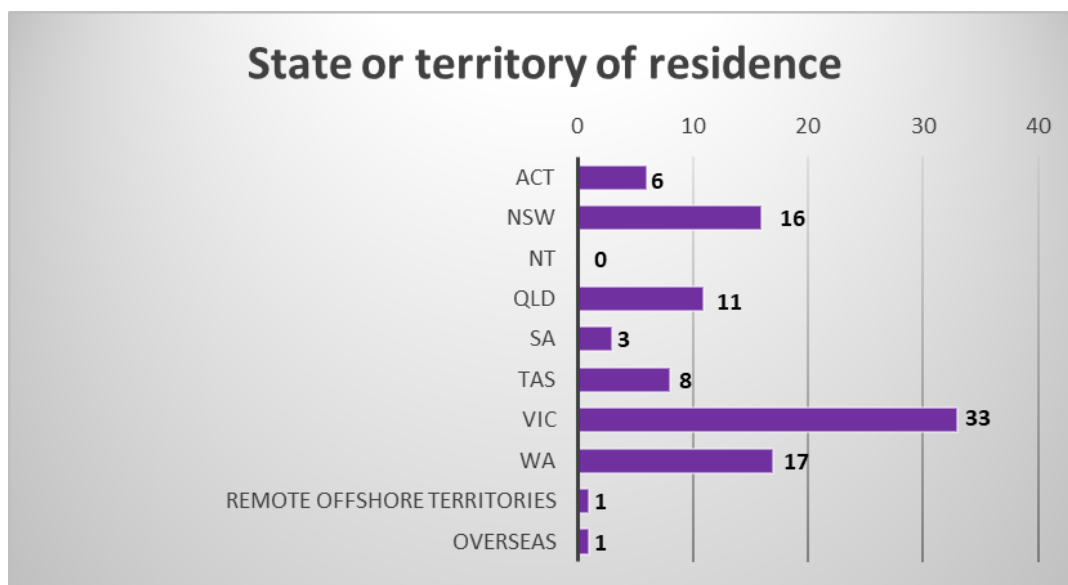
Diverse identities and characteristics	Number of responses
Aboriginal and/or Torres Strait Islander	4

From a culturally and linguistically diverse background	22
From a migrant background	18
Currently living on a temporary visa	1
From a refugee background	0
LGBTIQ+	17
Living with disabilities	21
Being an older person	10
Being a young person	6
Being a domestic student	13
Being an international student	1
Having a lived experience of domestic, family and/or sexual violence	77
Living in a rural, regional or remote community	28
Working in the sex industry	4
Living in poverty	21
Living with mental illness	35
Having a background of imprisonment	1
Carer	12
Other - Write In	4
Exclusive / None of the above	4



State or territory of residence

No responses were received from the Northern Territory. Remote offshore territories included Christmas Island and Norfolk Island. Overseas option required a respondent to previously have been a resident in Australia.



The majority of respondents reside in Victoria, followed by NSW.

- Victoria: 33 respondents;
- Western Australia: 17 respondents;
- NSW: 16 respondents;
- Queensland: 11 respondents;
- Tasmania: 8 respondents;
- ACT: 6 respondents;
- South Australia: 3 respondents;
- Remote offshore territories: 1 respondent;
- Overseas: 1 respondent;
- Northern Territory: no respondents.

Children in the care of respondents

45 respondents indicated that they have had children in their care. There were 105 children reported, with a note that 2 children were given to the care of an abusive father by a family court. 24 respondents indicated their children have grown and 27 respondents had no children.

Experiences of gender-based violence

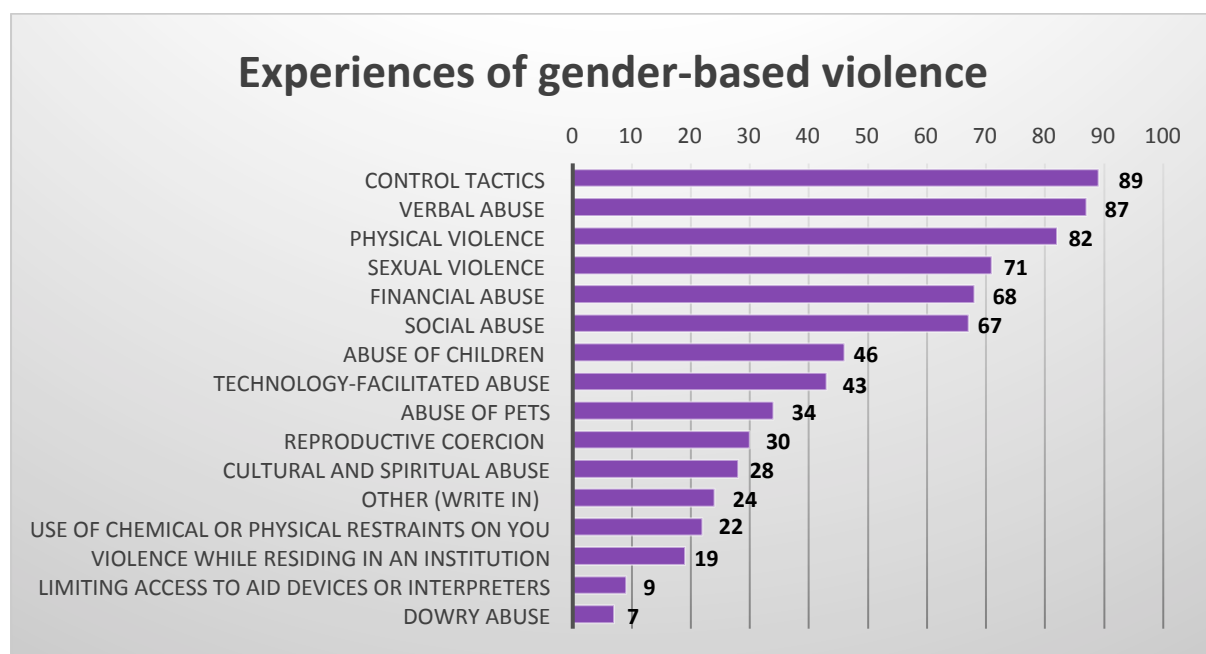
Respondents reported that they were subjected to the following manifestations of gender-based violence as shown on the chart below. Numbers on the chart represent a number of mentions. All respondents reported multiple manifestations and experiences of gender-based violence.

In addition, respondents further elaborated on their experiences of violence. This included:

- Control tactics included homophobia as a distinct driver of coercion and control.
- Physical violence responses included strangulation.
- Sexual violence included child sexual abuse.
- Social abuse included restrictions to work.
- Experiences of gender-based violence were ongoing and occurring on multiple occasions, in some instances from multiple perpetrators.

Experience of gender-based violence	Number of responses
Control tactics	89
Verbal abuse	87
Physical violence	82

Sexual violence	71
Financial abuse	68
Social abuse	67
Abuse of children	46
Technology-facilitated abuse	43
Abuse of pets	34
Reproductive coercion	30
Cultural and spiritual abuse	28
Other (write in)	24
Use of chemical or physical restraints on you	22
Violence while residing in an institution	19
Limiting access to aid devices or interpreters	9
Dowry Abuse	7



Other forms of violence included the following (from the highest to the lowest incidence):

- Systems abuse (N6): this included abuse within the medical system (in particular unconsented medical procedures); within the housing, legal systems and courts (in particular family courts);
- Emotional and psychological abuse (N5): this included additionally bullying and gaslighting;
- Harassment and intimidation (N4): this included stalking, use of weapons, threats and threats to harm you and kill you and your children;
- Sexual harassment (N2);
- Trafficking (N2);
- Conversion therapy (N2);
- Production of child exploitation materials (N1); and
- Violence inflicted by an extended family member (N1).

Service support sought

This question has been answered by 64 respondents who sought services after having experiences gender-based violence. Numbers on the graph represent number of mentions of services sought. This was a multiple option question.

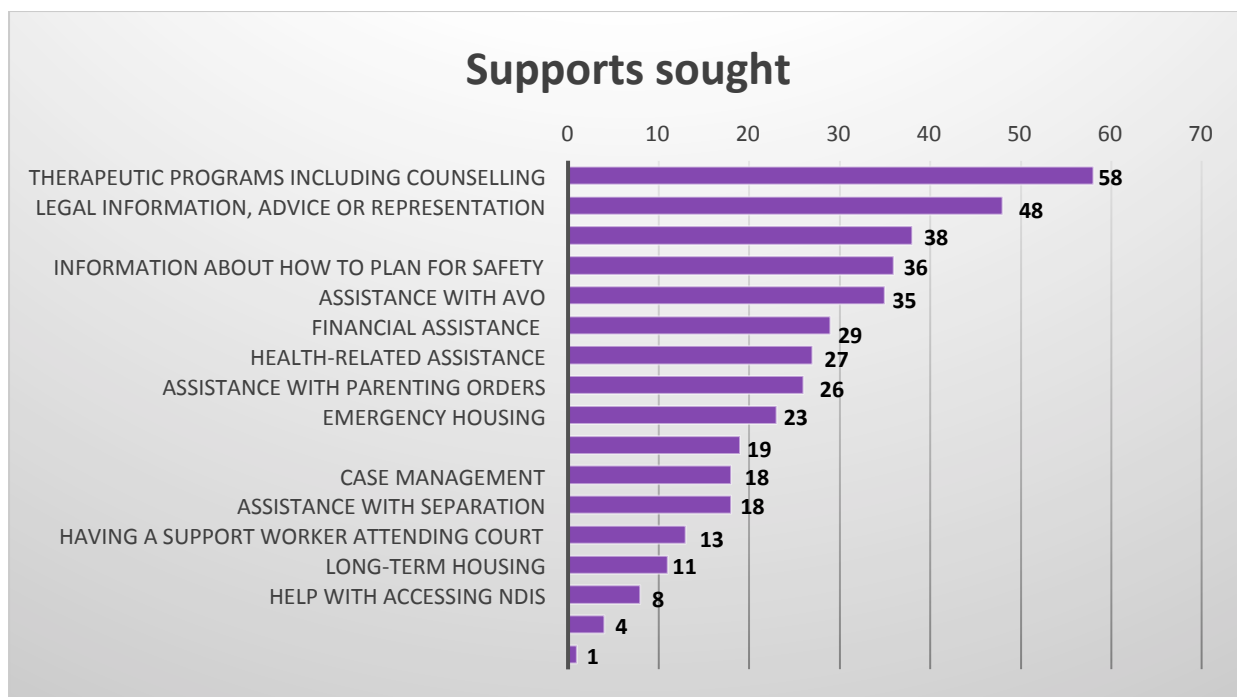
The most sought-after service was therapeutic programs including counselling (N58) followed by legal advice and representation (N48) and counselling for children (N38).

Below is a detailed breakdown:

	Number of mentions
Therapeutic programs including counselling	58
Legal information, advice or representation	48
Therapeutic and practical support for your children	38
Information about how to plan for safety	36
Assistance with AVO	35
Financial assistance	29
Health-related assistance	27
Assistance with parenting orders	26
Emergency housing	23
Assistance to remain safely in the family home and have the perpetrator removed	19
Case management	18
Assistance with separation	18
Having a support worker attending court hearings with you	13
Long-term housing	11
Help with accessing NDIS	8
Help with reproductive health care (contraception, abortion etc)	4
Visa information, migration advice and representation	1

Other services that were sought included the following:

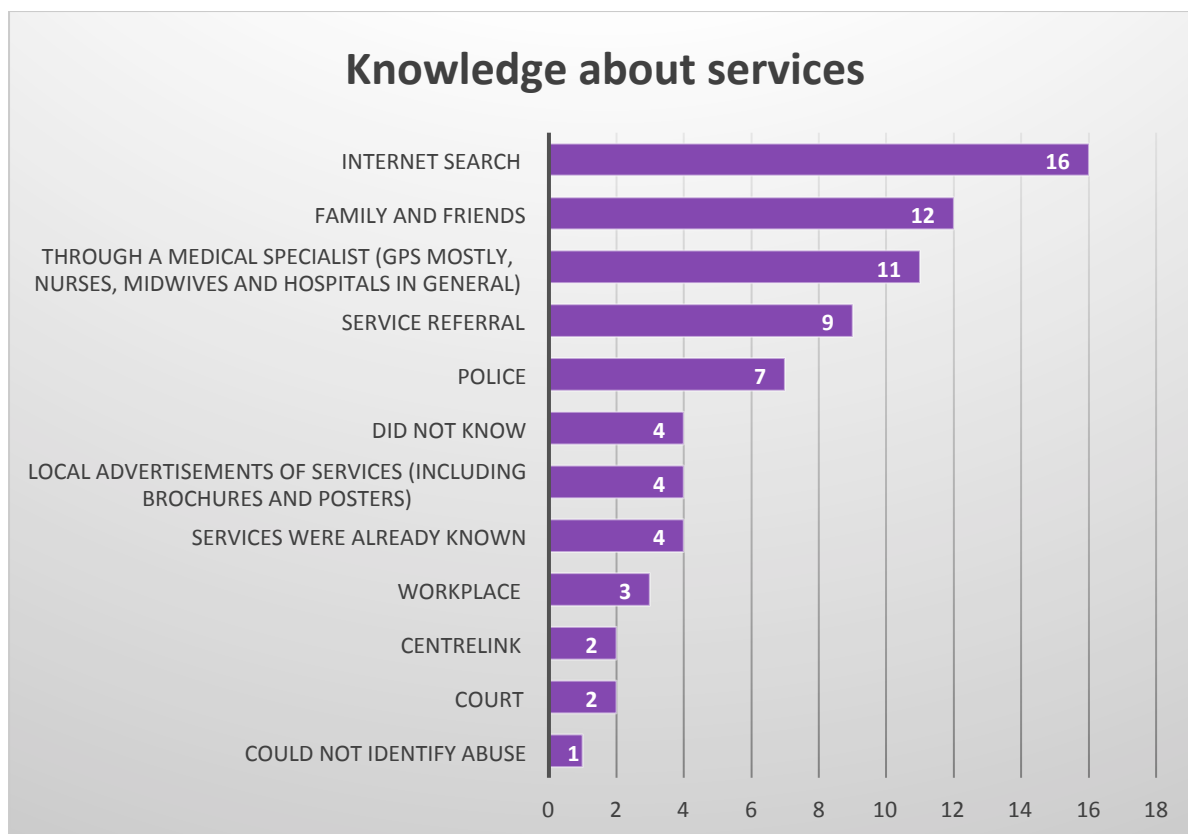
- Assistance in caring for a newborn;
- Assistance with making a police report;
- Criminal proceedings against offender;
- Break the lease agreement post violence and separation;
- Education about what constitutes violence; and
- Help with Centrelink and child support.



Knowledge about services

This was an optional question. Respondents were asked how they knew which services they could approach. Received responses are grouped as follows:

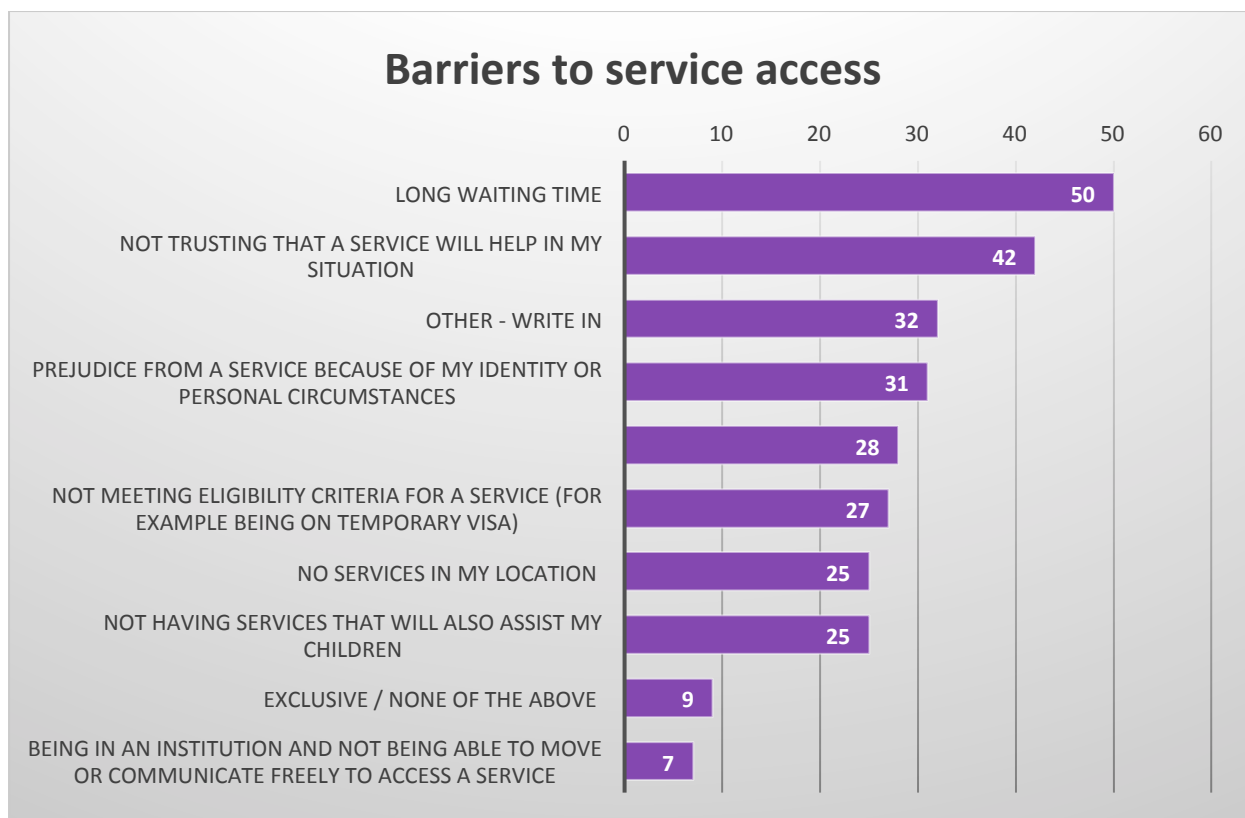
	Number of mentions
Internet search	16
Family and friends	12
Through a medical specialist (GPs mostly, nurses, midwives and hospitals in general)	11
Service referral	9
Police	7
Services were already known	4
Local advertisements of services (including brochures and posters)	4
Did not know which services to approach	4
Workplace	3
Court	2
Centrelink	2
Could not identify abuse	1



Barriers with accessing services

The most common barrier experienced by respondents were long waiting times (N50) to access service followed by a lack of trust that a service would help in their situation (N42). All responses are as follows:

	Number of mentions
Long waiting time	50
Not trusting that a service will help in my situation	42
Other - Write In	32
Prejudice from a service because of my identity or personal circumstances	31
Difficulties in finding appropriate accommodation (for example because you had several children or pets)	28
Not meeting eligibility criteria for a service (for example being on temporary visa)	27
No services in my location	25
Not having services that will also assist my children	25
Exclusive / None of the above	9
Being in an institution and not being able to move or communicate freely to access a service	7



‘Other’ responses provided on services (as defined by this survey) and other help sought such as with the police or courts. The most common barriers connected to accessing services included the following:

- **Financial constraints (N6).** This included not having enough finances to travel to access a services or secure childcare. This also included situations when a respondent was not meeting a financial threshold to access the service because of abuse, yet still rejected.

“I earned too much for [name of service omitted] but he had wiped me out financially and I was a middle income earner.” (Respondent ID 128)

- **Limited access to services (N6).** This included not having service in a particular location, no service capacity to take on clients, no required services, a fear that confidentiality will be broken in regional or remote locations and a lack of men’s behaviour change program in particular locations.
- **Services not being culturally competent or disability accessible (N4)**

“People assumed that I was drunk or under the influence of illicit drugs because I speak with a slight slurred speech impediment. This is because of an Acquired Brain Injury (A.B.I) due to the years of Domestic Violence. Some support people turned me away, while others gave me pamphlets about the Alcohol Anonymous organisation and advised me to seek help with them.” (Respondent ID 11)

- **Lack of awareness about existing services (N3)**
- **Lack of belief that gender-based violence has occurred (N2)**
- **Implication of Family Court orders (N1)** One respondent commented that once the children are removed from their care by the court order, this significantly restricts access to services, as it creates a wrong impression that they were a perpetrator.

“Once family court removes your children people assume you must be the abuser and this can limit assistance you receive. Also no financial assistance for children even though I have lost everything trying to protect them.” (Respondent ID 137)

- **Ongoing violence post separation impeding access to help (N1).**

In addition, four respondents commented on the lack of support or belief from the police when they sought help.

“Not being taken seriously / victim-blaming by police. Police claiming it's 'not their problem'. Pathologisation of my asexual identity when I sought help for sexual assault”. (Respondent ID 17)

Reasons for not seeking help

This question was only asked those respondents (N32) who experiences gender-based violence but did not seek service help. This was an optional question, so received responses to this question are partial.

The most common reason (N9) for not seeking help was ‘not trusting that a service will help in my situation’ followed by received help from social and familial network.

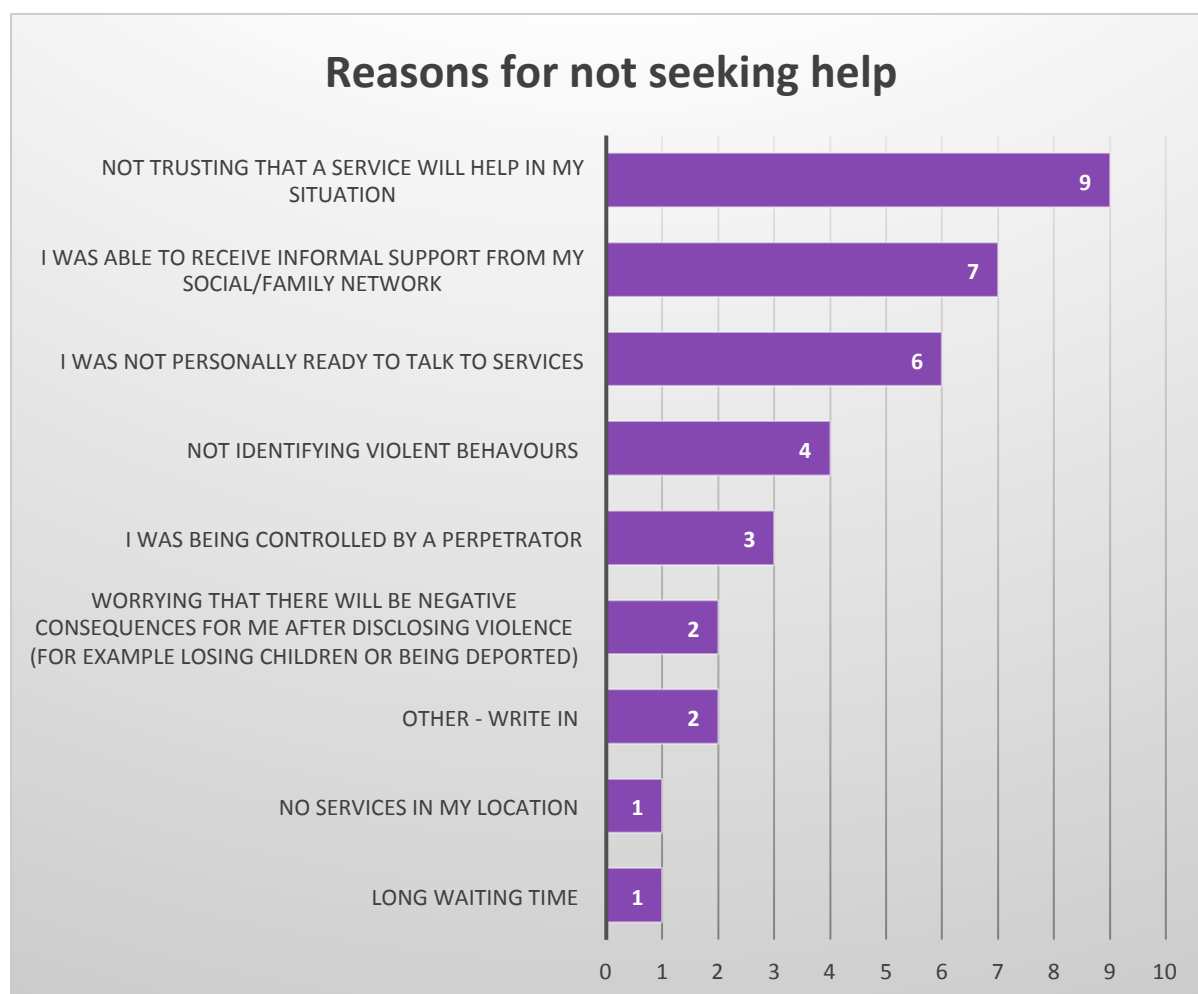
Four respondents also indicated that at a time of violence they could identify it as such.

“I didn't realise I needed support. I assumed that as the physical violence was rare that it wasn't 'so bad' and I tolerated it. I was threatened if I did anything then he would kill himself. So I told no one.” (Respondent ID 71)

“Did not realise that I was being financially abused.” (Respondent ID 134)

‘Other’ option included not wanting criminal consequences for a perpetrator.

The fill list of responses is as follows.



	Number of mentions
Not trusting that a service will help in my situation	9
I was able to receive informal support from my social/family network	8
I was not personally ready to talk to services	6
Not identifying violent behaviours	4
I was being controlled by a perpetrator	3
Worrying that there will be negative consequences for me after disclosing violence (for example losing children or being deported)	2
Other - Write In	1
Long waiting time	1
No services in my location	1

Section 2: Experiences of seeking help from specialist services whose main role is to support victims/survivors of gender-based violence

The definition of specialist services includes dedicated services for women and their children who are experiencing domestic and family violence; sexual assault services; domestic and family violence or sexual assault programs delivered by LGBTIQ+ organisations, Aboriginal community-controlled organisations, culturally-specific organisations or organisations for people with disability; women’s legal services; refuges, women’s court advocacy services etc.

Seeking help from specialist services

43 respondents indicated that they sought help from specialist services commenting on 46 services. Types of services included specialist women's and family violence service (including those specifically operating for culturally and linguistically diverse communities), sexual assault services, women's legal services, refuges and counselling services.

Time of accessing services

Equal number of responses were received for a response option 'in the last 2-5 years' and 'over 10 years ago'.

This year	17% (N8)
Last year	13% (N6)
In the past 2-5 years	24% (N11)
In the past 5-10 years	22% (N10)
Over 10 years ago	24% (N11)

Service experience assessment by good practice principles

Good practice principles described in the survey draw on the work of the Australian Women Against Violence Alliance,⁵ Domestic Violence NSW⁶ and Domestic Violence Victoria.⁷ In total there were 6 good practice principles provided to respondents for the assessment and reflection. This includes:

1. Delivering a service through a human-right approach;
2. Delivering a service that aims to empower;
3. Delivering a service through a client-centered approach;
4. Delivering a service where safety is a paramount priority;
5. Delivering a service that holds perpetrators to account; and
6. Delivering a culturally-sensitive holistic, inclusive and accessible service.

These good practice principles underpin the service provision of specialist services working to prevent and address gender-based violence. The same set of principles were also provided to participants who used generalist services for assessment and reflection.

1. Delivering a service through a human-right approach

Participants were given 6 statements on what it means in practice to receive a service that is delivered through a human rights approach; and asked to assess those based on their experiences. These statements asked participants to reflect whether their experiences of violence were recognised as a human rights violence and were validated, whether they as a client had a right to refuse the services, were informed about the limitations of services, whether services were confidential, their feedback was sought and whether their voice was central in decision making. Respondents rated each of the provided statements choosing between 'yes', 'no', 'unsure' and 'not applicable' options.

The average rating of delivering a service through a human-rights lens was rated in the following way:

- **Yes: 63%**
- No 24%
- Unsure 13%

⁵ AWAVA (2016) Policy Brief on the role of specialist women's services in Australia's response to violence against women and their children <https://awava.org.au/2016/04/07/research/role-specialist-womens-services-australias-response-violence-women-children>

⁶ Domestic Violence NSW. Good Practice Guidelines for the Domestic and Family Violence Sector in NSW.

⁷ Domestic Violence Victoria (2015) Specialist Family Violence Services: The Heart of an Effective System. Submission to the Victorian Royal Commission into Family Violence.

- N/A 1%

The confidentiality of services received the highest rating. Responses slightly varied by the time when a service has been approached. In particular, for services that were approached over 10 years ago, more respondents were unaware that they had a right to accept or refuse a service. Rest of the responses did not differ by the time of service use.

In addition to rating statements, participants have made some comments, that included the following:

- Despite the question referring to the use of services, some respondents reflected on their experiences with police and courts in the comments section. It was mentioned that police were not helpful and had victim-blaming attitudes. The family court did not recognise the experiences of family and domestic violence.
- Reflecting on the service use within a sexual assault service, 1 participant mentioned that a service was not equipped to deal with violence experiences in LGBTIQ+ relationships, that resulted in ongoing misgendering of the perpetrator. Another participant had their asexual identity pathologised during counselling.
- Overall in comments, participants reflected while received services were helpful and supportive, often they were limited due to their funding constraints.

2. Delivering a service that aims to empower

Participants were given 5 statements on what it means in practice to receive a service is empowering; and asked to assess those based on their experiences. These statements asked respondents to reflect whether they felt in control of their situation, had a choice which services to use, felt empowered after the service use and whether the staff attitude was positive and that the service as a whole promoted gender equality. Respondents rated each of the provided statements choosing between 'yes', 'no', 'unsure' and 'not applicable' options.

The average rating of delivering a service that aims to empower has been reported as:

- **Yes: 51%**
- No 34%
- Unsure 12%
- N/A 3%

3. Delivering a service through a client-centered approach

Participants were given 6 statements on what it means in practice to receive a service that is delivered through a client-centred approach. These statements included not having a need to re-tell a story, service understanding of the complexity of experiences and additional barriers in seeking help, trauma-informed approaches, respect for personal boundaries and taking a strength-based approach. Respondents rated each of the provided statements choosing between 'yes', 'no', 'unsure' and 'not applicable' options.

The average rating of delivering a service through a client-centred approach has been reported as follows:

- **Yes: 53%**
- No 34%
- Unsure 10%
- N/A 4%

In addition to rating statements, participants have made some comments, that included the following:

- One respondent reported that there was a limited understanding of intersectional experiences they lived through. Another respondent raised a limited service understanding of LGBTIQ+ experiences and witnessing transphobic views being expressed.
- Several respondents indicated that they had to retell their stories. Some indicated that they did it to make sure their experiences were understood in their complexity.

4. Delivering a service where safety is a paramount priority

Participants were given 5 statements on what it means in practice to receive a service where safety of a victim/survivor and their children are a paramount priority. These statements included focus on safety, risk identification, developing and ongoing review of a safety plan as well as safety consideration of information sharing. Respondents rated each of the provided statements choosing between 'yes', 'no', 'unsure' and 'not applicable' options.

The average rating of delivering a service where safety is a paramount priority has been reported as follows:

- **Yes: 47%**
- No 27%
- Unsure 13%
- N/A 13%

This pillar of the best practice also received the highest number of 'not applicable' responses. No variations were recorded by the time of service use.

In addition to rating statements, several participants reported that while the safety plans were developed by services, they were not followed through once matters moved to family courts.

5. Delivering a service that holds perpetrators to account

Participants were given 3 statements on what it means in practice to receive a service that holds perpetrators of violence to account. These statements included validation of experiences of violence, reinforcing perpetrators' accountability, assistance with navigating multiple systems and zero tolerance to violence. Respondents rated each of the provided statements choosing between 'yes', 'no', 'unsure' and 'not applicable' options.

The average rating of delivering a service that holds perpetrators to account has been reported as follows:

- **Yes: 54%**
- No 32%
- Unsure 2%
- N/A 12%

Without a consideration of the time of service use, overall service delivery was focused on ensuring that perpetrators were held to account. The experiences of violence were validated and were not tolerated. However, the lowest rated statement was about preventing perpetrators from systems misuse (22%). This response is consistent with responses to the question 9 about the manifestations of gender-based violence that respondents reported to have experienced. No variations were recorded by the time of service use.

In addition to rating statements, participants have made some comments, that included the following:

- Majority of comments to this question reflected on the failure of the family courts to hold perpetrators accountable for the use of violence and take domestic and family violence allegations seriously (in particular in LGBTIQ+ relationships).

- Respondents reflected that while service were recognising and validating experiences of violence this would not translate into the justice system.
- According to one respondent there were no ways to hold a perpetrator accountable who subjected them to a protracted family law case.

“My ex has kept me in the Family Court for 7 years and has perpetrated his violence on me and my children through this institution. This is not recognised as violence/abuse, so it is not addressed or services developed to support victims.” (Respondent ID 2)

6. Delivering a culturally-sensitive, holistic, inclusive and accessible service

Participants were given 10 statements on what it means in practice to receive a service that is culturally-sensitive holistic, inclusive and accessible. These statements included gender-responsiveness, inclusivity, cultural competency of services, trauma-informed approaches, accessibility, use of correct pronouns, practices of engaging interpreters and staff training. Respondents rated each of the provided statements choosing between ‘yes’, ‘no’, ‘unsure’ and ‘not applicable’ options.

The average rating of delivering a service that holds perpetrators to account has been reported as follows:

- **Yes: 32%**
- No 18%
- Unsure 11%
- N/A 39%

Responses to this question match the diversity of participants who completed the survey. For 39% of respondents in this survey section, these statements were not applicable. No variations were recorded by the time of service use. This means that overall the services were delivered in a holistic manner, were culturally-sensitive, accessible and inclusive.

In addition to rating statements, participants have made some comments, that included the following:

- For those who are from LGBTIQ+ communities, there were issues in relation to creating safe spaces beyond a simple display for a rainbow flag, inconsistent use of pronouns and pathologisation of identities (in particular in case of asexuality (N1)).
- Service accessibility is an issue in the areas where there is a general lack of services.
- Lack of option for child care for children with disabilities.
- Lack of services that are simultaneously gender specific and taking into account faith.

SECTION 3: Experiences of seeking help from general community services that provide some services to victims/survivors of gender-based violence among several other services.

Within the logic of this survey, these services could include generalist housing service providers, settlement, refugee and migrant services, charities, faith-based organisations, family relationship centres etc.

Seeking help from generalist services

47 participants responded to this section of the survey reflecting on the use of 48 services. Reported services included: generalist legal services, counselling (both private psychologists and psychiatrists and general council (not FDV specific), faith-based charities, churches, financial advice, generalist homelessness services, refugee and migration support organisations, and family relationships organisations.

4 respondents reflected on their experiences with police and victims of crime compensation schemes. These responses were not included in the analysis below being out of scope of the survey.

Time of accessing services

This year	21% (N10)
Last year	15% (N7)
In the past 2-5 years	29% (N14)
In the past 5-10 years	19% (N9)
Over 10 years ago	17% (N8)

Service experience assessment by good practice principles

The same good practice principles as described in the Section 2 of this survey were provided for an assessment and reflection. Participants were rating the same statements by principles as in the previous section.

1. Delivering a service through a human-right approach

The average rating of delivering a service through a human-rights lens has been reported as follows:

- **Yes: 54%**
- No 30%
- Unsure 12%
- N/A 4%

No variations by the time of service use were recorded.

Regardless high ratings, respondents highlighted challenges that they experienced:

- Respondents reported that it is difficult to access legal services due to funding cuts;
- Several respondents (N3) reported experiencing racism within services;
- One respondent reported breach of confidentiality by the service that resulted in their ex-partner receiving medical notes;
- One respondent reported systems misuse by the perpetrator and their pressure on the service;
- One respondent reported that given that the service was volunteer run, the policies were not explained to them.

2. Delivering a service that aims to empower

The average rating of delivering a service that aims to empower has been reported as follows:

- **Yes: 37%**
- No 43%
- Unsure 15%
- N/A 5%

Without the consideration of the time of the service use, more respondents reported not feeling empowered by the service. Comments included:

"Not empowered at all. I felt hopeless and worthless back in 2005 - I still feel hopeless and worthless in 2019. All I have learnt from the counselling experience is - "That there is no justice in this world unless you're a person of great wealth and/or great status". (Respondent ID 11)

"I was disempowered." (Respondent ID 114)

"I wasn't eligible for housing because I earnt too much, but I had nothing due to long term financial abuse." (Respondent ID 115)

Two respondents made positive comments about the service use:

"I think the aim of [name removed] is to ease poverty so that is a form of empowerment. When I first approached the service I felt ashamed & embarrassed I was such a nervous wreck but the staff were fabulous. The women were friendly and spoke kindly to me and explained how their system worked and offered me a cuppa." (Respondent ID 133)

"The women at [name removed] were wonderful, helpful, sympathetic, caring, and gave their time and energy to everyone in their care." (Respondent ID 52)

The only variation by the time of the service use was for respondents who used service in the last year. They predominantly agreed that the service they received was empowering.

3. Delivering a service through a client-centered approach

The average rating of delivering a service through a client-centred approach has been reported as follows:

- **Yes: 37%**
- No 42%
- Unsure 9%
- N/A 12%

Without the consideration of the time of the service use, respondents mostly disagreed with the statement that services were delivered through a client-centred response. Respondents reported that they had to retell their story, felt judged and that often service capacity prevented them from getting individual support.

"I needed to tell my story over & over & over & over. This does not help me recover from the trauma." (Respondent ID 11)

"I constantly had to tell my story and felt like I was being passed to different advocates to wash their hands off my case." (Respondent ID 59)

The only variation in response by the time of service use was for respondents who used a service this year. In the majority they agreed with the statements.

4. Delivering a service where safety is a paramount priority

The average rating of delivering a service where safety is a paramount priority has been as follows:

- **Yes: 31%**
- No 40 %
- Unsure 11%
- N/A 18%

No variations by the time of service use were recorded.

"No. I was not safe. My pets were not safe. I had a phone call about my safety which I remember highlighting to me that I didn't have any lockable rooms in the house. No resolution was given." (Respondent ID 36)

"Felt a lot of time their attitude was I'm doing MY job but they had no regard for "individual" or my specific needs. Everyone is different. Felt they generalized that you were just another of their cases. No different from the other. Everyone's story and history is different and the way it affects them." (Respondent ID 59)

“The service was focused on the safety of my mother and her children however our cultural needs were not considered impending the identification of risks and safety assessments. With the prejudicial understanding that violence against women was something that just happened in our communities safety plans were never put in plan let alone reviewed despite various intervention orders and my father serving a jail term. On each occasion he was allowed to return to the family home.” (Respondent ID 110)

5. Delivering a service that holds perpetrators to account

The average rating of delivering a service that holds perpetrators to account has been reported as follows:

- **Yes: 33%**
- No 39%
- Unsure 11%
- N/A 17%

No variations were recorded by the time of service use. Some respondents commented that they experienced disbelief and victim blaming attitudes.

6. Delivering a culturally-sensitive, holistic, inclusive and accessible service

The average rating of delivering a service that holds perpetrators to account has been reported as follows:

- **Yes: 28%**
- No 23%
- Unsure 16%
- N/A 33%

Responses to this question matched the diversity of participants who completed the survey. For 32.5% of people statement were not applicable to their circumstances, in particular in relation to the statements about free access to interpreters and building trust with communities. No variations were recorded by the time of service use.

Some participants mentioned a lack of cultural competency as well as that they had experienced racism and discrimination.

SECTION 4: Outcomes of seeking service support

Issues and barriers with the service use

42 respondents provided responses to the question about the issues and barriers they experienced with approaching services. Responses were coded thematically by mention of issues. Responses combine the use of both types of services.

1. Barriers within the service system (N23)

a. **Service barriers (N9).** This included long waiting times (N1), high turnover of staff (N1), lack of service capacity due to funding restrictions (N4), poor service practices such as gatekeeping, no follow up and lack of confidentiality especially in small regional towns (N3). Respondents addressing this question used a combination of specialist women's services and generalist services; however, those having experienced gatekeeping and confidentiality issues used generalist services.

b. **Lack of required services (N8):** Respondents addressing this question used a combination of specialist women's services and generalist services. Further breakdown included:

- No age-appropriate services (N1);
- No men's behaviour change programs (N1);
- Location eligibility (N1);
- No actual support provided by the service, not having required services or being offered inappropriate services (N4);
"I tell my story, explicitly list my needs, everyone offers tea and sympathy, but NO ACTUAL HELP." (Respondent ID 106)
- Actual access to services (N1).

c. **Lack of an intersectional approach to service provision (N6):**

- **Lack of disability awareness, inclusion and accessibility (N3):** reported by 3 respondents, 2 of whom approached generalist services. This included, for example, a lack of understanding of the symptoms of acquired brain injury and its impact on a person and a general lack of understanding how an intellectual disability may present barriers in seeking help and identifying abuse.

- **Lack of cultural competency (N2)**

"A lack of culturally competent care. As a Chinese-Australian woman, my experience of gendered violence is also linked to inter-generational trauma and this was not addressed." (Respondent ID 73)

- **Lack of LGBTIQ+ awareness and inclusion (N1)**

"No training in LGBTQIA+ specific issues. Do not ask a victim-survivor to explain pronouns to you, even more so when it is the pronouns of the perpetrator. I was dating someone non-binary and had to consistently correct firstly the person on the crisis line and then the counsellor at [name removed]. It was horrendous. This is the convo I had on the crisis line: me: hysterically crying person: are you safe from him right now? me: it wasn't a man person: oh sorry, from her me: it wasn't a woman person: oh sorry I'm not sure then me: they are nonbinary and use they/them pronouns. and the conversation continued with the person stumbling. In the counselling session the first part was me explaining what non binary was and how to use the pronouns and the person even said "ok well just correct me and help me as we go". No, I don't want to

correct the use of pronouns for the person who raped me. I also wrote to them afterwards saying they needed training and they sent back some rubbish response saying they had training and their workers were competent.” (Respondent ID 86)

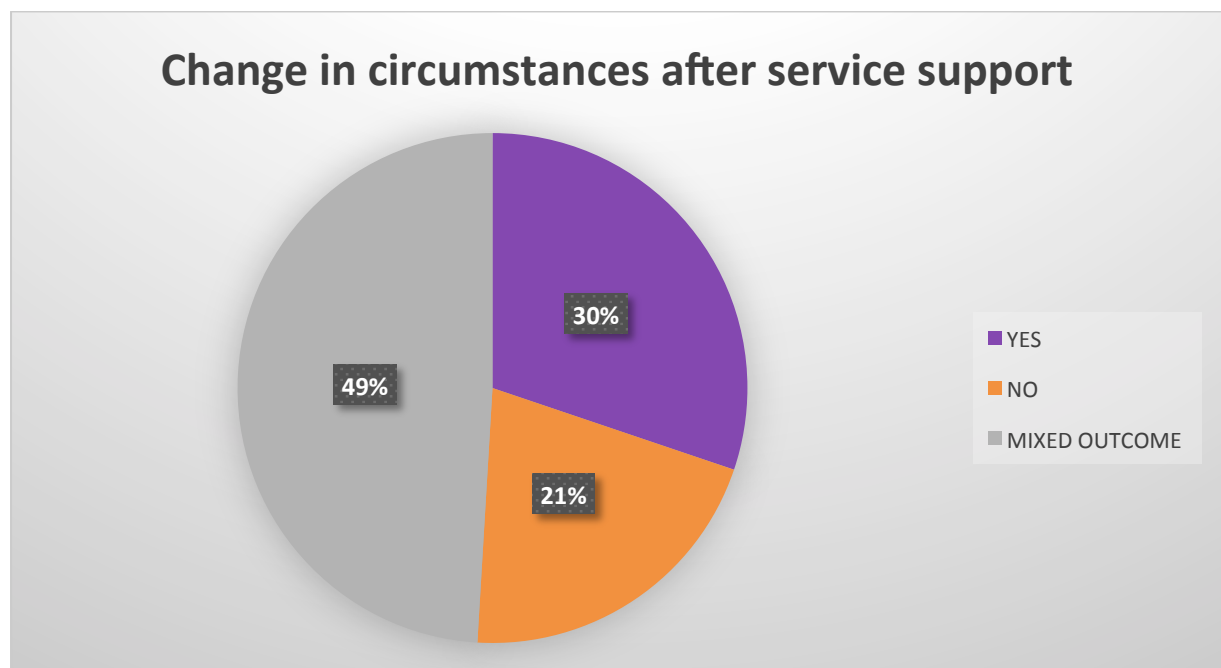
2. Systemic barriers (N15)

- a. **Disbelief and a lack of recognition of the experiences of gender-based violence (N9).** This included experiences of not being believed including by police, lack of recognition of the impact of gender-based violence including the intergenerational trauma. Some respondents indicated that the disbelief is linked to the systems misuse committed by perpetrators.
 - b. **Systems misuse by perpetrators (N3).** This covered both by perpetrators and within systems. One respondent reported being sexual assaulted within the medical institution and was threatened that repercussions would follow in the case of disclosure.
 - c. **Financial barriers (N3).** This included the costs of services (mainly private counselling sessions), ongoing financial abuse and a general lack of financial assistance available for victims/survivors.
3. **Other barriers (N4)** included language barriers (N1), criminalisation of domestic and family violence by police without consent by the victim/survivor (N1), lack of information about the impact of domestic and family violence on children (N1) and promotion of men’s right activism by a service (N1).

Satisfaction with provided services

51 respondents responded to this question. 39% of them were satisfied with received services and 61% not. Several respondents were dissatisfied with the generalist counselling services that were not able to provide family violence informed counselling and the support provided did not match the needs.

Change in circumstances after being supported



30% of respondents felt that their lives positively changed after receiving service support.

“I am alive and happy now.” (Respondent ID 52)

“I don't feel guilty or blame myself for the abuser's actions or attitude.” (Respondent ID 88)

21% of respondents felt that situation did not change or got worse post the experiences of gender-based violence.

“Since 2005, my children and I are still living in poverty, jobless, and the criminals have not been arrested for the crimes they committed.” (Respondent ID 11)

49% of respondents reported mixed outcomes.

“I think I would be in a much worse position if it were not for them. Almost anything is great in the hardest moments. I think a consistent service would be better, not having to start again so many times. I think in crisis periods, case management would be incredible. I am frustrated with [service name] that they did not listen to my own views about my life enough. I was completely dismissed by the protection unit. [service name] has mostly been great, but has really thrown me several times. The split between reading about the standards of what we call domestic abuse/violence in the community, vs what anyone can protect you from, or what anyone even acknowledges at times, can be difficult.” (Respondent ID 6)

“Me and my children are alive because of refuge but we live in poverty and can't find affordable housing.” (Respondent ID 48)

“Myself and children are safer but we are economically worse off. I cannot access the counselling services or other services I need due to financial barriers.” (Respondent ID 119)

“Yes very happy with support after FDV. Devastating results 3 years after ending FDV relationship. I have not seen my son for almost 14 years. My two children have lost their relationship also, because of family court failure to recognize FDV.” (Respondent ID 148)

Guiding principles for organisations working with victims/survivors of gender-based violence

In response to this question, respondents reflected on the guiding principles that should underpin service provision as well as the types of service that are crucial to receive. These responses combined both categories of respondents those who used and did not use services.

Participants expressed the following views on which principles need to underpin support for victims/survivors of gender-based violence.

1. **Intersectional feminist approach**, which includes the following aspects:

a) **Promoting gender equality**

b) **Inclusion of all women based on their self-identification**

“Be inclusive of all women (transgender and non-binary).” (Respondent ID 121)

c) **Cultural competency** including the access to interpreters (practices of working with interpreters and free and immediate access)

d) **Disability awareness, inclusion and accessibility**

e) **LGBTIQ+ competency and inclusion**

“Either have training in LGBTQIA+ sensitive approaches or just admit you don't and send us elsewhere. I am lucky to be older and comfortable in my sexuality and I expected the services to be transphobic. but if this happened to someone less sure of themselves or younger, this would be so dangerous. Also, rule number one, do not ever ask a victim-survivor to advocate for their perpetrator.” (Respondent ID 86)

f) **Ongoing training on the nature and dynamics of family violence**

2. **Human rights approach** which includes the following aspects:

a) **Non-judgmental and non-discriminatory approach**

- b) **Respect**
- c) **Support regardless of once migration status**
- 3. **Survivor-centred**, which includes the following aspects:
 - a) **Believing survivors**

“To listen to the victims and understand experiences and needs are not universal”. (Respondent ID 29)

“Survivor centred support and safety. Believing survivors.” (Respondent ID 102)

“Believe the victim/survivor and validate their experience. Encourage them (if they are ready/able) to take steps to hold the perpetrator accountable.” (Respondent ID 121)

“Believe them, don't give up on them even if they move between wanting to leave and wanting to stay just be consistent, they will get there.” (Respondent ID 132)
 - b) **Active partnership with a victim/survivor in decision making**

“Asking them what they would like and giving longer periods to make decisions and reassess needs and feelings.” (Respondent ID 131)
 - c) **Employment of staff with the lived experience**
- 4. **Empowerment and dignity**
- 5. **Trauma-informed**
- 6. **Perpetrator accountability**

“Naming violence and holding perpetrators and bystanders accountable.” (Respondent ID 143)
- 7. **Organisational accountability, transparency and service responsiveness.**

Participants have also reflected in their comments on the types of services necessary for victims/survivors recovery. These included:

- 1. **Access to housing**
- 2. **Addressing practical needs and providing support that is unconditional**
 - a) Practical help to leave abusive relationships.

“Help them to get away from the abuser. There is nothing better than feeling safe to fall asleep and make your own choices without fear of consequences.” (Respondent ID 55)
- 3. **Integrated service provision and holistic approaches**

“Holistic approach, considering mental health, isolation, financial assistance, trauma counseling.” (Respondent ID 50)

 - a) Not having to retell the story
- 4. **Addressing AOD and mental health**
- 5. **Removing time limits to access services**
- 6. **Support with family courts matters**

Respondents also indicated that systemic changes are necessary in supporting victims/survivors effectively. This included:

1. Ensuring service capacity through service resourcing and funding
2. Supporting the needs of victims/survivors while working for a systemic change in particular in relation to family courts and Centrelink

Other comments

The survey provided an option to express any other comments not addressed in the survey. Three additional areas were covered in those comments.

1. Many respondents reflected on the poor responses and a lack of recognition of domestic and family violence by the police and family courts.

"I am horrified that the welfare of children and victims of DV is not paramount in the Family Court." (Respondent ID 137)

"I never knew that leaving abuse could lead to losing one of my children. It's worse than living with severe beatings and possible death from abuse." (Respondent ID 148)

"No matter what services are on offer from gender based violence, once a perpetrator seeks custody through the family court system, all facts, evidence and help is gone." (Respondent ID 148)

2. Respondents reflected on the imperative for the government to appropriately fund services such as housing understanding that currently the burden lies on the organisations.
3. Respondents reflected on the need to embed an intersectional gender lens in the prevention and response to domestic and family violence that specifically draws attention to the fact it is gender-based violence.

Data comparison

The table below combines all responses by a service type and their adherence to the good practice principles:

Good practice principles	Specialist services				Generalist services			
	Yes	No	Not sure	N/A	Yes	No	Not sure	N/A
Delivering a service through a human-right approach	63%	24%	13%	1%	54%	30%	12%	4%
Delivering a service that aims to empower	51%	34%	12%	3%	37%	43%	15%	5%
Delivering a service through a client-centered approach	53%	34%	10%	4%	37%	42%	9%	12%
Delivering a service where safety is a paramount priority	47%	27%	13%	13%	31%	40%	11%	18%
Delivering a service that holds perpetrators to account	54%	32%	2%	12%	33%	39%	11%	17%
Delivering a culturally-sensitive holistic, inclusive and accessible service	32%	18%	11%	39%	28%	23%	16%	33%
AVERAGE	50%	28%	10%	12%	37%	36%	12%	15%

Application of good practice principles in services provision (by principle)

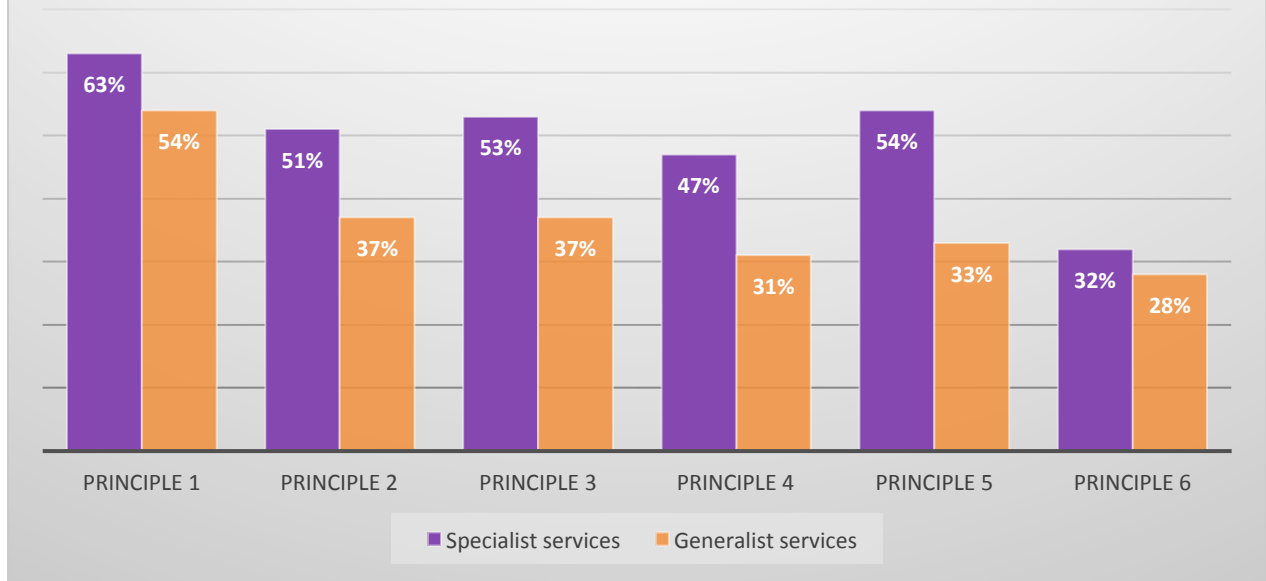


Chart legend:

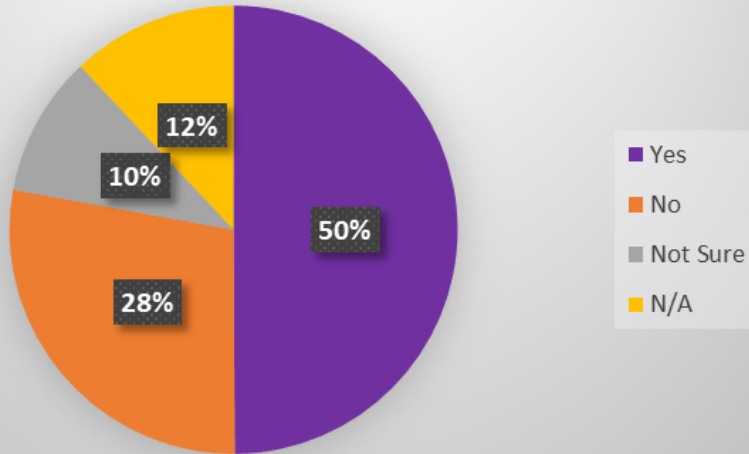
- Principle 1: Delivering a service through a human-right approach
- Principle 2: Delivering a service that aims to empower
- Principle 3: Delivering a service through a client-centered approach
- Principle 4: Delivering a service where safety is a paramount priority
- Principle 5: Delivering a service that holds perpetrators to account
- Principle 6: Delivering a culturally-sensitive holistic, inclusive and accessible service

The data displayed above only reflects percentage for 'yes' responses and it needs to be read in the context that all questions had also 'not sure' and 'not applicable' response options. This is particularly evident in responses to some statements on accessibility, cultural competency and inclusivity as this was the most common set of statements that respondents found not applicable to their situations.

All averages by a service type are displayed below:

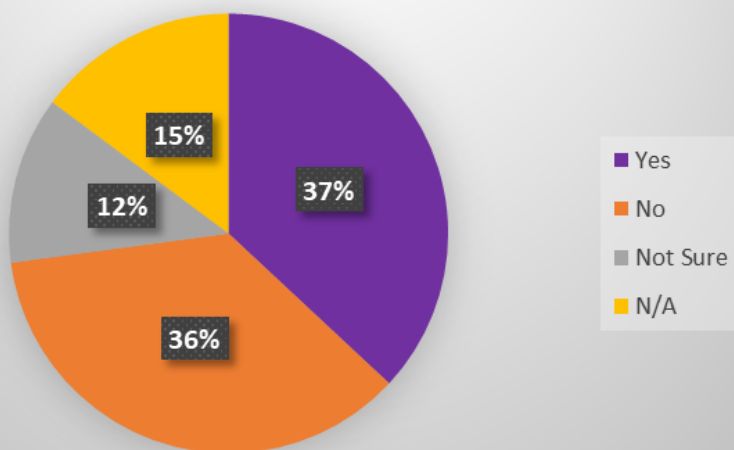
Use of specialist services	Percentage
Yes	50%
No	28%
N/A	12%
Not sure	10%

Specialist services (all principles combined)



Use of generalist services	Percentage
Yes	37%
No	36%
N/A	15%
Not sure	12%

Generalist services (all principles combined)



Based on the survey responses, specialist services whose sole purpose is to support victims/survivors of gender-based violence were rated as adhering to a set of good practice principles widely supported within the sector. Many respondents still noted the funding constraints of these services that may have impacted the duration of support provided. Some improvements were needed in particular with implementing intersectional approaches in practice. Such responses were further supported by

respondents who identified a need to embed an intersectional feminist approaches as one of the guiding principles of services provision.

Experiences of seeking support from generalist services was mixed. Respondents who used counselling that was not specialising in family violence only reported negative experiences. Such services included generalist mental health phone counselling, generalist family relationship counselling, and generalist face to face family relationship services. Such responses should not be seen to the detriment of these service, rather they reinforce the need of family violence specialisation. In comparison respondents who used 1800RESPECT service were more satisfied with the outcomes.

Respondents who approached generalist services reported more experiences of facing racism and homophobia. Disability inclusion was also an issue both in terms of understanding disability and provision of services to women and their children. For example, one respondent reported that their acquired brain injury and resulted speech impairment was misidentified as alcohol intoxication.

Respondents who approached generalist services also reported instances where the actions of perpetrators were excused, where perpetrators had influence on services that were delivered or were able to obtain counselling notes. Several reported that they as victims/survivors were blamed for not protecting their children from experiencing or being exposed to family violence.

Overall participants reported mixed outcomes when it comes to the results of service provision. Many commented that while services were instrumental in rebuilding their lives, their experiences were further complicated by negative interactions with police and a disregard of family violence within family courts.

In conclusion, it is essential that services whose sole purpose and expertise is to support victims/survivors of gender-based violence are funded and resourced adequately to meet the demand and provide holistic and integrated service. It is essential that generalist services who deliver gender-based violence related services as a part of the broader service package are trained and adopt the good practice principles to make sure that their services meet the standards and achieve positive outcome for victims/survivors of violence.