

Keeping family violence victims ‘Safe at Home’: practitioner perspectives

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Safe at Home is an approach which addresses the risks of homelessness, poverty and intergenerational trauma that occur when women must leave their homes to escape violence. When the alternative is sleeping in cars, squalid rooming houses, multiple moves around unsuitable accommodation, and struggling financially, many women will feel that they have no realistic option of leaving. As many as 7,690 women a year return to perpetrators due to having nowhere affordable to live.¹

‘Safe at Home’ is a social justice response underpinned by the belief that perpetrators should be held accountable for their violence, and recognizes the inherent unfairness of expecting that women must leave home because of violence. It involves a combination of policing, legal and integrated supports so that wherever possible, women and children are able to stay home, while perpetrators are the ones who must leave. In the more traditional situation, victims-survivors end up with all the disadvantages of having to leave. Their children’s schooling is disrupted: they leave behind friends, family, neighbours. They depart their employment unexpectedly. They struggle financially with only one income, and all the costs of moving and relocating. And with housing in short supply and so unaffordable, they often end up couch-surfing, staying in a whole series of emergency motels, living in cars, or homeless.

McAuley Community Services for Women has been a strong advocate for a ‘Safe at Home’ approach to avoid such consequences, and throughout 2021 worked with others, including police, courts, and peak bodies to understand the barriers. We know these exist because more and more women who seek support from homelessness services are there because of family violence. Through consultations with women with lived experience, we learnt that they were often unaware of the option to stay home. Some were extremely surprised to learn of the legal protections they could have accessed to make it viable. None could recall conversations or advice from the multiple organisations they encountered about the possibility of the perpetrator being excluded. Even if this would have been impractical or extremely difficult, this option was, in their recollection, not even explored².

¹ *Nowhere to go: the benefits of providing long-term social housing to women that have experienced domestic and family violence* (July 2021) Women’s Housing Alliance http://everybodyshome.com.au/wp-content/uploads/2021/07/EE_Women-Housing_Domestic-Violence_WEB_SINGLES.pdf

² <https://www.mcauley.org.au/about/advocacy/safe-at-home/>

It was also clear that the point at which they left, or were helped to leave, their home after violence became pivotal to their later story. It set off a chain of events where the abuser's right to stay in the primary residence quickly became entrenched, while their own drift into unstable accommodation and poverty felt inevitable.

We became interested in learning more about the role of practitioners working with women experiencing family violence in these outcomes. A joint project between Melbourne University and McAuley set out to explore their views on 'Safe at Home' and the factors that help or hinder its effective operation. Two Masters of Social Work students conducted 11 interviews over 6 weeks in 2021 with frontline family violence workers in both rural and metropolitan settings.

Key findings

Overall, frontline workers supported the goal of supporting women and children to remain in their original housing, recognizing it as much fairer than the current, more typical situation of women moving to crisis or refuge accommodation.

There was some caution or pessimism, though, about whether increasing the numbers of those who can stay 'Safe at Home' is achievable. The persistence and severity of perpetrator violence, system flaws (especially fragmented services), and unaffordable housing were the main barriers perceived. The workers were also clear that they viewed it as a choice, not something that becomes universal or forced. They recognised many women would elect to move because the house has been a place of distress and terror, as well as fear of becoming 'sitting ducks' by remaining. As one worker also noted, victim-survivors' lives have often been characterized by 'having choice removed from them'; it was important that they needed to be in control of decisions about staying, or leaving, their homes.

Models of support affect 'Safe at Home' perceptions and outcomes

Outcomes and attitudes to 'Safe at Home' varied, with the timing of the first contact with the woman and the sort of intervention offered being significant. Outreach workers, for example, were more positive about it as a possibility than those working with women who had already left.

Workers based in organisations that also supported perpetrators felt more confident about the feasibility of women remaining home. They spoke of a sense of relief that the perpetrator was being monitored and supported, so that heightened risks and escalating behaviours could be quickly identified.

Workers based in services which only worked with women were less confident that 'Safe at

Home' was achievable. Typically, the women they saw had already left the family home, and may have already had several moves to be safe. Workers in these situations often felt it was already too late, too difficult—or just too unsafe—to initiate the legal and policing steps necessary to remove perpetrators who'd remained in the family home.

There was a wide range of views in how often the practitioners interviewed saw successful 'Safe at Home' outcomes. Some said they had virtually never seen it occur or 'could count it on the fingers of one hand'; these were mainly located in women's accommodation services. Others said it was actively at front of their minds. In one remote rural service, comment was made that 'Safe at Home' was always the first option pursued because crisis accommodation was scarce and women were keen to remain in their community.

'Duty of care' vs dignity/ risk – protective vs empowering approaches

Workers were thoughtful and realistic about their own roles and ethical responsibilities in supporting a woman whose choice to remain home might carry a risk of significant and imminent danger. They acknowledged that if a perpetrator had the will and determination to stalk and abuse the woman, no physical safety measures or intervention order could prevent it. They felt it was impossible to completely, exhaustively, and comprehensively safety plan for all possible avenues and outcomes. One said they 'can only try to think of what may happen and do the best [we] can' to put preventative safety measures and safety plans in place to protect victim-survivors'; another said: 'The victim-survivor needs to have the self-confidence and will to remain within the home in order to live a full life'. Some workers recognised the ways their anxieties and concerns could colour their discussions with women around a 'Safe at Home' option. Some, perhaps inadvertently, mentioned giving 'advice' or 'an opinion'. This indicates that it can be hard in such conversations to avoid projecting practitioners' own concerns and fears.

Workers who had previously been situated in homelessness services described themselves as having a particular passion for the development of 'Safe at Home', having seen the long-term negative effects of housing instability on women, and what they saw as an inferior service system. 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].'

Barriers and enablers to a 'Safe at Home' response

One of the most significant barriers to 'Safe at Home' outcomes was the waiting period for case management. Applications for flexible support or personal safety initiatives (such as cameras or upgrades to home security) must be made through case managers; this can take

two months. Workers pointed out that many women had already lost their housing in the meantime and also commented that there were particular disadvantages for women who were 'on the move' and living in a different region when they finally moved 'up the list.'

The role of police was also cited as critical in an effective 'Safe at Home' response, and workers interviewed—especially those who had worked in family violence over a lengthy period—believed police responses had considerably improved. There were still reports however of failures to respond unless there were multiple breaches, subjective labelling of which breach was more 'serious' than another, and variations in language and attitudes to family violence. Most significantly communication breakdowns can mean that important information is not passed on about perpetrator whereabouts – release from jail, or postponement of hearings for example.

According to the workers, for women with children, 'Safe at Home' considerations were complex. If a father was still involved in children's lives safety measures could be complex. Child protection interventions frequently focused on pressure on mothers to leave so that their child was not at risk; an approach viewed as 'too cut and dried' by several workers. The fear of child removal was often weaponized by the perpetrator. Mothers often feared that violent fathers with consistent housing would be seen as a more 'fit' parent than a mother who is entering unstable, precarious housing or homelessness.

Implications and conclusions

The research highlighted practical, tangible ways that 'Safe at Home' responses could be better implemented and more widely achieved. It was equally, if not more, important, that frontline staff achieve a 'Safe at Home' mindset. This means consciously exploring 'Safe at Home' strategies in their safety planning with clients, and not 'defaulting' to the position of encouraging victim-survivors to flee. In the course of the interviews, some workers reflected on their own practice, and recognized that, especially where a 'Safe at Home' option was so rarely seen or the challenges seemed so immense, it could become routine to discount it as a possibility.

To shift this situation, workers will need to be skilled in safety planning, as well as risk assessment and person-centred care. Their work requires recognition that risk and 'Safe at Home' statuses are not stagnant, but could be in some type of flux, and that 'safe' and 'home' are subjective concepts.

It will also require trust that victim-survivors are best positioned to make decisions about the trajectory of their own lives. Family violence workers need to have clear boundaries about what they can and cannot do to facilitate 'Safe at Home', and accurately communicate this

with their clients.

The findings also have implications for service models, given that organisations which included perpetrator oversight and visibility were associated with increased workers' confidence in a 'Safe at Home' option. Current trials of perpetrator accommodation and interventions already underway in Victoria could point to a way forward in testing whether these are perceptions, or whether evidence shows they do lead to better outcomes for women and children.