

Frontline family violence workers experience and perception of 'Safe at Home' barriers and facilitators

Jessica Grgat and Madison Kan



McAuley Community
Services for Women
A ministry of the Sisters of Mercy



Safe@Home



Background: McAuley's 'Safe at Home' advocacy project

McAuley has recently led a project to further the adoption of a 'Safe at Home' approach to women and children who've faced family violence.

A 'Safe at Home' approach addresses this key question: why should victims of violence be the ones to leave? 'Safe at Home' is a prevention of homelessness response with safety a key criterion. It has a human rights basis and aims to rectify the injustice of women and children fleeing their homes for their own safety. Victim-survivors are enabled to live safely at home, remaining connected to their communities, schools, and workplaces.

However, it is apparent that this is not always the case in Victoria. The fact that 45% of presentations to homelessness services are because of family violence indicates that it is still routine for women and children to leave home to be safe. This trend is on the rise: numbers of unique clients presenting to homelessness services because they are not safe from family violence has grown by 30 per cent between 2015-2016 and 2019-2020.

In 2021 McAuley initiated a roundtable of services who play a role in supporting those affected by family violence and homelessness. This group has committed to exploring the systemic factors which are preventing women and children from being 'Safe at Home' and developed a systems map. Police and courts, as well as peak bodies in family violence and homelessness, contributed to the development of a systems map which can be [explored further online](#).

McAuley has also taken steps to consult with victim-survivors to learn more about why so many women are becoming homeless after family violence.



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About this report

McAuley Community Services for Women is a Victorian organisation providing support to women and their children who have experienced family violence and homelessness. McAuley has noticed a significant link between women who experience family violence and women who experience homelessness, concerned that the service system responses are unintentionally 'funnelling' women towards homelessness.

In response to this concern, McAuley is working towards understanding and developing a 'Safe at Home' focus: a philosophical framework, practice approach, and service response which intends to reduce the amount of women facing homelessness as a consequence of escaping or 'fleeing' violence, perpetrator/s, and the family home. The 'Safe at Home' philosophy aligns with McAuley's core values of human rights, intersectional feminism, and anti-oppressive practice, insisting that the high rates of women experiencing homelessness due to family violence is an injustice that must be rectified. Victim-survivors should be able to live safely within their home so that they can remain connected to their communities and retain a sense of stability and belonging. 'Safe at Home' considers the capacity for victim-survivors to remain and/or return to the family home. 'Safe at Home' recognises the individual and diverse experiences of family violence- there is no 'one-size fits all' solution. Therefore, returning or remaining home must be an empowered choice made by the victim-survivor.

Victim-survivors being 'supported to remain safely in their homes and connected to their community' is noted as one of the Victorian Government's 10-Year Plan targets, which were developed from the Royal Commission into Family Violence.

This project was developed in partnership with the University of Melbourne and is a contribution to the overall 'Safe at Home' initiative. The aim is to explore what frontline specialist family violence practitioners identify as the barriers and facilitators of 'Safe at Home'. It was seen as important to seek out workers' professional experiences and opinions on the 'Safe at Home' philosophy, as these staff are so often the 'Safe at Home' 'turning point'. This knowledge will enable McAuley to better understand what needs to change in order to reduce high rates of homelessness of women experiencing family violence. Using a qualitative research approach, researchers collated the data from interviews and completed a comprehensive thematic analysis. This report details the results of this analysis. This report summarises the knowledge gained from the insightful comments of experienced specialist family violence practitioners. Frontline family violence workers' participation, contributions, and enthusiasm for 'Safe at Home' are deeply appreciated, and will help to inform future 'Safe at Home' developments.

Methodology

This project was undertaken by two University of Melbourne Master of Social Work students, as a part of their formal field education. The researchers collected data by completing individual qualitative interviews with staff from a variety of family violence response organisations. Participants were practicing in metropolitan Melbourne, regional, and rural based services and had been practicing in the family violence sector for varying degrees of time.



Researchers conducted eleven interviews over a period of six weeks. Each interview went for approximately forty-five minutes to an hour. These interviews were recorded and transcribed using Microsoft Teams. This data was then safely stored in a secure folder within McAuley's computer network, accessible only to those working on the research project. Qualitative data analysis software, Nvivo, assisted with secondary coding of key barriers and facilitators to 'Safe at Home'. From this coding process, key themes emerged. Researchers referred to Braun & Clarke (2006) throughout the qualitative research process to guide our thematic analysis.

The researchers had ongoing contact with the University of Melbourne Violence Against Women and Children Research Unit to ensure ethical compliance, project cohesion, and research utility.

'Safe at Home': research on critical factors

In 2016, Professor Jan Breckenridge led a national mapping and meta-evaluation project focused on 'Safe at Home' factors.¹ This project surveyed the 'current state of affairs' in community services to identify the key features of programs which successfully achieve 'Safe at Home' outcomes.

The 'Four Pillars' identified as central to 'Safe at Home' success were as follows;

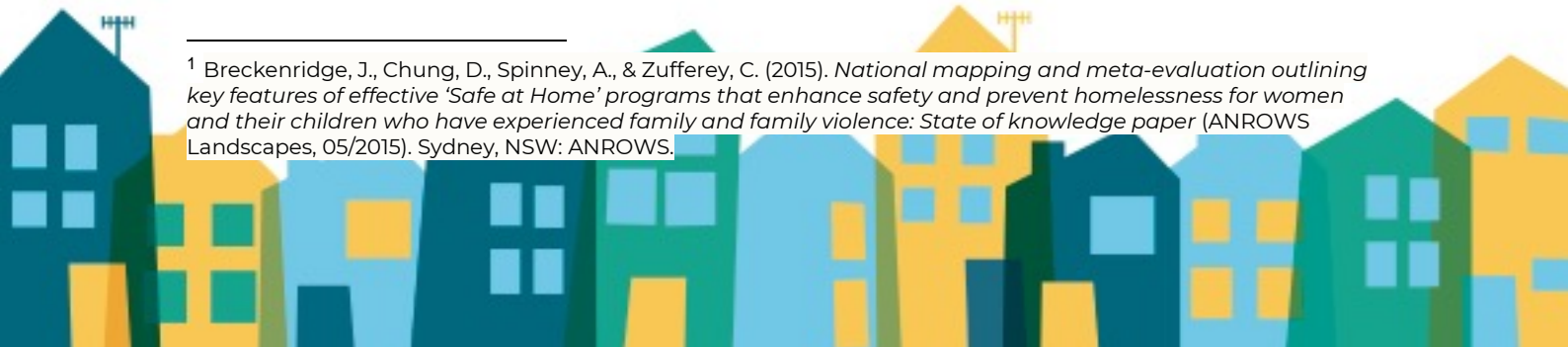
- A focus on maximising women's safety
- A coordinated or integrated response involving partnerships between local services
- 'Safe at Home' as a homelessness prevention strategy
- Recognition of the importance of enhancing women's economic security.

This report was both informed and enhanced by Jan Breckenridge's research: all the barriers and facilitators identified and explored in this report relate to one or more of the Four Pillars.

Intersectionality Disclaimer

This report focuses predominantly on the gendered nature of intimate partner family violence. Family violence is understood as a gendered issue, rooted in the inequality between men and women. Women and children are the overwhelming majority of victim-survivors of family violence, and the majority of intimate partner family violence is perpetrated by men against women. The writers acknowledge that the frontline workers interviewed for this report worked typically with cisgender women escaping violence from cisgender men perpetrators. McAuley recognises the diversity of family violence experiences and that violence occurs in multiple forms within a range of relationships, family structures, and identities. The writers believe that the knowledge gained from the experience of family violence and homelessness frontline workers on supporting a 'Safe at Home' initiative is applicable to relationships outside a heteronormative structure. It is hoped that this investigation is the beginning of a continued, intersectional, and inclusive exploration of the prevention of homelessness of all victim-survivors of family violence.

¹ Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2015). *National mapping and meta-evaluation outlining key features of effective 'Safe at Home' programs that enhance safety and prevent homelessness for women and their children who have experienced family and family violence: State of knowledge paper* (ANROWS Landscapes, 05/2015). Sydney, NSW: ANROWS.



Findings

The Meaning of 'Safe at Home' for Frontline workers

Overall, workers understood 'Safe at Home' to mean that the service system would support, organise, and implement strategies and services that allow victim-survivors to remain or return to their original home safely. For 'Safe at Home' to be successful, the perpetrator must be held accountable and remain excluded from the home. 'Safe at Home' should free the victim-survivor from fear of the perpetrator's abuse. As one worker stated, 'Your home should be your castle. You have a right to feel safe.' Similarly to McAuley's report on the lived experiences of women, workers agreed that remaining or returning to home should be a choice. The woman's individual preference should be respected and a tailored family violence response should be developed for each victim-survivor.

There was some confusion around the meaning of 'Safe at Home'. Some participants' initial understanding was that it was an already established program. Others thought 'Safe at Home' referred solely to the physical safety measures put in place through a family violence intervention. This highlighted the importance of further education to promote a shared understanding of 'Safe at Home' as a practice framework and philosophy. The use of specific language when referring to 'Safe at Home', describing it as an initiative or practice approach rather than program, could support this.

Inaccessibility and the Impact of Uncoordinated Service Responses

Practitioners described the family violence response system as confusing and uncoordinated, with a lack of wrap around and integrated services. Participants found there to be generally poor communication between services. Victim-survivors are having to repeat their story and lose motivation or hope that their situation will improve when navigating family violence services, police, court, homelessness services, mental health services or child protection.

Accessibility of case management was a concerning barrier to 'Safe at Home' for workers. Participants advised that it can take weeks or sometimes months on a waiting list until the victim-survivor is assigned a family violence case manager. This delays access to practical (e.g. flexible support packages) and emotional (e.g. specialist counselling) supports. Furthermore, many expressed concern that women do not know how to access case management services, as it is not something that is publicly advertised. When victim-survivors do flee the family home, they often have to change location several times in a short period of time. As a consequence, they often experience inconsistent and disrupted service responses, in addition to missed Centrelink payments due to constantly changing contact details.



Victim-survivors in regional and remote settings have more limited access to services than those in metropolitan Melbourne. Their geographic isolation and the interconnectedness of small town communities can influence victim-survivors' ability and confidence in help-seeking. Accessibility to family violence services is particularly reduced for culturally and linguistically diverse victim-survivors and those with complex support needs and/or dual diagnoses. Culturally and linguistically diverse victim-survivors may have their needs dismissed due to language barriers, miscommunication, and/or outright racism from support services. Victim-survivors without permanent residency are especially vulnerable due to their inability to access services such as Centrelink and Medicare, making it increasingly difficult to access financial support, employment, housing, and mental health services. One practitioner described women as being 'ping-ponged' between services and having to jump through impossible hoops to achieve long term housing. She highlighted that women with disabilities face significant challenges navigating NDIS to find accessible housing options. She described women being excluded from disability services due to functioning 'too well' and rejected from family violence services because of her disabilities. Complications likewise arise when the perpetrator of violence is also the victim-survivor's disability carer. This practitioner believed many women are still 'falling between the cracks' of the system, delaying the implementation of 'Safe at Home' strategies.

One interviewee was particularly reflective about the assumption of 'Safe at Home' as universally relevant, critiquing that women who have experienced long-term homelessness cannot relate to 'Safe at Home' in the same way as other victim-survivors: 'Safe at Home' both assumes and implies that victim-survivors have been consistently and safely housed for a significant period of time, desiring a 'return' to this environment. Integration of services, with particular emphasis on and attention to difficult to reach populations, should be considered in future 'Safe at Home' developments.

Housing and the Threat of Homelessness

Workers universally agreed that it is common for victim-survivors to associate trauma of the abuse with the place they experienced it, the home. The house can hold trauma for victim-survivors and remind them of the perpetrator and abuse that occurred. Victim-survivors may experience remaining or returning to the family home (being 'Safe at Home') as incredibly distressing and retraumatizing. This association of place with trauma can serve as a significant barrier to women wanting to remain or return to the home. Workers found it common for a victim-survivor to want to leave the house despite the potential difficulties and instability.

Participants agreed that starting fresh in a new house can be very important for victim-survivors to create a homely environment and feel safe. One worker articulated that victim-survivors' lives have been 'characterised by having choice removed from them'. It is critical for the worker to respect the decision-making process of the victim-survivor for their confidence development and recovery. Workers must acknowledge that victim-survivors are the experts of their own lives and respect their choices. Furthermore, victim-survivors may decide on leaving the home due to their experience and knowledge of the perpetrator's unwavering commitment to stalk and abuse her.



However, deciding to leave comes with its own potential struggles and lasting impacts, such as housing instability. Property resettlement can be an arduous process, and damage to rental records when trying to break a lease makes it difficult to secure future housing.

It was common for family violence workers who had previously worked in homelessness services to have a particular passion for the development of 'Safe at Home' due to their experience of observing the long-term negative effects of housing instability on women who had experienced family violence. One worker stated: 'to end up homeless is the worst case scenario...we try to do what we can to help them stay [within their home].' This participant described homelessness as a 'long hard haul' and outlined the extreme difficulty of trying to find housing for someone who is already homeless. Participants often stated that finding a rental property is much easier than obtaining public housing: workers will often avoid exploring public housing as an option because they feel it is a waste of time, as the waiting time is approximately ten years. Even with priority waitlists, public housing is not a timely option for victim-survivors. Participants described that in the past they would apply for priority access to housing through the Department of Health and Human Services for victim-survivors in urgent need and be placed in transitional housing within two months and be able to access transitional housing within two to three weeks. Now, workers do not even bother with this process. One organisation advised that they had not received an offer for any of their applications to priority housing in over three years.

Workers often apply advocacy skills when convincing real estate agents to give victim-survivors a chance by explaining their difficult life circumstances. The relationships that family violence services have with real estate have been especially difficult to maintain throughout the pandemic. Another challenge is that private rentals are often unaffordable, and those properties that are affordable to victim-survivors on Centrelink or minimum wage are often unsuitable and unclean. For example, properties may not be disability-friendly or child-friendly, and often don't provide the anonymity and privacy many victim-survivors desperately seek. Homeless victim-survivors applying for private rentals face an extra level of disadvantage due to judgment and bias. 'Safe at Home' is out of reach for many victim-survivors.

Refuges are designed to be a steppingstone in a victim-survivor's journey in regaining stability and obtaining long term housing. Instead, women are remaining in refuge in some cases for over a year due to the housing crisis. Some organisations have a strict six week only stay in their refuges. It is very unlikely for a victim-survivor, especially those with complex care needs and dual diagnoses, to find employment, become financially secure, and find housing within this time period. Without housing secured, women leaving refuge often present to homelessness services. Workers were ashamed by services' inability to provide better outcomes for vulnerable women: there was a strong feeling that workers should advocate for 'Safe at Home' outcomes, but that unfortunately this is rarely pursued due to poor service responses.

Practitioners emphasised the importance of finding a way to 'help [the victim-survivor] feel safe enough to remain in their home'. It is only when it has been established that this is not possible that workers look into alternative housing options. Workers emphasised



that the first interaction with a client is a critical point where 'Safe at Home' should be explored, especially if she had not yet left the home- this to be a key intervention moment, as it is more difficult for women to be able to return to the home once they have left. Family violence organisations performing interventions prior to the victim-survivor leaving the family home reported significantly higher 'Safe at Home' outcomes than those whose interventions began at crisis accommodation or refuge.

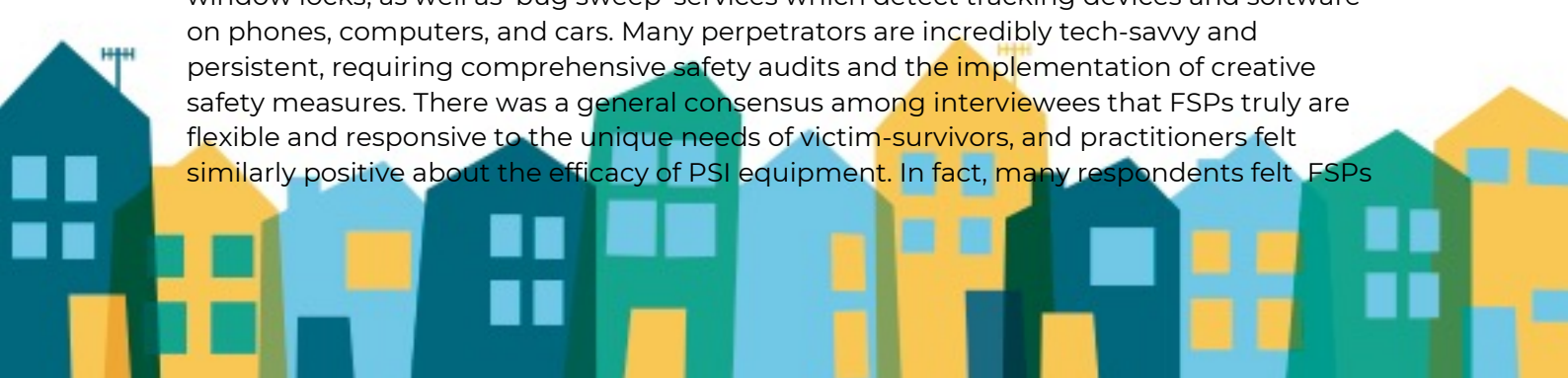
Financial (In)security

Frontline workers universally emphasised financial security as a facilitator of 'Safe at Home'. Women who experience family violence often experience financial abuse from the perpetrator. This impacts their financial independence and security, and consequently their ability to remain in the family home. When victim-survivors are financially independent and have savings, remaining within their home becomes a feasible option. They are able to afford to pay mortgage, pay utilities, afford childcare, or potentially even take time off work to organise their safety plan during a time of crisis. Evidently, employment is a key protective factor in a victim-survivor's ability to remain or return to the home. Women who are financially secure also have improved access to private rentals if they choose to leave the current home. In comparison, one participant stated that the 'JobSeeker Payment is not enough to pay rent in the furthest suburbs of the West'. Women without employment, savings, or financial support networks are more limited in their ability to remain in or access new safe and affordable housing.

Workers report that when victim-survivors are less financially secure, temporary rent and utility relief is very important: 'flexible support packages are a lifeline to 'Safe at Home' or to relocate', one worker stated. They emphasised that even small amounts of financial support can be crucial to victim-survivors' ability to manage short-term financial obligations, such as rent, utilities, or small debts owed, in order to start fresh. This relieves significant stress when in crisis. Workers advocated for victim-survivors self-management and decision-making over flexible funds and that paternalistic or conditional use of emergency funds should be avoided: victim-survivors are the experts of their own experience and needs and it is best that they choose how this money is spent.

Flexible Support Packages and Personal Safety Initiatives

Many interview respondents spoke about the impact of Flexible Support Packages (FSP) and Personal Safety Initiatives (PSI) on victim-survivor feelings of safety. FSPs provide funding for victim-survivors to access practical and material support in order to improve wellbeing and stability. PSIs similarly fund technology and security equipment which promote victim-survivor safety. Such equipment can include CCTV, personal alarms, and window locks, as well as 'bug sweep' services which detect tracking devices and software on phones, computers, and cars. Many perpetrators are incredibly tech-savvy and persistent, requiring comprehensive safety audits and the implementation of creative safety measures. There was a general consensus among interviewees that FSPs truly are flexible and responsive to the unique needs of victim-survivors, and practitioners felt similarly positive about the efficacy of PSI equipment. In fact, many respondents felt FSPs



and PSIs were integral to the achievement of 'Safe at Home' outcomes. Changed locks and installation of security doors were noted as especially transformative to victim-survivors' confidence in remaining home. Victim-survivors feel their homes are more secure, and often experience reduced anxiety and more restful sleep as by-products of security equipment; there is less need for victim-survivor hyper-vigilance when safety and security equipment is present.

Practitioners did stress that while PSI generally promoted feelings of safety, some technology was more aligned with violence *documentation* rather than violence *prevention*. For instance CCTV systems did not necessarily deter perpetrators from behaving violently or breaching IVO conditions, but were simply useful for evidence-collection. Practitioners also stressed that the efficacy of PSI equipment relies on victim-survivors understanding how they work and being able to use them with confidence. For example, one respondent spoke of a woman who misunderstood the function of CCTV and was confused when the police did not arrive at her home soon after the perpetrator had, becoming upset to learn that no one was constantly monitoring CCTV footage. For select victim-survivors, PSI equipment was incompatible with feelings of safety. Personal alarms and cameras can make victim-survivors feel 'monitored' in a way that mirrors elements of stalking and coercive control.

The logistics of FSP and PSI access were noted as a barrier to 'Safe at Home'. The referral, audit, approval, and installation process can take several weeks, sometimes months, to complete. This is incompatible in situations of imminent victim-survivor danger, and is likewise disappointing in situations where victim-survivors have no alternative temporary housing options (e.g. situations where women *would* feel safe to remain home *with* security equipment, but cannot do so because the process is not immediate). Complications can also arise when seeking approval for home modifications from landlords. FSPs and PSIs also require case management to access, which exacerbates waiting time. Victim-survivors cannot self-refer for safety and security equipment funding and consequently must wait to be allocated a case manager before changes can be made to the home. Risk Assessment and Management Panel (RAMP) clients are often able to have this process expedited, but unfortunately the threshold for RAMP eligibility is very high.

Confidence and Community

Victim-survivors' development of self-confidence is a key facilitator of 'Safe at Home'. One participant stated that it is important to 'build up [the victim-survivors'] confidence and strength because 'it is up to the family to keep themselves safe'. Rebuilding confidence helps victim-survivors to have the strength to carry on with daily living tasks and use their acquired knowledge of how to do this in the safest possible way. The fear victim-survivors have of the perpetrator holds them back in their abilities to function in their daily life. Having the independence of knowing their safety plan well and the confidence to execute it allows them to '[take] the power back' and '[know] that he can't intimidate or hurt [them] anymore'.



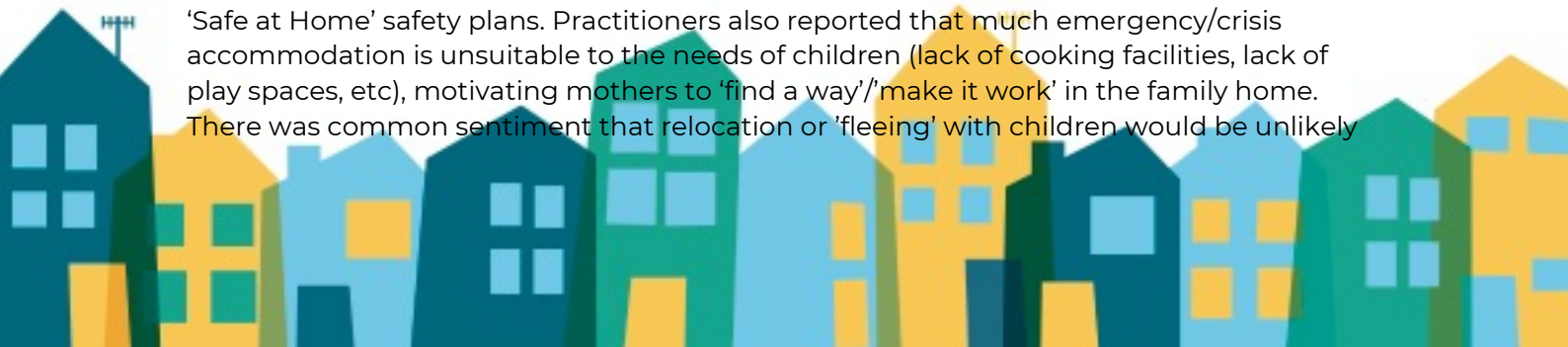
Workers explained that their biggest practice dilemma is respecting a client's decision to remain or return home, despite the risk of significant and imminent danger. Despite the number of safety measures put in place to support women to remain safely within the home, many workers felt that if a perpetrator had the will and determination to stalk and abuse the woman, no physical safety measures or intervention order could ensure this would not happen: it is impossible to completely, exhaustively, and comprehensively safety plan for all possible avenues and outcomes. One participant advised that practitioners 'can only try to think of what may happen and do the best [they] can' to put preventative safety measures and safety plans in place to protect victim-survivors. The victim-survivor needs to have the self-confidence and will to remain within the home in order to live a full life.

Connection to community can serve as a protecting factor for victim-survivors' confidence to remain within the home. If community members are aware of past instances of family violence and can make the victim-survivor feel heard and supported, they will be more likely to feel safe and empowered to remain in their own home. For example, participants described neighbours and schools as potential supports to victim-survivors. However, participants highlighted that in other cases, communities serve as a barrier. Perpetrators may act differently in private relationships than they display to the community. This makes it difficult for victim-survivors to be believed when living in tight-knit community settings where the perpetrator is well connected and respected, such as in rural settings, faith communities, and culturally and linguistically diverse communities. When a victim-survivor does not have the backing of her community, there is more social pressure on her to leave.

Only one respondent commented on the relationship between Aboriginality, community, and effective safety planning. They observed that Aboriginal clients accessing generic family violence services, who also had contact with Aboriginal health services, were more inclined to respond to and follow the advice of Aboriginal health service staff. For example, the respondent recounted working with an Aboriginal client to implement 'Safe at Home' strategies, but that the staff at the Aboriginal health service were advising the client to flee home. Indeed, it is important that frontline family violence workers remain aware of when/how adjacent services may complicate the achievement of 'Safe at Home' outcomes, paying particular attention to how clients may differentially value the input of different workers.

Children and Child Protection

Interviewees shared that the presence of young children was both a key barrier and key facilitator for victim-survivors to remain 'Safe at Home'. Mothers are often unwilling to 'flee' violent homes, for fear of disrupting their child/ren's lives, routines, schooling, and community connections; a will to provide children, especially young children, with a sense of stability and consistency motivates many victim-survivors to explore and implement 'Safe at Home' safety plans. Practitioners also reported that much emergency/crisis accommodation is unsuitable to the needs of children (lack of cooking facilities, lack of play spaces, etc), motivating mothers to 'find a way'/'make it work' in the family home. There was common sentiment that relocation or 'fleeing' with children would be unlikely



to stop the violence should the perpetrator be entitled to ongoing contact with children; shared custody or regular contact between children and perpetrators means that many women see fleeing as an unnecessary and ineffective strategy of avoiding violence.

In a similar vein, the threat of child removal in times of crisis and homelessness is common among mothers. Practitioners commented that mothers often fear that violent fathers with consistent housing will be seen as a more 'fit' parent than a mother who is fleeing family violence and entering precarious housing or homelessness. On the other hand, mothers also experience significant fear of child removal should they remain in the family home where children are exposed to and experience violence. Perpetrators often weaponise the threat of child removal, too. This 'failure to protect' lens was reported as a common oversimplification of mothers' relationship with their children and perpetrators. Child protection's practice approach to family violence is understood as very 'cut and dry' by frontline family violence workers, and despite recent improvements, child protection workers largely fail to engage with and enact David Mandel's 'Safe and Together' model; the culture and philosophy of child protection services seemed incompatible with 'Safe at Home' goals. One practitioner commented that having very young children sometimes prompts more sincere investment in victim-survivor safety, though this was still a minority of cases.

Police Response and Legal Protection

Police response has a significant role in supporting a 'Safe at Home' approach, as police are in a position to respond and intervene in family violence crises and ensure the accountability of perpetrators. Opinion on police response varied between participants. Participants raised that many victim-survivors tell them they have reported breaches to police but get no response in return. Police often would not act unless there had been multiple breaches, and collection of evidence was a significant burden for victim-survivors. Family violence practitioners view any breach as a potential risk. In contrast, police officers view the level of risk to be dependent on the severity of the breach. One worker advised that you could call the police 'twenty times' before receiving a 'decent family violence response' which can be disempowering for a worker let alone a victim-survivor in a time of crisis.

The language police use when attending the scene can downplay the physical assault as an argument or disagreement, further disempowering victim-survivors and does support the accountability of perpetrators. Participants advised that it can take a long time for police to attend the homes of victim-survivors who live in regional or remote areas due to police having large catchment areas and smaller police stations closing overnight. This makes women feel less safe and protected, less confident that their concerns will be attended to and taken seriously, and therefore less confident to remain within the family home. The response of a police officer depends on their personal beliefs around family violence and their personal judgment on the severity or significance of the abuse.



Participants advocated for a cultural change of the police force and promoted further education on family violence and a standardised response. One participant advised they felt that the progress made in building strong relationships with police providing educational support around family violence response had gone backwards during the pandemic, such that police rarely applied for intervention or exclusion orders which removed perpetrators from the family home.

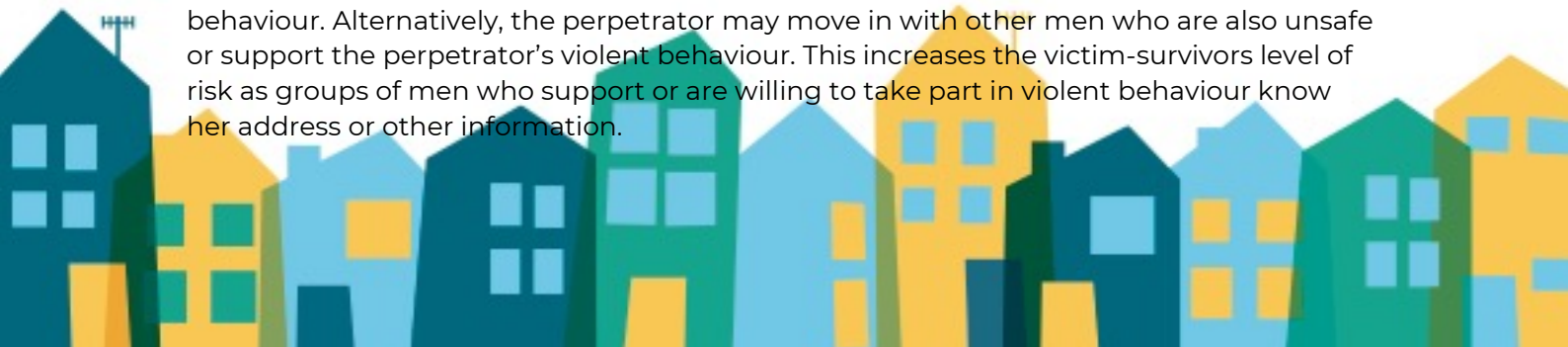
Conversely, there was also a number of participants who reported that police are more responsive to breaches of intervention orders than they had been in the past. They also advised that police are more willing to support and listen to victim-survivors when making a police report. Change is not always linear and it is evident that police culture is slowly shifting. More work needs to be done in this area to support an integrated response to family violence and educate police around supporting women to remain or return to the home.

Clear communication between police, the justice system and the victim-survivor about the whereabouts of the perpetrator and the safety plan is a key element in protecting a victim-survivor's safety when she decides to remain within the home. Some interviewees stated that victim-survivors can only ever feel truly 'Safe at Home' when the perpetrator is incarcerated. When a perpetrator is to be released from prison, it is essential that police contact the victim-survivor to alert them of his release date. Sometimes this does not occur until weeks later, which can put victim-survivors at risk as well as escalate their anxiety. It is especially concerning for victim-survivors and their case managers if the location of the perpetrator is unknown post release. In the courts, magistrates often don't understand or prioritise family violence matters, which means victim-survivors rely heavily on advocacy from frontline family violence staff. This demonstrates that victim-survivors do not feel protected by the current police response and legal systems, and consequently cannot feel truly safe to live within their home.

Workers reported that intervention orders are an important step in accessing services and holding perpetrators legally accountable. They deter the perpetrator from returning to the home or committing further abuse. However, some perpetrators do not care about the consequences of the intervention order and in these situations they do not protect a victim-survivor who is at high risk. Therefore, they are a facilitator of 'Safe at Home' in many cases but cannot adequately protect the safety of victim-survivors in other instances.

Perpetrator Accountability

The dearth of alternative housing options for perpetrators of family violence impacts victim-survivors' ability to remain safely within their own home. When a perpetrator lacks housing, it is more likely that the cycle of violence will continue. Perpetrators who lack housing will be more likely to return to the victim-survivors home. Or, they may move in with a new partner or another woman, then putting them at risk of the same abusive behaviour. Alternatively, the perpetrator may move in with other men who are also unsafe or support the perpetrator's violent behaviour. This increases the victim-survivors level of risk as groups of men who support or are willing to take part in violent behaviour know her address or other information.



Several workers outlined the importance of a trauma-informed response for perpetrators. Perpetrators also require a therapeutic response with sustainable long term housing options with the intention of stopping cyclical violence and allowing victim-survivors to remain safely within their home. Few respondents believed Men's Behaviour Change programs were conducive to actual, meaningful, changes in behaviour, favouring one-on-one therapeutic interventions to group work formats.

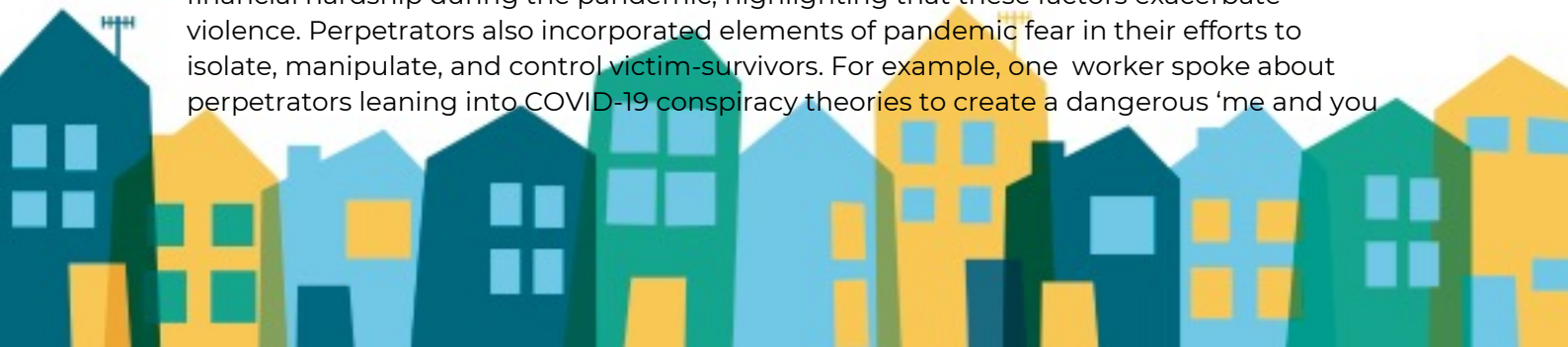
New information sharing abilities have improved the integration of services and improves accountability of the perpetrator. Workers advised that they are now able to get more creative in obtaining information on the perpetrator in order to try to keep the victim-survivor safer, such as requesting information from homelessness services in areas that he may be living. If a perpetrator is under a Community Corrections Order, workers can obtain a list of services the perpetrator is mandated to and request frequent updates on his engagement and his level of accountability, which can be reassuring for the victim-survivor. 'Safe at Home' is often realistic *except* for the fear that accompanies perpetrator invisibility. Indeed, perpetrator visibility is integral to perpetrator accountability, a key facilitator of 'Safe at Home'.

The Impact of COVID-19

Frontline family violence workers were asked about the relationship between COVID-19 and 'Safe at Home' principles. All respondents agreed that both the frequency and intensity of family violence had increased during the pandemic. 'Stay at home' orders meant that many victim-survivors felt 'trapped' in their own homes, unable to access their usual routines (work, school drop off and pick up, seeing friends and family) which offered regular pockets of time away from perpetrators and/or an unsafe home (less perpetrator 'blind spots'), 'one woman said to me she had come to feel like a prisoner within this house'. Victim-survivors were unable to resort to their usual safety plans throughout lockdowns, such as going to stay at a friend's house if their partner was drinking. One worker suggested that this feeling of entrapment and inaccessibility of usual safety plans contributed to victim-survivors' motivation to escape once 'normal life' resumed.

Many practitioners were also of the opinion that the government had inadequately communicated family violence exemption from lockdown rules, and that victim-survivor help-seeking was an acceptable reason to leave home. Fear of contracting the virus in crisis accommodation was also common. On the other hand, some victim-survivors did benefit from stay at home orders, travel limits, and border closures, as they felt adequately distanced from perpetrators and confident that the government's pandemic response would deter/interrupt violence.

Select workers commented on the increase in alcohol and drug use, mental illness, and financial hardship during the pandemic, highlighting that these factors exacerbate violence. Perpetrators also incorporated elements of pandemic fear in their efforts to isolate, manipulate, and control victim-survivors. For example, one worker spoke about perpetrators leaning into COVID-19 conspiracy theories to create a dangerous 'me and you



against the world' narrative, and others spoke of victim-survivors being threatened for wanting to get vaccinated or wearing a mask.

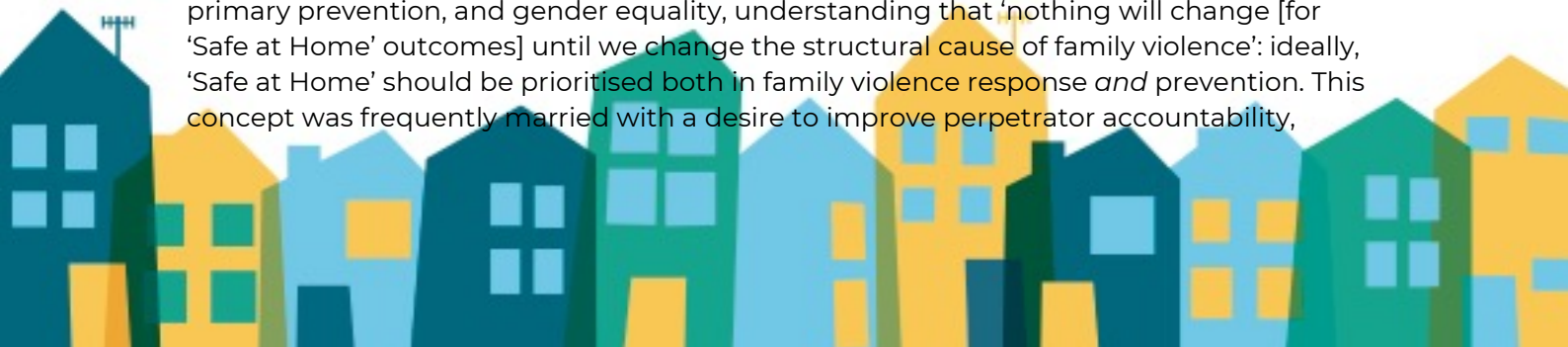
Service responses to family violence have been similarly complicated by the COVID-19 pandemic. This was frustrating for frontline staff, as they could no longer employ usual strategies for rapport building, connection, and trust: 'there is no more sitting down and having a tea', 'she's crying but you can't touch her or give her a cuddle. [Victim-survivors] need that support'. PPE requirements exacerbated difficulty building rapport, and in turn, practitioners' ability to develop comprehensive safety plans. Virtual contact (e.g. phone calls instead of home visits/community meetings) aggravated these difficulties further, compounded by actual or feared perpetrator monitoring. Family violence responses from emergency services have been likewise impacted by COVID-19: one practitioner recounted an incident where a paramedic neglected to park in a victim-survivors' driveway because she was COVID-positive and instead made her walk down the street, and another commented that police responses had 'defaulted' to lack of perpetrator accountability and low utilisation of exclusion orders: safety notices have been 'massively underutilised' during the pandemic.

'Safe at Home' Solutions

Respondents were asked what they would change about the family violence service sector to ensure more victim-survivors could remain 'Safe at Home'. Responses did vary, but housing affordability was a recurrent suggestion. Practitioners were insistent that adequate supply of affordable and accessible housing options was key to enabling and improving 'Safe at Home' service responses: quick access to affordable housing is important for victim-survivors' reestablishment after fleeing, but also provides perpetrators with 'somewhere to go' away from the family home. This asserts victim-survivors' rights to safety, conducive also to perpetrator accountability. 'Safe at Home' is not singularly a family violence matter, but inextricably a housing and homelessness one too.

In a similar vein, many practitioners wished that victim-survivors had access to an ample money supply. As discussed earlier, finances are a key barrier to 'Safe at Home', so it is perhaps unsurprising that practitioners focused on this factor as a key turning point. Practitioners articulated wishes for victim-survivors' financial security, though many acknowledged this was unrealistic, suggesting also practical strategies such as unquestioned rent relief, and wider provisions for discretionary ongoing crisis payments. Financial emancipation was an ultimate, transformative goal for frontline family violence staff. Family violence agency budgets were likewise considered, as practitioners believed increased funding for staff would shrink case management wait times.

Several practitioners articulated a desire for improved family violence education and primary prevention, and gender equality, understanding that 'nothing will change [for 'Safe at Home' outcomes] until we change the structural cause of family violence': ideally, 'Safe at Home' should be prioritised both in family violence response *and* prevention. This concept was frequently married with a desire to improve perpetrator accountability,



pivoting practice away from victim-survivor crisis and towards perpetrator visibility and meaningful behaviour change.

'Safe at Home' is a Practice Mindset

Many of the barriers and facilitators explored in this report focus on practical, tangible ways that 'Safe at Home' responses can be better implemented and more widely achieved. What is equally, if no more, important, is that frontline staff achieve a 'Safe at Home' mindset. This means that practitioners consciously explore 'Safe at Home' strategies in their safety planning with clients, and refrain from 'defaulting' to the position of encouraging victim-survivors to flee. This requires practitioners to not only be skilled in safety planning, but also in risk assessment and person-centred care. It must also be recognised that risk and 'Safe at Home' statuses are not stagnant, but likely to always be in some type of flux: 'safe' and 'home' are subjective concepts. Practitioners must be confident in a dynamic approach to 'Safe at Home', and have trust that clients are best positioned to make decisions about the trajectory of their own lives. It is the practitioners' role to educate clients about the risks and realities of family violence, without pushing them toward a particular decision. It is likewise important for family violence workers to have clear boundaries about what they can and cannot do to facilitate 'Safe at Home', and accurately communicate this with their clients.

The researchers did observe a noticeable difference in responses between interviewees that worked for women-exclusive services and services that also responded to perpetrators. Workers at women-exclusive family violence services reported significantly lower numbers of 'Safe at Home' clients, and were overall less convinced that increased 'Safe at Home' outcomes were achievable, though they were strongly desired. One respondent from a women-exclusive service stated, 'Safe at Home', as far as I'm concerned, has never worked'. In contrast, staff working for services that also support perpetrators generally believed 'Safe at Home' outcomes were achieved for the majority of their clients. The writers of this report understand this difference in response can be attributed to a) the time of service contact and intervention, and b) visibility and accountability of the perpetrator in co-term support services. As well, it seemed that outreach clients had a very different relationship to 'Safe at Home' than crisis clients: outreach clients seemed much 'closer' to 'Safe at Home' outcomes than those in imminent crisis.

Overall, there was strong interest in and enthusiasm for 'Safe at Home' developments among project participants. Participants recognised the value and purpose of 'Safe at Home' strategies, but simultaneously insisted that it is not always appropriate or achievable. Practitioners were wary of 'Safe at Home' becoming the new 'gold standard' in family violence services, instead preferring to integrate the philosophy with their existing flexible approaches and practice wisdom. 'Safe at Home' is one of many possible outcomes for victim-survivors of family violence, and should be explored, valued, and supported accordingly.



What Next?

This report is the first examination of how frontline family violence practitioners understand the challenges and opportunities of 'Safe at Home'. It is hoped that this research will be used to promote 'Safe at Home' strategies and develop 'Safe at Home' advocacy, resources and training material, and policy revision in the human services sector.

Additional research, data collection, and document and policy creation will be required to advance the 'Safe at Home' project and improve the achievement of 'Safe at Home' outcomes for family violence victim-survivors. Disruption of cultural and logistical barriers to 'Safe at Home' is no doubt a difficult task, but still an absolute necessity.

It is recognised that 'Safe at Home' is a subjective concept that is difficult to measure. However, it would be useful for family violence agencies to collect quantitative data about 'Safe at Home' strategies and outcomes, to further enhance the utility and coherence of future 'Safe at Home' projects.

