

# ***PATHWAYS:***

## ***How women leave violent men***

***Tasmania 2003***



# ***PATHWAYS: How women leave violent men***

*'The quality, speed and sensitivity of services provided by law enforcement, medical, mental health and social service agencies measures the true regard, dignity and safety that a community extends as a matter of course to members who become victims' (Koss & Harvey 1991 104 cited in Kelly 67 1996).*

*'...domestic violence occurs within communities where members of neighbourhoods, kinship networks, and friendship networks know about domestic violence long before any outside agency is approached - they see and hear it happening, they see the physical consequences on women's bodies or they are the ones women speak to about it' (Kelly 68 1996).*

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*(It's) like...I've been living in a concentration camp...When you step out of it, you know, it's just like a big explosion of colour or something...It was like finding a rainbow, like a peaceful thing or something...It was just like Dorothy and The Wizard of Oz...as if you put a pair of **red shoes** on. (Yasmin, 39 years)*



## ***DEDICATION***

This report is dedicated to the memory of three women; Sonja Mercer, Diane Mudge and Melissa Johnston, who were allegedly murdered by their male partners or ex-partners during the twelve month period of this research. Sonja Mercer was allegedly murdered by her defacto husband in April 2001 (*The Examiner* April 2001). She was 32 years old, the mother of an eleven year old son, and lived in the Cressy-Longford area in the north of Tasmania. Sonja was shot with a rifle. In September 2001, Diane Mudge was allegedly murdered by her male partner. Diane, who was in her forties, lived at Newtown in the South of Tasmania (*The Mercury* September 2001). In November 2001 Melissa Johnston, 18 years old, was allegedly murdered by a former boyfriend at a women's shelter in Ulverstone, in the North West of Tasmania (*The Examiner* November 2001). She was decapitated with an axe as she tried to escape. Three women whose male partners or ex-partners decided they did not have a right to live. How might we have helped? What could we, as a community, have done differently? In honour of these three women's lives, and the seventy five woman murdered by their male partners in Australia every year, we, as a community, need to have an answer.

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# EXECUTIVE SUMMARY

## Introduction and context

At the *Justice and Change* Conference held in Canberra (1999), Professor Liz Kelly (Child and Woman Abuse Studies Unit, University of North London) argued that there should be a shift in the direction of domestic violence policy and service research, from what prevents women from leaving a male partner who assaults them, to what *enables* them to do so. This research is a response to that challenge. It has focused on who and what enabled women to leave a male partner who had assaulted them—the pathways to leaving and establishing a new life.

The study differs from previous research in that it focuses on:

1. Women's own identification of what enabled them to negotiate their way successfully out of violent relationships.
2. The identification and analysis of effective supports, services and strategies for establishing violence-free lives.

The research is of both National and State significance, with the issue of domestic violence on political agendas at both levels. Most recently, the Tasmanian Government committed to: 'Reduce by one-third the incidence of family violence by 2020' (*Tasmania Together* 2001). Women Tasmania, the government department that has key responsibility for women's policy issues, commissioned this research, with funding provided by the Federal *Partnerships Against Domestic Violence (PADV)* strategy.

## Research aims and questions

The primary aim of the research has been to identify how and where government and non-government policy makers and service providers could best use their resources to provide more timely and appropriate assistance to women leaving violent male partners, and to maximise their safety.

To this end, it worked with women in Tasmania to identify and explore the formal and informal pathways they used to leave a male partner who assaulted them, the pathways they used to establish and maintain a new, violence-free life for themselves and their children, and what has assisted them in this process.

The main research question was: *What are women's perceptions of the turning points and pathways in leaving and remaining out of a violent relationship with a male partner?*

## Methodology

The study used a qualitative research approach involving semi-structured, in-depth interviews with 53 women living in Tasmania who had experienced violence from a male partner and who

had since left the relationship. The interview schedule was designed to focus on women's strengths within their social context. The interviews were carried out by two social workers experienced in working with women who had been assaulted by a male partner.

A range of strategies was used to obtain the sample. The most successful was a media release that led to newspaper articles, television and radio interviews, resulting in 34 of the 53 participants.

Women were also asked basic demographic questions including age, children, disability, race, ethnicity, education, accommodation, income, work status, years lived with ex-partner and location.

### **Current thinking and knowledge**

There has been considerable research, internationally, nationally and in Tasmania, that has relevance for women experiencing violence from a male partner, and for guiding effective responses to that violence. In summary, previous research has found that:

Most women try to manage by themselves the violence they experience from a male partner.

Most women reach out to friends and family (informal support) when first seeking help. This was helpful when it provided women with someone to talk to, emotional support and practical assistance. It was unhelpful when the response was judgemental and overly directive.

Generally, though, family and friends' responses often did not enable women to take critical steps to deal with the abuse.

When seeking formal support, women often found generic services unhelpful. Women most often reached out to the medical profession at this point. Individual professionals and some services gave women considerable support, displaying sensitivity and understanding. For the most part, however, women variously encountered a sympathetic but unhelpful response, indifference, avoidance of the issue, discomfort, or a response that was sympathetic to the perpetrator.

Women who were assaulted by their male partner often sought help from police, particularly when leaving, but mostly found their response unhelpful, citing judgemental attitudes and an unwillingness to take action.

When used, women mostly expressed satisfaction with domestic violence-specific services but these were primarily used while leaving and immediately after leaving. Usually, their response helped women take critical steps to deal with the abuse by validating women, believing them, providing information and referrals and supporting them through the legal processes. However, most women experiencing domestic violence did not use domestic violence services, due, in part, to a lack of knowledge about the services (or how to access them) or negative perceptions about them, particularly shelters.

## **Women in the study: demographics**

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The 53 women who participated in this study were drawn from all three regions of Tasmania. Their ages ranged from 23 to 63 years, with nearly three quarters (72%) in the 30-49 years group. Of the total sample:

- 6 women (11%) identified as Aboriginal
- 8 (15%) identified as being from a culturally and linguistically diverse (CALD) background
- 13 (25%) identified as having a disability
- 13 (25%) had lived in rural or isolated areas.

Of note was the high level (68%) of health problems experienced by the women, in particular the percentage who reported having experienced depression (59%).

Almost three quarters (72%) of the women had children, with a total of one hundred and nine children between forty two women.

There was a range of education levels with just over a quarter of the women (26%) university educated and almost a third (31%) having completed Year 10 or less. Over half of the women (57%) had been owner/buyers of their homes before leaving and yet the majority of women (66%) had to leave their home after ending the relationship, with a 14% decrease in home ownership. For 40% of the women, their only income came from income support payments. The women were represented in both low and high socio-economic groups, before and after leaving. Of note was that of the thirty three women eligible for child maintenance less than a third (27%) received any money from their ex-partner.

## **The violence women experienced**

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The diverse women in this study had in common the experience of violence and abuse from a male partner. The severity and the duration varied, but for all the women, the violence and abuse had a negative impact on their lives. A third of the women with children also expressed concern about the impact of the violent relationship on their children. A similar percentage of women identified specific incidents of both psychological abuse (mainly witnessing) and physical assault of the children by their father or stepfather. A smaller percentage believed their children had been sexually assaulted by their partner.

All the women had tried a variety of strategies to deal with the violence. At best, these had merely deferred it. More often, strategies had little or no impact and even worse, had been taken by the man as an excuse to escalate the violence. But despite the controlling use of violence and abuse, the women's stories provided ample evidence of numerous and varied acts of resistance. Each of the women eventually reached their turning point(s), the events that enabled them to leave.

## **Turning points**

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The women in this study reported that they reached one or more turning points that enabled them either to contemplate, plan and/or finally leave their violent partner. Some were able to leave

soon after reaching a turning point, while for others it became the foundation upon which they built plans to leave in the future. For some it took a variety of turning points, each building on the others until the proverbial ‘straw that broke the camel’s back’. For most of the women, reaching their turning point(s) led to contact with formal and/or informal supports, which they then identified as pathways to leaving and establishing a new life.

Similar to earlier findings (Keys Young 1998; Dimopoulis, Baker, Sheridan, Elix & Lambert 2000), the majority of women in this study reached a turning point where they realised they were unable to stop the violence or manage the abuse. Key turning points—that is, turning points that were identified by the majority of women as the most significant in their influence on the decision to leave—were:

- an incident of severe violence or
- the women’s concerns regarding their children witnessing the violence against their mother.

Just over half of the women (51%) identified an incident of, an escalation of or further threat of violence as a turning point and a key reason for leaving. Over half of the women with children (55%) identified concerns for their children being in a violent family situation, as a key turning point to leaving.

Another key turning point, intimately interwoven with the other two, was a *change* in beliefs including new beliefs that:

- staying was not in the best interests of the children;
- the male partner was responsible for the violence;
- the violence was not going to stop;
- the violence and abuse was not normal and/or acceptable; and
- that certain religious views on marriage could be challenged.

Where the turning point was an incident of severe violence, the woman’s decision to leave was often triggered by the realisation she could be killed if she stayed and the risk of that happening was greater than the previous barrier to leaving—believing she would be killed if she left. It is difficult to imagine the courage needed to make such a choice.

Some women identified other turning points, including:

- their partner’s infidelity;
- the death of their partner;
- the involvement of child protection services;
- a new partner;
- commencing university;
- starting work; or
- the children growing older.

## **The process of leaving: pathways and barriers**

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All the women in this study who were able to leave a male partner who had assaulted them and establish a new life identified ‘pathways’ or ‘enablers’ (the terms are used interchangeably) that

supported and helped them to take this action—people, agencies, structural supports (including policies, laws and societal beliefs), information and/or their own beliefs. Women used many pathways, sometimes encountering new barriers before being redirected or finding new pathways. *Key pathways* were those that played a significant role in the process of leaving and establishing a new life. They included *formal support* from government, community based agencies and professionals and *informal support* from family, friends and the broader community. Laws, access to resources and information and women’s beliefs were also identified as key pathways - *underpinning enablers* of women’s efforts to leave and establish a new life.

## The phases of leaving

The study found that the process of leaving was characterised by five phases, some of which were repeated until the women were able to end the relationship permanently. This process took anything from weeks to years. The phases were:

1. **Pre-contemplation:** managing and/or resisting the violence but not generally thinking about leaving.
2. **Contemplation:** beginning to think about leaving, usually acutely aware of the barriers, and often when women first wanted to discuss their options with informal and/or formal supports.
3. **Deciding to leave:** seeking information and making plans.
4. **Actually leaving:** usually the women leaving their home either temporarily or permanently, often feeling ‘in crisis’ and seeking action-focused practical and emotional support.
5. **Establishing a new, violence-free life:** a particularly challenging phase, where women usually sought non-directive practical and emotional support, and access to resources was crucial.

Women identified pathways for each of these phases; however it was the formal supports that mostly provided crucial, enabling support, often throughout all phases of the leaving process.

## Pathways and significant factors

Key pathways fell into broad categories: formal and informal. In addition, the women identified a range of underpinning enablers—structural supports and beliefs that supported their efforts to leave and establish a new life.

Women in the study were mostly enabled to leave and establish a new life through contact with formal supports, most often, domestic violence-specific services. For over half of the women (51%), domestic violence-specific services, mostly the Tasmanian Government’s Domestic Violence Crisis Service (DVCS), were the key pathway to leaving (see below).

### ***Key pathways - percentages***

<b><i>Formal pathways</i></b>	<b><i>Percentage of women</i></b>
Domestic violence-specific services	51%
Counsellors (primarily social workers)	47%
Access to employment	30%
Centrelink	28%
University of Tasmania	26%
Lawyers	21%
General Practitioners	13%
Police (as a percentage of 62% contact)	30%
<b><i>Informal pathways</i></b>	<b><i>Percentage of women</i></b>
Friends (mostly women)	34%
Family (mostly mothers and sisters)	25%
Work/student colleagues	11%
Church congregation	6%
New partner (as a percentage of 64%)	20%

In summary, the key pathways identified by women in this study were:

- 1. Enabling responses from formal supports**, primarily domestic violence-specific services and counsellors (mostly social workers); but also *Centrelink*, adult educational institutions, police, lawyers (mostly after leaving) and to a lesser degree, general practitioners; **and informal supports**, primarily female friends, but also family (mostly female) and new partners.
- 2. Underpinning structural supports**, mostly access to resources (i.e. income security, employment, education, affordable housing and childcare); and to justice, through the criminal justice system.
- 3. Access to information**, mainly through the media, books and domestic violence-specific services' information strategies.
- 4. Enabling fears, beliefs and feelings**, primarily regarding safety, the children, a sense of self/agency and hope—that is, the giving up of hope the violence would stop and regaining hope for a safer future.

Women identified significant factors and practice principles contributing to the effectiveness of key pathways. They had in common a response that:

focused on women's safety whilst respectful of women's choices;  
provided women with information about the impact of domestic violence on children whilst cognisant of the limits of women's agency and the need for support;  
was non-judgemental, culturally sensitive, non-discriminatory and believed women's accounts of the violence and abuse;  
was non-directive, being action focused only when strongly indicated eg severe crisis and guided by previous principles;  
was emotionally and practically supportive;  
was active in information provision;  
referred women to, and actively supported women to access, formal supports;  
enhanced women's insight into their situation and enhanced their sense of agency;  
responded from a perspective or practice model informed by contemporary frameworks of domestic violence (including a feminist analysis);  
located responsibility for the violence and abuse with the male partner; and  
was cognisant of the need to support women through the process of giving up hope, grieving and regaining hope.

### **Barriers and significant factors**

Each of the women in this study identified numerous complex and interconnected barriers to leaving and establishing a new life. Every woman identified beliefs and feelings that were key barriers to leaving with the most significant being fears for their own safety and their children's futures if they left. Structural barriers, mainly a lack of access to resources and ineffective responses from formal (particularly police) and informal (particularly family) support were the other key barriers. The key barriers fell into three categories:

#### **Constraining beliefs and feelings, primarily fear:**

fear of being killed if she left;  
fear of the impact on the children;  
hope the violence would stop;  
feelings for their partner;  
fear of losing financial security;  
fear of managing/being alone; and  
a reduced sense of agency.

#### **Structural barriers - a lack of access to:**

an adequate income;  
information on support services;  
legal rights and domestic violence;  
transport;  
affordable, appropriate housing;  
support services; and  
affordable childcare.

**Ineffective responses** from informal and formal supports from whom the women had sought help:

- informal supports—primarily family but also friends;
- formal supports—primarily the police but also general practitioners;
- the broader criminal justice system;
- counsellors;
- the clergy; and
- domestic violence-specific services (mostly shelters).

Women identified significant factors and practices contributing to an ineffective response. They had in common a response that:

- did not focus on women's safety;
- was disrespectful of women's choices;
- did not provide women with information about the impact of domestic violence on children;
- was not cognisant of the limits of women's agency and the need for support;
- was judgemental, culturally insensitive, discriminatory and did not believe women's accounts of the violence and abuse;
- was overly directive;
- denigrated her partner;
- failed to intervene when an assault occurred;
- was emotionally and practically unsupportive;
- upheld traditional values that were oppressive of women;
- was inactive in information provision;
- did not refer women to, and did not actively support women to access, formal supports;
- did not enhance women's insight into their situation nor enhance their sense of agency;
- responded from a perspective or practice model that was not informed by contemporary frameworks of domestic violence;
- failed to locate responsibility for the violence and abuse with the male partner; and
- was not cognisant of the need to support women through the process of giving up hope the violence would stop, grieving and regaining hope.

## **Recognising diversity: culture, background, circumstances and needs**

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### **Aboriginal women**

Most of the pathways and barriers identified by Aboriginal women were similar to those identified by other women in this study. In addition Aboriginal women identified as key pathways:

- Aboriginal-specific formal supports, in particular the University of Tasmania's Aboriginal Education Centre, *Riawunna*;

adult education institutions (TAFE and/or universities) – identified as a key pathway by a higher proportion of Aboriginal women compared to the total sample;

cultural identity and a sense of community and support from community (including that generated by *Riawunna*).

Aboriginal women identified additional barriers in relation to:

a lower level (in comparison to the total sample) of accessing police before leaving, and of identifying police as a key pathway;

discrimination, including inequities relating to the intersection of race and gender; and cultural issues.

## **CALD women**

Most of the pathways and barriers identified by CALD women were similar to those identified by other women in this study; but they also identified as pathways

CALD-specific formal supports; and their own cultural identity.

In addition, a higher proportion of CALD women (compared to the total sample) identified as key pathways:

adult educational institutions; and domestic violence-specific services.

Barriers identified by CALD women related to:

their ethnicity and to access due to discrimination;

lower levels of reporting police as a key pathway;

a cultural response from CALD informal supports, including a higher level of barriers relating to family;

language; and

immigration status.

## **Women with a disability**

For women who identified as having a disability, an additional pathway was disability-related services and service providers. In addition, a higher proportion of women with a disability, compared to the total sample, accessed police and a lower proportion identified police as a barrier; and a higher proportion identified as a pathway:

domestic violence-specific services;

psychiatrists and general practitioners; and

a change in certain beliefs;

Additional barriers identified by women with a disability included:

their disability as a key barrier;

a higher level of access barriers;

a higher level of family as a barrier; and  
higher levels of barrier beliefs and feelings relating to a fear of being unable to manage alone,  
and a belief the violence would stop.

### **Women with a health issue**

The stories of women in this study clearly indicated that the violence and abuse they experienced from their male partner often took a toll on their minds and bodies. Over two thirds of the women experienced physical and/or mental health problems during the relationship with their ex-partner. Depression was by far the most common health problem, identified by over half the women in the study.

### **Women with children**

Four out of every five women in the study had children, and of these women:

about half identified their families as a pathway to establishing a new life in relation to support for their children; and

about half wanted or sought help from formal supports to enable their children to establish new lives.

In relation to their children, the women identified as pathways:

structural supports, including *Centrelink* payments, access to the legal system, housing loans and affordable public and private housing; and

a number of other formal supports including counsellors, government-funded children's mental health services, parenting centres, Aboriginal children's centres, and church-funded counselling and support programmes focusing on children who have witnessed domestic violence.

Women's fears for their children's future wellbeing were the second most common key barrier to leaving.

Almost a quarter of women in the study reported having children with a disability and/or health issue/s. All of these women identified that disability or health problem as a barrier to leaving and/or establishing a new life.

A key barrier raised by several women in this study was the response of statutory authorities to allegations by women of sexual assault of their children by their father or stepfather, when domestic violence was also involved.

### **Significant factors**

Significant factors in the key pathways for these diverse groups of women were:

cultural sensitivity and non-discrimination;  
affirmative action;  
accessible information and referrals;

- education;
- the enhancing of cultural identity and sense of community;
- the enhancing of a sense of self, self rights and sense of agency;
- emotional and practical support;
- an enhanced sense of justice and safety;
- a sensitivity to disability issues;
- clinical support;
- acknowledgment of the impact of domestic violence on health; and
- support in caring for children.

The significant factors of key barriers for these women included:

- cultural insensitivity and discrimination;
- a lack of affirmative action;
- inaccessible information and lack of referrals;
- blaming the women for the violence;
- lack of access to education;
- the diminishing of cultural identity and sense of community;
- the diminishing of a sense of self, self rights and sense of agency;
- a lack of emotional and practical support;
- a diminished sense of justice and safety;
- an insensitivity to disability issues;
- a lack of clinical support;
- a failure to recognise the impact of domestic violence on health; and
- a lack of support to care for children.

### **Women living in rural or isolated areas**

While pathways reported by women in rural and isolated areas were similar to those reported by other women in this study, women in rural and isolated areas reported fewer pathways overall, largely accounted for by their isolation and/or lack of services. In comparison to the total sample, a smaller proportion of women living in rural or isolated areas identified:

- family as supportive, or as a key pathway;
- contact with domestic violence-specific services and counsellors before leaving; and
- contact with most formal supports.

These women also identified the attitudes of some in the rural community as a barrier.

Of particular note was the number of significant factors contributing to the barrier of living in a rural or isolated area:

- the additional difficulties and costs of packing up and moving;
- the additional cost of physically leaving eg plane fares or extra distance to travel;
- a lack of access to transport;
- geographically or climatically being unable to leave eg on an island or snowed in;
- the distance from family, friends and neighbours;

no existing support services or no access to support services;  
accessing women's shelters meant having to move outside the community;  
no or limited access to information;  
no or limited access to outside communication;  
the conservatism of rural communities;  
no or limited capacity to develop an escape plan;  
no access to emergency cash due to no access to or no banking services;  
leaving home meant leaving one's livelihood or employment eg a farm;  
a lack of confidentiality;  
police taking a conciliatory approach; and  
key support services' workers, including police, more likely to be known to or friends  
/colleagues of the woman and/or be known to or friends/colleagues of male partners.

## **Implications for policy and practice**

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The findings of this study in relation to the responses of formal supports implied the need to:

*address the ineffectiveness of formal responses which maintain hope the violence will stop;*

*address religious institutions, service models and government policies which support the maintenance of the family unit and marriage to the detriment of women and children;*

*assist formal responses through professional training, service policies and accountability mechanisms to effectively support women who seek to leave a male partner who assaults them;*

*examine the provision of emergency accommodation; and*

*examine the non-existence of support services in some areas and the lack of promotion of those that do exist.*

The following sections look specifically at the implications of the findings for each service type.

### **Domestic violence-specific services**

Findings of the study implied the need for:

*continued government funding of both the DVCS model of practice and service delivery and its structural location within government;*

*promotional strategies to further raise community awareness of the services provided by DVCS;*

*ongoing government funding of long-term domestic violence support services SHE and Survivors, and their continued community-based management and location;*

*promotional strategies to raise community awareness of the services provided by SHE and Survivors;*

*ongoing government funding and development of both high security emergency accommodation and alternative models of emergency housing accommodation throughout the State, taking account of women's differing safety, support and accommodation needs short and longer term;*

*emergency accommodation to be both adequately funded to, and required to meet, quality assurance standards in relation to environment, staffing and service delivery.*

## **Counsellors and counselling services**

Findings of the study implied the need for:

*continuing availability of free, accessible generic counselling support and advocacy services to women experiencing domestic violence;*

*relevant government departments and community sector agencies to have policies, guidelines to practice and accountability mechanisms in relation to contact with women experiencing violence from a male partner;*

*the education, training and recruitment of key service providers (social workers, psychologists, psychiatrists, welfare workers, nurses, doctors, lawyers, police, teachers and clergy) to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence.*

## **Police**

Findings of the study implied the need for:

*a consistent, predictable criminal justice response to assault of a woman by her male partner;*

*improving the delivery of domestic violence training to recruits;*

*establishing an internal monitoring and accountability mechanism for police responses to the assault of women by a male partner;*

*providing structural support through training, policy and procedures for police to take a pro-arrest approach, initiate applications for Restraint Orders, and arrest for breaches of Restraint Orders;*

*multi-media promotional strategies that highlight the role of police in providing immediate protection and longer term safety for victims by taking action against perpetrators.*

## **Legal and criminal justice system**

Findings of the study implied the need for:

*continued funding of free legal advice and support to women experiencing violence from a male partner;*

*a consistent criminal justice response throughout the legal system to assault of a woman by her male partner;*

*services to provide victim and court support;*

*Restraint Orders being identified as a priority category by the criminal justice system.*

## **Medical and health care system**

Findings of the study implied the need for:

*the education, training and recruitment of general practitioners to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*the education, training and recruitment of other professionals in the broader medical and health system to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*all hospitals to have and display domestic violence policies and guidelines;*

*all medical and health services to display and provide information on relevant support services.*

## **Clergy**

Findings of the study implied the need for:

*the education, training and recruitment of the clergy to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*an examination of the current training of church leaders;*

*the provision of appropriate domestic violence information to church congregations.*

## **Structural resources**

Findings of the study implied the need for:

*the ongoing development and implementation of Federal income security policies (which maximise women's financial independence) and privacy policies (which maximise women's safety when escaping domestic violence);*

*the ongoing provision of 'Centrelink' social work services which contribute to the development and delivery of policies and services facilitating women's escape from domestic violence;*

*the continuation of Federal and State education policies and strategies which encourage, facilitate and support women's access to education, including those that recognise the diversity of women;*

*ongoing Federal and State strategies that facilitate women's access to employment, including the provision of accessible, affordable childcare;*

*responses/enacting of laws that enable women to remain in their homes and/ or obtain sole occupancy;*

*the ongoing provision by government of low cost rental accommodation;*

*continuing priority given by the Department of Housing to the accommodation and safety needs of women escaping domestic violence;*

*government schemes that enable women escaping domestic violence to access low interest rate credit or housing loans;*

*enhanced access to and /or provision of resources, in particular, housing, legal, financial and information to enable women experiencing domestic violence and their children to live independently;*

*strategies that enhance women's access to education, employment and supports;*

*examination of laws and practices, supported by societal attitudes, that favour men staying in the family home, thus preventing or delaying women's access to their home, assets and belongings and seriously impacting on their financial status;*

*examination of identified gaps in service in relation to twenty-four-hour domestic violence-specific services, child contact centres and long-term domestic violence support services.*

### **Informal supports: friends and family**

Findings of the study implied the need for:

*community development strategies that build on the strengths of those in the community who do not support the use of violence and abuse;*

*community education and awareness strategies that build on the strengths of informal networks;*

*strategies to address the ineffectiveness or inappropriateness of informal responses which maintain hope the violence will stop;*

*strategies to address community attitudes and beliefs, which support the maintenance of the family unit and marriage to the detriment of women and children;*

*strategies to assist informal responses through community education and community development strategies to effectively support women who seek to leave a male partner who assaults them.*

### **Ideas and beliefs**

Findings of the study implied the need for:

*the analysis, by formal and informal supports, of domestic violence to be within contemporary frameworks, including a feminist analysis;*

*portrayals of women in all forms of the media to be cognisant of denigrating or gender stereotyping of women;*

*widespread education of women, across their lifespan, focussing on positive images of women;*

*informal and formal supports to be provided with information and training to support women through the process, often inherent in leaving, of giving up hope, grieving and regaining hope;*

*the promotion of egalitarianism in families;*

*a priority focus on women's safety concerns and for available legal action to be implemented to maximise women's safety;*

*consistency and monitoring of formal responses, particularly the criminal justice system;*

*raising awareness in the community and amongst service providers of the impact on children of living with domestic violence, whilst recognising the constraints on women's agency within a violent relationship.*

## **Diversity of women**

Findings of the study implied the need for:

*the ongoing resourcing of adult education strategies that recognise the diversity of women and facilitate their access to education;*

*community development strategies that build on the strengths of Aboriginal and CALD women's cultural identity and sense of community;*

*domestic violence information strategies that take into account diverse cultures, languages, education, abilities and locations;*

*general practitioners, psychiatrists, and other mental health service providers to respond to domestic violence within contemporary frameworks;*

*a recognition of the grief process women may experience before and/or after leaving a violent male partner;*

*the resourcing of relevant services to assist women seeking support for their children as a consequence of having lived with domestic violence;*

*domestic violence community education strategies to include initiatives that recognise the diversity of women and particularly, focus on constraining beliefs;*

*research that takes account of the diversity of women and the current gaps in knowledge;*

*strategies to address the ineffectiveness or inappropriateness of informal responses to the diversity of women which fail to take account of diverse cultures, languages, education, abilities and locations;*

*strategies to address the ineffectiveness of formal responses that fail to take account of diverse cultures, languages, education, abilities and locations;*

*strategies to provide supports to women in rural and isolated areas;*

*strategies to ensure service providers, including the education system, can respond effectively to women and their children who are living with domestic violence; and*

*community education to raise awareness of the issues for children both living with and after leaving a father or stepfather who assaults their mother.*

## **Defining a framework for practice**

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The study showed that, when men assaulted and abused women and their children, the impact was significant, highlighting the importance of developing strategies to address their use of violence, including strategies focusing on:

the men taking responsibility for their use of violence;  
effective government and community responses; and  
societal attitudes.

There was a consistent sense, in the women's accounts, that their male partners felt entitled to use violence and abuse to intimidate and coerce them, and that this was *not* apparent in the men's other social relationships. This has significance for individual and group strategies as well as short-term and long-term social change strategies focusing on behavioural and attitudinal change in men who assault their female partners, and on those social structures that support and/or fail to challenge oppressive male behaviour.

The study has provided examples of individual good practice in the responses of a range of workers, including domestic violence-specific service workers, social workers, psychologists, police, general practitioners, nurses, lawyers, friends, family and new partners. The significant factors of these responses identify a number of characteristics of good practice. They show that good practice:

is non-judgemental;  
believes the woman;  
is action-focussed during a crisis;  
is non-directive at all other times;  
locates the blame for domestic violence with the male partner whilst still respecting the women's choices and feelings for her partner;  
understands unconditionally when a woman chooses to return, perhaps many times or is unable to leave for many years;  
supports women through the grief process of losing hope for change to regaining hope for the future;  
provides relevant information and referrals; and  
recognises that assault is a crime.

Based on these characteristics, a generic framework for practice was identified, setting out good practice at each of the five phases of leaving. An understanding of the phase a woman is up to underpins any effective response, from either formal or informal supports.

The study also identified the DVCS as a significant service delivery and practice model. Integral to its effectiveness was its formal liaison with the Department of Police and Public Safety through police Standing Orders and its location in each region. While most women in the pre-contemplation and contemplation phases of the process of leaving contacted family and friends, this changed substantially when women moved beyond these phases. When they entered the 'deciding to leave', 'actually leaving' and 'establishing a new life' phases, most women contacted domestic violence-specific services, predominantly the DVCS.

Two issues that emerged as requiring urgent attention were:

1. Women having to leave their homes.
2. The impoverishment of women who leave a violent partner.

These issues have dire economic consequences both in the short and long term, for women and children.

Another issue that emerged was the need for a consistent and integrated response across the service system. Women experiencing violence have a right to expect consistency from formal systems responsible for the delivery of services to the public, particularly police. Most of the women who had contact with domestic violence-specific services and with *Centrelink*, experienced consistent enabling responses, but there was little consistency across the remainder of the informal and formal spectrum. What the former services had in common were clear guidelines to practice in relation to domestic violence either through their organisational mandate and/or clear policies that were accountable and monitored.

The study makes a number of recommendations that build on existing strategies and proposes new initiatives based on the need to incorporate an understanding of the pathways and barriers for women leaving a male partner who assaults them and for establishing a new violence-free life. These recommendations are listed below.

## ***SUMMARY OF RECOMMENDATIONS***

### **Domestic violence support services**

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#### **Domestic violence services**

1.1 That the Tasmanian Government:

- a) continue to provide the highly successful DVCS model of practice and service delivery, and review the current resource level to ensure that:
  - i) staffing levels are adequate;
  - ii) the service is promoted in rural and isolated areas;
  - iii) the service continues to produce high quality client outcomes; and
  - iv) the service is provided over 24 hours, seven days per week.
- b) continue to fund SHE and Survivors, and review the current level of funding to ensure that these services can continue to meet the demand for their services and produce high quality client outcomes;
- c) develop and resource a model for delivering a similar long-term domestic violence support service in the north west region; and
- d) develop a service delivery model for supporting women who are in the 'contemplative phase' of leaving a violent partner, and resource one or more of the women-focussed generic services in each region to provide the new service.

#### **Emergency accommodation**

1.2 That individual emergency accommodation services develop and implement strategies that address the shelter environment (eg day-to-day living conditions) and other barriers identified by the women in this study.

1.3 That the Commonwealth Government:

- a) fund service providers to offer or develop a range of emergency accommodation and alternative emergency housing options (including units and longer-term transition housing), to ensure that the differing safety, support, and short- and long-term accommodation needs of women and children escaping violent partners are met;
- b) ensure that all emergency accommodation services:

- i) meet recognised good practice and quality assurance standards in relation to shelter environments, staffing and service delivery, including comprehensive outreach and post shelter support, and
- ii) are funded adequately to achieve this; and
- c) review the current SAAP reforms as soon as possible, to ensure that there is, within each region, at least one high security shelter that is staffed on a 24-hour basis *and* gives first priority to women and children escaping domestic violence.

## **Generic services**

- 1.4 That the Tasmanian Government continue to resource and/or provide a range of free and accessible generic counselling and advocacy services that are accessible in all areas of Tasmania.

## **Child contact centres**

- 1.5 That the Commonwealth Government ensure that funding contracts specify that Tasmanian Child Contact Centres meet the standards developed by the Australian Children's Contact Services Association and are evaluated on a regular basis to ensure that staff receive appropriate domestic violence training and a high standard of service delivery is maintained.

## **Criminal justice responses to domestic violence**

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### **A consistent police response**

- 2.1 That the Tasmanian Government ensure that police respond consistently and predictably to domestic violence by resourcing and requiring the Department of Police and Public Safety to:
- a) establish a comprehensive management mechanism to direct and oversee the police response to domestic violence at all levels of the agency, and ensure that government policy is consistently implemented and that women, children and men affected by domestic violence are protected and provided with adequate information about their legal rights and options;
  - b) review police policy, procedures and standing orders to ensure an uncompromising safety-first, predictable 'pro-arrest' and 'no drop' approach to domestic violence that includes 'on the spot' police-initiated applications for restraint orders and pro-active arrest for breaches of restraint orders;
  - c) review domestic violence training for recruits to ensure it conforms to national good practice and standards and guidelines;

- d) provide ongoing in-service training for all police officers that highlights effective police responses to domestic violence and incorporates positive images of police supporting women who have been assaulted by a male partner;
- e) work collaboratively with rural communities to develop innovative police responses to domestic violence suitable to the local context on a project-by-project basis; and
- f) develop and implement television campaigns and other promotions designed to educate the public about the criminality of domestic assault and encourage the public to report domestic violence by detailing police powers relating to perpetrators and victim protection.

### **A consistent court response**

- 2.2 That the Tasmanian Government ensure a consistent and predictable criminal justice system response to domestic violence by resourcing and requiring Public Prosecution and Court staff, including magistrates and judges, to participate in ongoing training and briefings designed to: provide a contemporary understanding of the interpersonal and legal aspects of the issue; and develop and maintain skills that ensure effective responses to women, children and men affected by domestic violence.

### **Court support services**

- 2.3 That the Tasmanian Government resource and establish a regional court support service to minimise secondary trauma and assist women and children affected by domestic violence and sexual assault to understand and negotiate court processes safely.

### **Victims of crime services**

- 2.4 That the Tasmanian Government resource and require Victims of Crime services to develop information packages promoting Victims of Crime services relating to domestic violence and sexual assault and distribute them to victims through the police, domestic violence-specific services, women's and generic services, and counselling services.

### **Legal aid**

- 2.5 That the Commonwealth Government and the Tasmanian Legal Aid Commission act as appropriate to ensure that:
- a) free legal advice and support is readily available to victims of domestic violence, particularly those living in rural and isolated areas, and particularly in relation to Family Court matters;
  - b) women who have made an emergency exit from their family home to escape domestic violence are not ineligible for legal aid because of joint property assets; and

- c) victims of domestic violence are targeted in TLAC promotional and information strategies.

## **Legislation**

2.6 That the Tasmanian Government review, enact and amend legislation, as appropriate, to:

- a) allocate separate categories for restraint orders obtained for domestic violence and neighbourhood disputes;
- b) ensure that women who make an emergency exit from their family home to escape a violent partner cannot legally or otherwise be prevented from re-entering the house to collect and remove personal belongings and possessions (their own and their children's) as soon as is practical after leaving, regardless of ownership, property rights and Family Court property settlement laws and processes; and
- c) prevent victim homelessness and poverty by permitting the prompt legal removal and/or exclusion of perpetrators from the family home (ie prevent their return) regardless of the perpetrator's property ownership or rental rights and liabilities.

## **The Family Court**

2.7 That the Family Court:

- a) take domestic violence into account in custody and access decisions and ensure that the 'right to contact principle', Family Law Act, section 60B9(2), is not privileged over provisions regarding the 'risk of family violence', Family Law Act, section 68F(2)(i and g);
- b) review the effectiveness of Family Court processes and outcomes for adult and child victims of domestic violence;
- c) provide a comprehensive legal information booklet, based on the one previously developed by Justice Everett, to ensure women who experience violence from a male partner can determine their legal rights and understand and negotiate the Federal legal system; and
- d) review the efficacy and timeliness of property settlement processes and provisions to ensure in particular that women escaping violent partners;
  - i) receive equitable outcomes; and
  - ii) cannot be legally prevented from re-entering their family home to collect and remove personal belongings (their own and their children's) and possessions following an emergency exit to escape violence.

## **Medical and health care service responses**

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### **Hospitals and health facilities**

- 3.1 That all Tasmanian hospitals and other public health facilities:
- a) review or develop domestic violence policies and practice guidelines in relation to women presenting after a assault from a male partner, with mandatory reporting to police and the Domestic Violence Crisis Service; and
  - b) actively provide and prominently display information about domestic violence and domestic violence services, particularly in obstetrics and emergency medicine departments, health care centres, and child health centres.

### **General practitioners**

- 3.2 That the professional medical associations include public information material in their ongoing education programs for general practitioners to distribute to clients (eg via waiting rooms).

## **Women's access to resources**

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### **Accommodation**

- 4.1 That the Tasmanian Government resources and requires Housing Tasmania, Department of Health and Human Services, to:
- a) continue to give priority to and meet the accommodation and safety needs of women escaping violent partners;
  - b) provide or facilitate access to low-cost rental accommodation;
  - c) develop and negotiate, in partnership with real estate bodies and housing services, policies that enable women escaping violent partners to end their lease agreement on proof of danger (such as confirmation from police or a restraint order); and
  - d) develop strategies and negotiate with lending institutions to enable access to low-interest credit/housing loans, or the capacity to restructure existing loans for women on low, fixed income.

### **Employment**

- 4.2 That the Commonwealth and the Tasmanian governments jointly and individually develop strategies to improve women's access to employment, including the provision of accessible and affordable childcare.

### **Income security**

- 4.3 That the Commonwealth Government:

- a) continue to provide, regularly review and further develop:
  - i) income security provisions that maximise women's financial independence; and
  - ii) privacy policies and protocols (such as change of identity, privacy provisions, separate payments, emergency payments, exemptions for maintenance, a case management approach, and the JET scheme) that maximise the safety of women escaping violent partners;
- b) reconsider the current policy that exempts women from seeking maintenance from a violent former partner; and
- c) ensure that women escaping a violent partner are eligible for emergency payments each time they leave.

## **Community development**

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- 5.1 That the Tasmanian Government resource and facilitate a range of community development programs (particularly in rural areas) aimed at reducing community tolerance of domestic violence and strengthening the capacity of the community (including family and friends) to respond effectively, for example by developing programs that:
- a) target and support men to challenge the use of violence and adopt strong anti-violence leadership roles in their local communities; and
  - b) assist the provision of temporary protection for victims via the establishment of 'safe rooms' in existing facilities such as hospitals.

## **Information**

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### **Information about services**

- 6.1 That the Tasmanian government ensure that information about domestic violence and sexual assault, good practice in responding to domestic violence and sexual assault, and domestic violence and sexual assault services, is readily available to services and professionals and readily accessible in the community; and that steps to achieve this include:
- a) reviewing the resources available to services for self promotion;
  - b) adding an information development, production and distribution unit to the Domestic Violence Crisis Service to work across government agencies and the community sector; and
  - c) ensuring that information distribution points include a range of community focal points for women such as hairdressers and children's educational and health environments.

## **Telephone access to services**

- 6.2 That the Tasmanian Government resource and require all domestic violence specific services to provide a toll free 1800 telephone number.
- 6.3 That Telstra display the telephone numbers of domestic violence services using large print at the front of telephone books, as a no-cost service to the community.

## **Rural outreach**

- 6.4 That domestic violence, generic and women's services collaborate to provide information seminars to women living in rural and isolated communities on a regular basis.

## **Information about domestic violence**

- 6.5 That the Tasmanian Government and other agencies responsible for the distribution of information about domestic violence ensure that distribution points include a range of community focal points for women including children's educational and health facilities and hairdressers, especially in rural and isolated areas.
- 6.6 That the Tasmanian Government resource and facilitate a range of community education and awareness strategies including radio and television campaigns aimed at:
  - a) emphasising the criminality of domestic assault and providing information about what the police can do;
  - b) locating responsibility for violence with perpetrators and challenging their use of violence;
  - c) highlighting the impact of domestic violence on children;
  - d) informing victims about how and where to get help; and
  - e) reducing community tolerance of domestic violence; and strengthening the capacity of the community (including family and friends) to respond effectively.
- 6.7 That the Commonwealth and Tasmanian Government resource and support the use of the arts as a medium for raising awareness and building community capacity to respond effectively to domestic violence, including film, theatre, television series, books and community arts projects

## **Recognising diversity**

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### **Aboriginal women**

- 7.1 That the Tasmanian Government assist, support and resource the Aboriginal community to explore and develop culturally appropriate options for addressing violence, including:
  - a) culturally appropriate safe havens for Aboriginal women experiencing domestic violence;

- b) community development strategies aimed at enhancing Aboriginal women's sense of self, agency, community and cultural identity;
- c) culturally appropriate domestic violence community education strategies, including 'claim making' activities in the public sphere through Aboriginal writing, speaking, theatre and other media (adapted from Kanahu in Eldon & Eisikovits 1996);
- e) culturally competent research into family violence in Tasmania Aboriginal communities; and
- f) improving Aboriginal access to welfare services.

### **Women from culturally and linguistically diverse backgrounds**

- 7.2 That the Tasmanian Government require its agencies to review usage of interpreting services and ensure that staff responsible for responding to domestic violence, particularly in the criminal justice system, are trained and required to use interpreting services.
- 7.3 That the Commonwealth Government:
- a) increase the resources available to Migrant Resource Centres to provide support and interpreting services to CALD women experiencing violence from a male partner, particularly immigrant and refugee women;
  - b) ensure that the staff of interpreting services receive domestic violence training and that female interpreters are available when requested; and
  - c) review the impact of immigration policies and practices on women immigrants and refugees seeking to leave a violent partner.
- 7.4 That all domestic violence-specific support services and key agencies involved in the area of domestic violence train and require staff to use interpreting services and develop culturally appropriate community development strategies aimed at enhancing CALD women's sense of self, agency, cultural identity and community.

### **Women with a disability**

- 7.5 That the Tasmanian Government resource and require the Domestic Violence Crisis Service, Mental Health Services including psychiatric hospital units, and Disability Services to develop formal liaison and referral protocols.

### **Women with a health issue**

- 7.6 That the School of Medicine, University of Tasmania, undertake research aimed at improving the effectiveness of general practitioner identification of and responses to domestic violence.

## **Women with children**

- 7.7 That the Tasmanian Government resource and develop specialist services within the Department of Health and Human Services and the Department of Education to:
- a) work with children affected by and/or living with domestic violence with the aim of assisting them to recover from the impact of domestic violence;
  - b) work with parents, particularly custodial parents, to support and assist them to help their children recover from the impact of domestic violence;
  - c) provide an advisory service to work with services responsible for responding to domestic violence, including primary schools, high schools and colleges;
  - d) provide long-term family support services aimed at assisting women escaping violent partners to establish a new life for themselves and their children;
  - e) assist the linkage and coordination of key services (eg child protection services, the Domestic Violence Crisis Service, and family support services); and
  - f) review the response of statutory authorities to allegations of abuse and sexual assault made by women escaping violent partners to improve the efficacy of responses regarding child protection and positive outcomes for children living with and affected by domestic violence.

## **Education and training for professionals and service providers**

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### **Key service providers**

- 8.1 That the Tasmanian Government ensure that key service providers (eg social workers, psychologists, psychiatrists, welfare workers, nurses, doctors, lawyers, police and teachers) receive domestic violence education and training that provides a contemporary understanding of the issue and develops and maintains skills that ensure the ability to respond effectively to women, children and men affected by domestic violence.

### **Tertiary and continuing professional education**

- 8.2 That the University of Tasmania continues to resource and/or provide access to:
- a) policies and strategies that encourage adult women to undertake tertiary education;
  - b) a culturally supportive environment for Aboriginal Women in education;
  - c) counsellors skilled in addressing issues of violence against women; and
  - d) affordable and accessible childcare.
- 8.3 That the University of Tasmania ensure that comprehensive domestic violence education that meets national standards and guidelines is included as a core component of the

undergraduate courses offered by the Schools of Sociology and Social Work, Psychology, Medicine, Nursing and Law.

- 8.4 That the School of Sociology and Social Work, University of Tasmania, in collaboration with other relevant disciplines, develop and deliver a practice unit on domestic violence at undergraduate and post-graduate levels for students across all 'human service' disciplines.
- 8.5 That the Faculty of Law, University of Tasmania, include, as a core component of its undergraduate courses, domestic violence education that provides a contemporary understanding of the interpersonal and legal aspects of the issue and develops/maintains skills to enhance and ensure the ability of lawyers to respond effectively to women, children and men affected by domestic violence.
- 8.6 That the School of Medicine, University of Tasmania, undertake research aimed at improving the effectiveness of general practitioner identification of and responses to domestic violence.
- 8.7 That current mechanisms for providing continuing education to general practitioners include training aimed at improving the response of general practitioners to people affected by domestic violence, particularly women who present as having depression.

## **Domestic violence practice guidelines**

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### **All domestic violence services and generic supports**

- 9.1 That all services and supports offering information and support to victims of domestic violence (including religious institutions):
  - a) review and upgrade their policies and practices to ensure that their employees or representatives do not deliberately or inadvertently maintain hope that the violence will stop or prioritise maintenance of the marriage or family unit over the immediate and long-term safety and wellbeing of women and children;
  - b) acknowledge and support women through grieving processes that may occur before and after leaving a violent partner; and
  - c) ensure that they provide victims of DV with information, support and referrals that support and assist them to help their children recover from the impact of domestic violence.

### **Government and community sector agencies**

- 9.2 That the Tasmanian Government ensure that all relevant government and community sector agencies have or develop appropriate policies and accountability mechanisms, adhere to national good practice guidelines and standards, and take account of diverse cultures, languages, education, abilities and locations.

## **Professional bodies and associations**

- 9.3 That the professional bodies and associations of professional counsellors such as the Australian Association of Social Work and the Australian Psychological Society develop guidelines in relation to ethical practice that (a) clarify that couple counselling is not appropriate if violence has/is occurring and (b) identify screening tools that can be used to detect domestic violence.

## **Religious leaders**

- 9.4 That religious leaders in Tasmania jointly convene a conference to examine the response of the churches to women experiencing violence from a male partner and identify training needs for church leaders and information strategies for congregations.

## **An integrated response to domestic violence**

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- 10.1 That the Tasmanian Government develop and establish a whole-of-government *and* community mechanism to integrate and coordinate all domestic violence service delivery responses including the courts and the police and address service delivery gaps; and that this mechanism be based on the following eight key activities of existing integrated / coordinated responses:
1. Develop a common philosophical framework that guides the intervention process.
  2. Create consistent policies and procedures that coordinate and standardise the intervention actions of practitioners involved in a coordinated community response.
  3. Monitor/track cases from initial contact through case disposition to ensure practitioner and offender accountability.
  4. Coordinate the exchange of information, interagency communication on a need-to-know basis and interagency decisions on individual cases.
  5. Provide resources and services to victims and at-risk family members to protect them from further abuse.
  6. Utilise a combination of sanctions, restrictions and rehabilitation services to hold the offender accountable and to protect victims from further abuse.
  7. Work to undo harm to children.
  8. Evaluate the coordinated community response from the standpoint of victim safety and the goals of the intervening agencies. (Holder 2001 20)

## INTRODUCTION

At the *Justice and Change* Conference held in Canberra (1999), Professor Liz Kelly (Child and Woman Abuse Studies Unit, University of North London) argued that there should be a shift in the direction of domestic violence policy and service research, from what prevents women from leaving a male partner who assaults them, to what *enables* them to do so. She suggested documenting the experiences of women who leave and identifying what are the common critical success factors.

Such research also needs to inform the wider community, for as Professor Kelly noted:

‘Nor is it solely the responses of agencies within communities that express regard and affect women’s dignity and safety but also those of individuals - within women’s kinship and friendship networks, their neighbourhoods and workplaces’ (Kelly 65 1996).

This research is a response to that challenge. It has focused on who and what enabled women to leave a male partner who had assaulted them—the pathways to leaving and establishing a new life.

Recent Australian research, notably the ABS Women’s Safety Survey (ABS 1996), reported that large numbers of women who experienced domestic violence did not access the formal support systems provided by government and community-based agencies. This was followed by a national report, *Against the Odds: How Women Survive Domestic Violence* (Keys Young 1998), focussing on women who did not use domestic violence and related crisis services or police. The report identified that, before leaving, many women sought the assistance of a range of mainstream professionals before, if ever, contacting a domestic violence specific service; however, it found the response of professionals to be widely variable, with little consistency (Keys Young 1998). At a State level, *Tasmanian Domestic Violence Advisory Committee: Economic Costs of Domestic Violence in Tasmania* (KPMG 1994) broke new ground in assessing the economic costs of domestic violence to the community as well as to individuals and their families.

Whilst each of these reports identified pathways taken by women, pathways were not the primary focus of the research and were not explored in any depth.

Four recent projects funded under the Federal Partnerships Against Domestic Violence (PADV) initiative—*Partners for Prevention* (ACT); *Enhancement of Family Violence Protocols / Interagency Links* (Victoria); *Reshaping Responses to Domestic Violence* (South Australia); and *Mapping the pathways of service provision* (Victoria)—have included some exploration of helpful and unhelpful responses to women leaving violent relationships.

The current study differs from the previous research in that it focuses on:

1. Women’s own identification of what enabled them to negotiate their way successfully out of violent relationships.

2. The identification and analysis of effective supports, services and strategies for establishing violence-free lives.

Advocates for women experiencing assault from a male partner stress the need for research that focuses on women's own stories. They 'emphasise that a complete understanding of women's victimization must include qualitative analyses of accounts in their own words' (Kurtz 1989 in Jasinski & Williams 1998 50). In the words of Ellen Pence, the co-founder of the renowned American *Duluth* programme: 'if you want to know about battering and what it is about, the best source of information is battered women' (Pence 1987 21-22 in Holder 1998 12).

## Research aims

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The primary aim of the research has been to identify how and where government and non-government policy makers and service providers could best use their resources to provide more timely and appropriate assistance to women leaving violent male partners, and to maximise their safety.

To this end, it worked with women in Tasmania to identify and explore the formal and informal pathways they used to leave a male partner who assaulted them, the pathways they used to establish and maintain a new, violence-free life for themselves and their children, and what has assisted them in this process.

The research acknowledges the capabilities and strengths of such women. It has aimed to enhance their capacity to build and maintain new violence-free lives; and to highlight their common needs and concerns.

The focus was on women who had left a violent relationship during the 1990's, primarily between 1995 and 1999, as there were a number of service developments, strategies, campaigns, changes in legislation and policies relevant to domestic violence both nationally and within Tasmania during that period.

## Research questions

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The main research question was: *What are women's perceptions of the turning points and pathways in leaving and remaining out of a violent relationship with a male partner?*

This led to five sub questions:

1. *How were they able to leave?*
2. *What supported them to leave and remain out of a violent relationship with a male partner?*
3. *What supported them to establish an alternative violent-free home?*
4. *How were these pathways different for women from different groups?*
5. *What was the impact of children on the process?*

## Research design

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The study was conducted by Shirley Patton, *School of Sociology and Social Work, University of Tasmania* on behalf of *Women Tasmania*, with Social Worker, Catriona Chin assisting with interviews. Both are qualified social workers experienced in working with women who had been assaulted by their male partner.

Semi-structured, in-depth, qualitative interviews were conducted with 53 women who live in Tasmania and have left and remained out of a violent relationship with a male partner. Basic demographic and service usage data was collected, but the research primarily involved a qualitative analysis of the interview data.

After developing an interview schedule and obtaining ethics approval, a pilot study was carried out, the results analysed and the research design adjusted. The main interviews were then conducted and the resulting data analysed thematically.

The semi-structured interview schedule was designed to focus on women's strengths within their social context. Women were first asked basic demographic questions including age, children, disability, race, ethnicity, education, accommodation, income, work status, years lived with ex-partner and location (see Appendix 3, page 176).

The interview schedule was used as a guide only, as most of the women provided much of the information as a part of telling their story of leaving and establishing a new life (see Appendix 4, page 178). It consisted of eight sections:

1. *Life, then and now;*
2. *Turning points: deciding to leave;*
3. *Turning points: barriers to leaving;*
4. *Pathways: getting support to leave;*
5. *Pathways: getting help to actually leave;*
6. *Pathways: establishing a new life;*
7. *Pathways: recognising diversity and specific needs; and*
8. *Your new life.*

## Obtaining a sample

The goal of sampling was to obtain a wide and diverse range of women to share their experiences of leaving a violent relationship with a male partner and achieving safety. The sample obtained included women:

- whose ages ranged from twenty three to sixty three years;
- with and without children;
- from rural, urban or isolated locations in each of the three regions of Tasmania;
- from varying socio-economic groups;
- who were Aboriginal;
- from a culturally and linguistically diverse background; and

who identified as having a disability.

The most successful strategy used to obtain the sample was a media release, with subsequent newspaper articles, television and radio interviews resulting in 34 of the 53 participants.

As with the Keys Young research the sample included women who had:

- never told anyone about the violence;
- sought help only from family and friends;
- used formal services but not domestic violence-specific services nor police;
- used police and/or domestic violence-specific services;
- gained support from both formal and informal systems (Keys Young 1998 7).

A methodological issue arising was that seven women were from interstate. Whilst their experiences of support prior to arriving in Tasmania may or may not inform local policy and practice, it was possible to meet the research objective of how women are enabled to establish a violence-free life in Tasmania. Similarly, three women who had left earlier than the specified timeframe were included as they belonged to a significant group the research wanted to learn more about, and it was decided their experiences could contribute to understanding the needs of each of those groups.

The sample thus covers a range of women's experiences to contribute to future policy and service development.

## Key terms

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Key terms used throughout the report are defined as follows:

**Turning points:** those events that most influenced the decisions that contributed to a woman being able to leave and establish a new life, as well as the points at which women made their life changing decisions.

**Pathways (enablers):** the public, private and community services (formal support) and family, friends, neighbours, work colleagues, fellow students and other members of the community (informal support) that women perceived enabled them to overcome or remove identified barriers to leaving and establishing a new life. The term also encompasses factors such as: information; feelings and beliefs; a change in previously held feelings and beliefs; and structural supports such as laws and policies.

**Key pathway:** a pathway identified as most significant in the process of leaving and establishing a new life.

**Domestic violence-specific services:** those with a primary mandate to provide services to women who experience domestic violence. Women's shelters were included due to their high level of involvement with domestic violence.

**Leaving a violent relationship with a male partner:** *leaving* refers to the ending of the relationship. *A violent relationship* refers to violence that constitutes an assault as defined by law and is consistent with the definition the Australian Bureau of Statistics (ABS) used in its national

domestic violence survey ‘any incident involving the occurrence, attempt or threat of either physical or sexual assault’ (ABS 1998). The focus is on women as survivors and men as perpetrators of assault. A *relationship* refers to a married or defacto relationship, either living together or separated. The focus on *assault* is in recognition of:

- the number of women in Australia (including Tasmania) who are seriously injured or murdered by their male partner every year;
- the capacity for a criminal justice response;
- the reality that most women experiencing assault also experience other forms of abuse; and
- the potentially life-saving capacity of effective responses to women’s help-seeking behaviours.

It is respectfully acknowledged that violence occurs in other intimate relationships including lesbian and gay relationships, elder abuse, carer abuse, abuse between siblings and abuse in other family relationships.

# **TASMANIAN GOVERNMENT'S RESPONSE TO DOMESTIC VIOLENCE**

## **Tasmanian research in the 1980s and 1990s**

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A number of studies have been undertaken into domestic violence in Tasmania through the 1980s and 1990s, and have identified common concerns (Hopcroft, 1983; Monk 1986; Townsend 1987; Stewart 1990; McKinlay [Patton] 1991; Knowles 1996; Patton 1997; KPMG 1998). In accordance with the Hopcroft Report's recommendations, the government established a regional domestic violence crisis service in June 1985 (Stewart 1990 Appendix 1). In 1990 the *Report to the Tasmanian Department of Community Services on Responses to Domestic Violence in Tasmania* made 55 wide-ranging recommendations aimed at improving service response (Stewart 1990).

Two of the studies have focused on police response (McKinlay [Patton] 1991 and Knowles 1996). The former study suggested the need for police to use available legislation to provide women with more effective legal protection and for women to have more access to information about their legal rights (McKinlay [Patton] 1991 100-101). Its recommendations included: the adoption by police of a pro-arrest policy; provision of domestic violence training addressing the need for attitudinal change; establishment of a specialised domestic violence police unit to monitor police response; and the need for further research analysing police data on responses to assault and Restraint Orders (McKinlay [Patton] 1991 103).

Knowle's focus was police officers' perceptions of their role in domestic violence, describing the police culture and its influence on police handling of domestic violence. The study indicated that effective responses to women were hampered by judgemental attitudes and a reluctance to arrest men, with evidence of police 'gatekeeping' women from the legal process (Knowles 1996 161). Its 54 recommendations were aimed at improving police responses to domestic violence as well as providing structural support for police.

An economic study estimated that the cost of domestic violence in Tasmania was \$17.67 million per year (KPMG 1994 8). It also identified that when an effective police response occurred, women were more likely to leave.

## **Government response**

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A number of the Stewart Report recommendations were acted upon including:

- legal changes;
- the establishment of post-crisis support services;
- an increase in staffing of the Domestic Violence Crisis Services;
- some training of professionals including police; and

the development of domestic violence policies in the Department of Health & Human Services, including:

- > Housing Tasmania (priority allocation and security provisions), and
- > hospitals (referrals to DVCS; and doctors required to report serious assaults to police).

Women's services have since been developed which together meet some of the report's identified need for women's access to information. These services include:

the *Women's Health Information Service (WHIS)*, a phone and drop-in centre in the North; the *Working Women's Centre*, the *Women's Legal Service* and the *Domestic Violence Court Advocacy Service* in the South; the *Huon Domestic Violence Service* in the South; both *Women Tasmania's* and *Women's Health Information's* statewide 1800 Information Lines; and a *Women Tasmania* office in the North and their *Women's Information Rooms* in north and north-west Tasmania.

Stewart Report recommendations not implemented include:

development of an integrated model of service response;  
an interdepartmental policy structure;  
community education strategies; and  
an emphasis on the criminality of domestic assault, including a pro-arrest policy for police (Stewart 1990 7-8).

A 'pro arrest policy' refers to a pro-active approach by police when responding to a woman's allegation of an assault by her male partner. It implies treating the location as a crime scene, gathering evidence and speaking to possible witnesses, including children and neighbours. It includes, where appropriate, police arresting and charging the alleged perpetrator wherever possible and allowing courts to determine guilt or otherwise, instead of police 'gatekeeping' women's access to justice by deciding not to test the evidence in court. It also includes police, rather than the woman, laying charges, but where the woman has laid the charges it often includes a 'no-drop' policy that protects women from intimidation from their abuser, by preventing or making it very difficult for women to withdraw their complaint.

Whilst the pro-arrest approach was departmentally supported, it is difficult to determine any indication of its application over the past eleven years since its recommendation. In response to the 1994 KPMG report, the *Tasmanian Domestic Violence Advisory Committee (TDVAC)* was established with government and community representation to provide policy advice to Government. The TDVAC convened an interdepartmental committee to cost the development of an integrated model for domestic violence service delivery and, in 1996, recommended its implementation. These committees ceased operating shortly thereafter.

Domestic violence training for police recruits is provided, although it does not specifically focus on attitudinal change (such as best practice domestic violence training developed for national use by MacGregor and Styles, 1991). Whilst no longer operational, a specialist domestic violence unit was developed in the South of Tasmania and research was undertaken into police responses

to assaults and Restraint Orders (Knowles 1996). A pro-arrest policy has not been implemented and only a small proportion of all Restraint Orders are initiated by police, despite creation of a specific facility in the *Justices Act* allowing police to seek Restraint Orders. In 1990 only 2% of Restraint Orders were initiated by police (McKinlay [Patton] 1991), compared to approximately 98% of all Restraint Orders in South Australia. The amendments made to the Tasmanian *Justices Act* followed South Australia's model, but the provision has been little used by police.

Whilst many of Knowle's recommendations have not been met or acted on, a number have, including the initial establishment of a specialist unit in the South (although this did not extend to the North or North West regions). More female police have been recruited, with Tasmania now having the highest percentage of female police of any state. Women now make up 18% of the total force, and in the 2001 intake, 49% of new recruits were women. (McCreadie *The Examiner* 2001). Computer systems have been developed to provide police with better administrative support and the Department of Justice is exploring models for perpetrator programmes.

The task of the interdepartmental committee set up by the TDVAC, following its commissioning of the KPMG report, was to cost the development of an integrated model for domestic violence service delivery based on the American 'Domestic Abuse Intervention Project' (*DAIP*). Known as the *Duluth* model, it provides a co-ordinated legal and community interagency-response to domestic violence (for *Duluth* model see Shepard & Pence 1999). *The Integrated Approach to Domestic Violence – the Tasmanian Model* was tabled in 1996, but funding was not approved by the then Liberal Cabinet. The model was costed at \$428,997 for the first year and \$2.3 million for 1997-1998. Despite bipartisan support there have been no further developments regarding an integrated model (Swan 1996; Jackson 1996).

## **Projects under Partnerships Against Domestic Violence**

There have been few new domestic violence initiatives in Tasmania since 1985 despite a number of consultations with Tasmanian women (Aboriginal Women's Conference 1994; Women Tasmania 2000; McBride 2000). However, in the first phase of the national PADV initiative, Federal funding was provided for seven major research projects in Tasmania including this current research. The outcomes of these projects will assist the government to develop strategies aimed at meeting their recent commitment to 'Reduce by one-third the incidence of family violence by 2020' (*Tasmania Together* 2001).

## ***CURRENT THINKING AND KNOWLEDGE***

### **Introduction**

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This study has built on the outcomes of numerous recent international studies, particularly studies of the prevalence and incidence of domestic violence, the efficacy of legal, formal and informal interventions, and the experiences of women who have been abused by their male partners (including Mooney 1994; Rodgers 1994; Buzawa & Buzawa 1996; Dominy & Radford 1996; Edleson & Eisikovits 1996; Gordon 1996; Kelly 1996; Straus 1996; Lampert 1996; Weisz 1996; Jasinski & Williams 1998; Stanko 1999; Mills 1999; Shepard & Pence 1999).

The current focus on domestic violence research in Australia has been influenced by *Partnerships Against Domestic Violence* (PADV), a national initiative launched by the Commonwealth Government in 1997 and endorsed by all State and Territory governments. PADV's stated aim has been to identify both what is effective in preventing and responding to domestic violence and to help determine future priorities.

### **Defining domestic violence**

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The definitions and descriptions of domestic violence that are adopted are important for their impact on issues such as determining priorities for funding and their broader significance in relation to public and community education and awareness.

Definitions adopted by government have developed over the years. In the early 1990s, Commonwealth Government initiatives described the issue of women experiencing violence from partners and ex-partners as *domestic violence*, with strategies focussing on the safety of women as a priority, for example, the National Committee on Violence Against Women (1992). The committee's definition of domestic violence was: '*Behaviour by the man, adopted to control his victim, which results in physical, sexual and/or psychological damage, forced social isolation and economic deprivation, or behaviour which leaves a woman living in fear*' (1992 45).

The current government's primary crime and violence prevention programme, the *National Campaign Against Violence and Crime Unit (NCAVAC)*, has domestic violence as one of its priority issues, and the unit's report on programmes for perpetrators was informed by this same definition of domestic violence (1998 4).

When, in November 1997, the Australian Heads of Government endorsed PADV it was described as: '*...an initiative between the Commonwealth, the States and the Territories, to work together towards the common goal of preventing domestic violence across Australia*' (Strategic Partners 1999).

In the first report of the PADV taskforce, domestic violence was defined as ‘...an abuse of power perpetrated mainly (but not only) by men against women both in a relationship and after separation’ (PADV 1999).

A recent meta-evaluation of PADV defined domestic violence as gendered violence (Strategic Partners 1999). The report also acknowledged other terms are used such as criminal assault in the home, spouse abuse and family violence (Strategic Partners 1999 2); however ‘domestic violence’ is the term used throughout the report except when referring to family violence ‘...in relation to Indigenous communities who have indicated preference for this term...’ (Strategic Partners 1999 2).

This research adopts the National Committee on Violence Against Women’s definition of domestic violence (1992).

## **Prevalence and incidence rates**

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### **International context**

There have been a number of prevalence and incidence studies internationally (Straus & Gelles 1986; Rodgers 1994; Mirrlees-Black 1999); however comparisons are difficult because different definitions of violence were used and the studies were carried out in different time periods. In America, surveys found 11 or 12 percent of women had experienced violence from their male partner in the previous 12 months (Straus & Gelles 1986 465-479). In Canada, over one quarter of women had experienced some form of physical or sexual violence during their relationship with their current male partner (Rodgers 1994 1-22). The British Crime Survey found that almost 23% of women reported experiencing domestic assault over their lifetime (Mirrlees-Black 1999).

### **Australian context**

The *ABS Women’s Safety Survey* (1996) was the first nationally representative sample survey that focused on violence against women. It found that nearly a quarter (23%) of all women who had ever been married or in a defacto relationship had experienced violence from their partner during the relationship. Furthermore, 8% of the women surveyed ‘had experienced an incident of physical or sexual violence at some time during their current relationship’, and one in eight of these women (12%, or 41,700 women) said that they currently lived in fear. The survey did not provide specific incidence rates for each state.

### **Tasmanian context**

There have been no specific prevalence or incidence studies undertaken in Tasmania. Police crime statistics show that 3748 incidents of domestic violence were reported to police between September 1998 and January 2001 (Reason 2001). However, crime statistics are not considered an accurate account of the prevalence of domestic violence as women usually call police only as a last resort, after a history of assaults.

Local research has indicated that, ‘...for the police, “domestics” is an all-inclusive category for social work jobs involving disputes between people’ (Knowles 1996 123). Knowles, in discussion with Tasmanian police, has estimated that incidents involving domestic violence account for 20% of police time (Knowles 1996 174). Acknowledging estimates usually lack any statistical rigour, Knowles stated: ‘My own data suggest that official figures substantially underestimate the time police spend on domestics, probably by 50% or more’ (Knowles 1996 174). Knowles recommended improved systems for recording domestic violence cases to improve the data available.

Other data is available from the State government’s *Domestic Violence Crisis Service (DVCS)* that provides a call-out service throughout Tasmania for women experiencing domestic violence. For 1999/2000 the total number of new clients was 984; in 2000/2001 this increased by 6.9% to 1058 (see Table 1).

**Table 1: Domestic Violence Crisis Service new contacts 1999-2001**

Region	North	South	N/West.	Total
1999/2000:	356	286	342	<b>984</b>
2000/2001	405	220	433	<b>1058</b>

## Use of resources

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Whilst the literature indicates there are some similarities in prevalence/incidence rates, there are differing perspectives on the most efficacious use of resources to address domestic violence. Some overseas studies highlight the importance of a criminal justice response (Shepard & Pence 1999) whilst others raise concerns regarding women’s choices in that process (Mills 1999). Other studies explore the need for local community involvement in strategies against domestic violence (Kelly 1996). Some studies focus on women’s agency (Lampert 1996) while others focus on the efficacy of service responses (Gordon 1996).

There has been less debate in Australia about the most efficacious use of resources, perhaps because there has not been the same resource-intensive, integrated criminal justice approach that exists, for example, in some states of America (see the *Duluth* model in Shepard & Pence 1999). However, debate is beginning to emerge as PADV develops and new research evaluates the initial attempts to develop integrated models of service delivery in Australia (Weeks 1998; Holder 1998; Patton 2000; Keys Young 2000; Holder 2001).

## Pathways and barriers

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Over the past twenty years Australian governments have developed policies and strategies aimed at improving the status of women, in stated recognition of the inequalities and oppression that exists in our society. This has resulted in a number of positive developments in the area of domestic violence, including improvements in legislation, recognition of rape in marriage, social security benefits for women escaping violence, policies giving them priority on public housing lists, and the establishment of women’s shelters and domestic violence-specific services.

Research, however, has identified that women experiencing domestic violence often have lives that are ‘...fragmented into “welfare packages” of crisis accommodation, income support, counselling or emergency assistance’ (La Nauze & Rutherford 1997:18). Many diverse services such as neighbourhood houses, accommodation services, refuges, police, legal services and early childhood services were trying to deal with the consequences of domestic violence without ‘...a clean construction of violence against women as a social or justice issue’ (La Nauze & Rutherford 1997:18). The research highlighted the need for an integrated community response that recognises three critical needs:

1. the need for a feminist analysis of domestic violence to underpin effective responses;
2. the need to understand and work within the local context while remaining cognisant of the broader context; and
3. the need to work with diverse local networks (La Nauze & Rutherford 1997:20).

A number of other contemporary studies have focused on formal and informal responses as well as women’s experiences of domestic violence (MacGregor & Hopkins 1991; Atkinson 1995; Alston 1997; Chenoweth 1997; Holder 1998; Keys Young 1998; Weeks 1998; Breckenridge & Laing 1999; Bagshaw et al 2000; Laing 2000; Weeks 2000; Holder 2001).

## Seeking help

The 1998 Keys Young report *Against The Odds – How Women Survive Domestic Violence*, and the 1996 *ABS Women’s Safety Survey* found that many women live in violent relationships for long periods of time without seeking help from domestic violence services and police, or doing so only intermittently (Commonwealth 1999). The *ABS Women’s Safety Survey* found most women first told friends and family about the violence, before contacting formal supports (*ABS* 1996). The *Against The Odds* research found that many women seek the assistance of a range of mainstream professionals before, if ever, contacting a domestic violence-specific service (Keys Young 1998); and it identified a number of reasons that women remain in abusive relationships and/or choose not to disclose their predicament or seek help, including:

- denial and disbelief;
- feelings of emotional attachment to and love for their partner;
- a strong commitment to making their relationship or marriage work;
- hope that their partner’s behaviour would change and the abuse would stop;
- staying for the sake of the children;
- shame and embarrassment;
- depression and stress;
- social, physical or geographical isolation;
- economic considerations;
- lack of faith in other people’s ability to help them with their problem;
- a strong belief in the value of self-reliance; and
- a preference to solve personal problems independently (Keys Young 1998).

The *ABS Women’s Safety Survey* found that women often tried to leave but returned after experiencing violence during the separation. Of 483,700 women who separated from a partner

who had been violent to them and had subsequently returned to that partner, 35% experienced violence from their partner during the time they were separated (*ABS* 1998).

The survey also collected information about emotional abuse. It found that 9% of women in a current relationship reported some form of emotional abuse (defined as manipulation, isolation or intimidation). Women who had experienced violence from their partner were significantly more likely to experience emotional abuse than those who had not (59% compared to 4%).

## **Women's agency**

Understanding the limitations on women's agency — the ability to make choices and act for oneself — and the factors that support and foster women's agency is of central importance in considering domestic violence.

In discussing the concept of agency in the context of domestic violence, 'it is important that this is not seen as discounting the terror and abuse with which many women live or holding the woman accountable in any way for the abuse she experiences' (Laing 2001 4).

The concept of 'relational autonomy' further informs the constraints on women's sense of agency. The usual language of agency and autonomy fails to expose the workings of privilege or the barriers of oppression, so fails to take these into account in responses to domestic violence from a male partner (Sherwin 1998 25). Relational autonomy recognises that a woman's ability to make choices in her own best interests, within a relationship, presumes that she has equal power and equal access to resources (Mahoney 1994 cited in Fineman & Mykitiuk 1994 55-92; Sherwin 1998). A relational approach to autonomy thus prompts both informal and formal supports to take into consideration the constraints and limitations on a woman's ability to act for herself and make choices in her own best interests, without support.

When a woman is oppressed, it can be particularly difficult for her to choose freely, without coercion. Indeed, research suggests that a woman's sense of agency can be so affected that any suggestion that she always has the choice to leave a violent relationship would be a distortion of reality (Sherwin 1998 27).

## **Pregnancy and children**

Whilst the results of prevalence studies of violence against pregnant women vary due to differing methodologies, 'Violence against pregnant and post partum women is prevalent and endured by between 4 percent to 9 percent of pregnant women across many developed countries' (Taft 2002). In Australia the *ABS* survey found pregnancy to be a time when women were more vulnerable to abuse. Of those women who experienced violence by a previous partner, 701,200 had been pregnant at some time during their relationship (*ABS* 1996). Some 42% of these women (292,100 women) experienced violence during the pregnancy, and 20% experienced violence for the first time while they were pregnant (*ABS* 1996).

The *ABS* survey also showed that:

61% (211,600) of women who experienced violence by a current partner reported that they had children in their care at some time during the relationship;

38% (132,400) said that the children had witnessed the violence; and 46% of women who experienced violence by a previous partner said that children in their care had witnessed the violence (ABS 1998).

23% of men who assaulted their male partner also physically assaulted their children (Straus & Gelles 1986). Research indicates some women may not seek help after their male partner assaults their children out of fear their children will be removed. Recent Australian research found those fears to be justified: child protection cases were tracked and formal interventions were found to have provided 'little or no professional support' to women but rather 'the threat of statutory intervention was often employed to try to force a female caregiver to defend both herself and her children from the violent, abusive partner' (Tomison 1999 cited in Tomison 2000 8). Tomison suggests:

...a failure to acknowledge the realities of women's lives in violent households can lead to mother blaming and inappropriate professional expectations that women should be able to protect their children in situations of extreme risk, situations where the child protection system is unable or unwilling to protect them (Tomison 2000 8).

A range of situational factors impinge on a woman's ability to protect her children more effectively from the effects of domestic violence (Domestic Violence Resource Centre 2001 7). These factors include the locus of power and control, effective supports, and access to resources (Bagshaw et al 2000 cited in Domestic Violence Resource Centre 2001 7).

## **Rape**

It is no longer legal in Australia for a man to force his wife to have sex—'a wife's consent is no longer to be implied' (Easteal 1994 52). The first marital rape trial in Tasmania was in September 1991, after immunity had been abolished in 1987 (Easteal 1994 52). Whilst research indicates that '10 to 14% of married women have been or will be raped by their spouse' (Finkelhor 1985 202 in Easteal 1994 56), the change in legislation has not translated into many men being charged with rape of their spouse.

Low rates of reporting are attributed in part to the isolation felt by the women, beliefs that a partner would be immune from charges, and feelings of shame (Easteal 1994 56-58). Research indicates that often 'women who are raped (particularly by a husband, lover, boyfriend or "date") do not label the act "rape" when it first occurs' (Barton & Painter 1991; Scutt 1982 1983 in Cook & Bessant 1997 105). Cook & Bessant argue that the fact that 'a woman names the crime after the event does not change the nature of the event' (Cook & Bessant 1997 105). In Easteal's research *Voices of the Survivors*, she found that 'For over three quarters (77%) of the women who had been raped by a cohabiting partner, the sexual assault was part of a general pattern of physical violence' (Easteal 1994 53).

## **Fear of further violence**

Fear was the major reason women were deterred from making contact with services: this was a key finding of the *Against the Odds* study (Keys Young 1998). Women feared for their physical

safety (and, if they had them, for the safety of their children); they feared that nobody would believe them; and they feared for their future wellbeing should they decide to leave (Keys Young 1998 89).

Nevertheless, a number of women in the study did contact domestic violence crisis services or police after they had left their partner (Keys Young 1998 90). Of those who did not, many said it was 'because they did not define their own situation in such terms, or did not think their situation was serious enough as it did not involve life threatening physical violence' (Keys Young 1998 91). The report recommended a strengthening of those services in existence, an enhancement of their accessibility, an improved criminal justice system response, and training and education of mainstream workers.

### **Intimate homicides**

More than a quarter of the 2,226 killings (both male and female) in Australia between 1989 and 1996 were 'intimate homicides' between close partners (Carcach & James 1998). The rate of intimate homicide in Australia was relatively stable over the survey period, in contrast to the United States, where the rate had fallen by a third over the past 20 years (Carcach & James 1998 2). In 63% of the intimate homicides when a male killed a female, the people involved were in a current spousal relationship. This indicates that intimate-partner homicide is the most serious outcome of domestic violence, and may be the result of domestic conflicts that possibly have been going on for relatively long periods of time (Carcach & James 1998 5).

A recent Australian report on femicide found, on average, 125 women of all ages are murdered each year in Australia, with females aged 21 to 23 years at greatest risk (Mouzas 1999 1). Nearly three in five of the women were killed by a violent male partner and nearly all as the result of a 'domestic altercation' (Mouzas 1999 1). This means that around 75 women are murdered in Australia, every year, by their intimate male partner or ex-partner—nearly three women every fortnight. In addition, 35% of children murdered each year in Australia, between 1989 and 1993, 'died at the hand of a male offender as a consequence of a family dispute, usually relating to the termination of the parents' relationship' (Strang 1996 cited in Laing 2000 7).

### **Formal responses to women experiencing violence from a male partner**

A number of studies both in Australia and overseas have examined formal responses to women experiencing violence from a male partner. Many have been critiques of the response of the police and the medical profession (see Coorey 1988; Hatty 1988; Easteal & Easteal 1989; McKinlay [Patton] 1991; Sasseti 1993; Head & Taft 1995; Richardson & Feder 1996; Pahl 1995; Knowles 1996). A major concern was a lack of effective intervention and judgemental attitudes, with police seen as 'gatekeeping' women's access to justice (Coorey 1988; McKinlay [Patton] 1991) and doctors afraid to 'open Pandora's box' (Head & Taft 1995).

Others have examined the range of service providers in the formal support system, with some comparing the responses from the police, the legal system, doctors, counsellors, health professionals, clergy, social workers and women specific services such as shelters and domestic violence crisis services (see Gamache et al 1988; Horsfall 1991; KPMG 1994; Stubbs 1994;

Davis & Srinivasan 1995; Buzawa & Buzawa 1996; ABS 1996; Keys Young 1998; Weeks 1998; Breckenridge & Laing 1999; Bagshaw et al 2000; Dimopoulis, Baker, Sheridan, Elix & Lambert 2000; Laing 2000).

The least helpful, according to the research, were often police and clergy. Gordon (1996) found that crisis lines, women's groups, social workers, psychotherapists and physicians were helpful and police officers, lawyers and clergy were not. Women were ambivalent about help received from clergy, feeling the advice they received often kept them with their partner (Davis & Srinivasan 1995 61). In a Queensland study, Gevers (1996) found that police were the most frequent first point of contact, followed by counsellors, doctors, refuges and domestic violence services.

Some studies found that women-specific services were helpful through validation and information (Davis & Srinivasan 1995). Generally the response of professionals was found to be widely variable, with little consistency. Whilst women sometimes reported an effective response, more commonly, responses from generic service providers were perceived as unhelpful: 'Instead they variously encountered discomfort, a sympathetic but unhelpful response, apparent indifference, avoidance of the abuse issue or in some cases a response that was mainly sympathetic to the perpetrator' (Keys Young 1998 45-47).

A recent national *PADV* report *Mapping pathways of service provision: Enhancement of family violence protocols and interagency linkages* examined the formal entry points into service provision systems chosen by women experiencing domestic violence in order to 'identify gaps and strengths of the current service pathways' (Dimopoulis et al 2000). Information on service usage was gathered from 28 women at three focus group meetings and from 104 service providers. This was supplemented by interviews with women who had experienced domestic violence (Dimopoulis et al 2000 10). The information obtained was summarised in a *pathway map* that comprehensively identified the formal supports women access when they are experiencing violence from a male partner.

The study found that women's first contact was with any one of a range of informal and formal supports including family and friends, police and the legal system, counsellors, health professionals or specific domestic violence services (Dimopoulis et al 2000 24). It identified stages that women move in and out of as they try and achieve 'the desired end-point...of a safe living situation', and it acknowledged that this was only able to occur after a woman 'has overcome the barriers identified in the lead up to the transition phase' (Dimopoulis et al 2000 67). It also recognised that 'meeting short-term needs is not sufficient to ensure that the woman stays in a safe living situation' (Dimopoulis et al 2000 67).

Whilst the focus was on the service pathways identified by both women and, predominantly, service providers, this report did not explore women's stories in any depth or focus on the effectiveness for women of the formal and informal supports. Nor did it identify other pathways factored into this current study such as information and women's beliefs.

*Against the Odds: How Women Survive Domestic Violence* reported that women approached a wide range of formal services and that the response of others to a woman's disclosure was

significant in determining her future help seeking behaviour (Keys Young 1998 xii). Core criteria in selecting the research sample were that women had not used domestic violence or related crisis services or police. Whilst a substantial number of the 122 women fulfilled the sample's core criteria, the majority did not. Over 50% of the sample (63 women) did use police at some stage and 39% (47 women) did use domestic violence or related crisis services. Only a minority of the women (42%) had not used either of these services (Keys Young 1998 8-9). However, the research provided important information on the experiences and needs of women, following an assault by a male partner.

### **Informal responses**

Research has also been undertaken into the response of a wide range of people whom women approach for informal support—family, friends, neighbours, co-workers, the local community—and women's experiences of that support (see Bowker 1984; D'Abbs 1991; Paquin 1994; Davis & Srinivasan 1995; Kelly 1996; Lempert 1996; Gordon 1996; ABS 1996; Keys Young 1998; Holder 1998; Heckert et al 2000; Dimopoulis et al 2000).

Many studies have found that women's first contact was family and friends. The studies show that these supports could be helpful through being available to talk with the woman about her experience of violence, and providing practical support. They could also, however, be unhelpful through being judgemental and overly directive.

For example, Keys Young (1998) reported that: 'in fewer instances, it seemed, were family and friends able to provide the emotional and/or practical assistance that enabled the women to take critical steps to deal with the abuse' (Keys Young 1998 44).

### **Responses to diversity**

Concerns about formal and informal supports were often exacerbated by a lack of culturally sensitive services and discrimination (Antonios 1996; Easteal 1996; Atkinson 1995; Robertson 1999; Memmott et al 2001), despite the fact that 'in a study of killings between adult sexual intimates, overseas born and Aboriginal women were disproportionately represented' (Easteal 1994 87).

### ***CALD women***

Barriers for CALD women identified in recent research (Dimopoulos et al 2000; Bagshaw et al 2000) include:

- a lack of information, support networks, culturally and linguistically appropriate service provision and female interpreters;
- fear of deportation, police and bureaucrats;
- cultural beliefs;
- dependence on a sponsor; social isolation; and
- fear of isolation from their family and community.

### ***Indigenous women***

Barriers for Indigenous women have included

a reluctance to report violence from their male partners for ‘fear of reprisals from the perpetrator, his kinfolk or the justice system’ (Robertson 1999 xiv); and death in custody issues and negative attitudes from police and other parts of the justice system (Sam 1992 37).

More recent research, however, has indicated that the justice system was the most common avenue Indigenous women resorted to in trying to stop the violence (Memmott et al 2001 37).

### ***Women with disabilities***

For women with disabilities, the barriers commonly encountered by other women were compounded and they often had the traumatic experience of finding no support when they sought help (Sobsey 1994; Mulder 1995; Young et al 1997; Frohmader 1998). Barriers to accessing services included a lack of knowledge of services available, access issues, inappropriateness of services to the needs of women with disabilities, and insensitive community attitudes reflected in the attitudes and skills of service providers.

Women with a mental and/or physical disability who experienced violence from a male partner have been reported as doubly disadvantaged, with their disability creating additional barriers to leaving and establishing a new life. It has been described as resulting in a situation of ‘double jeopardy’ from an ‘added layer of oppression’ (Chenoweth 1997 24).

A recent US study involved qualitative interviews with 31 women with disabilities together with a national survey of 946 women, 504 of whom had physical disabilities and 442 who did not have disabilities. The findings indicated that, in both groups (women with and without disabilities):

abuse (including emotional, physical and sexual abuse) was equally prevalent (62%); husbands were the most common perpetrators of emotional and physical abuse; and physical abuse by husbands was reported by 17% of women with disabilities and 19% of women without disabilities (Young et al 1997).

The study also found, however, that women with disabilities reported the abuse over significantly longer periods of time, compared to women without disabilities (3.9 years versus 2.5 years) (Young et al 1997).

Other research, not specifically focusing on women, indicated that people with disabilities ‘...are far more at risk for all forms of abuse and violence than the general population’ (Sobsey 1994 in Chenoweth 1997 26). Whilst there has been limited Australian research into the prevalence of violence by a male partner against women with disabilities, the limited evidence that exists suggests that ‘...violence against them differs in significant ways to violence against other women’ (Frohmader 2001). This included

women being more vulnerable through dependence on the male partner as carer; service providers not believing women; and for some women with disabilities, less ability to exercise power and control over their lives (Frohmader 2001).

## **What enables women to leave and establish a new violence-free life?**

Whilst the women in the national study *Against the Odds* (Keys Young 1998) identified numerous barriers to leaving or seeking help, the report found that the women were not 'passively accepting or colluding in the violence perpetrated against them but actively taking steps to try and deal with or solve the problem'. Some were helped by family, friends and professionals through the provision of an appropriate, sensitive and helpful response, including non-judgemental support. Positive responses were identified as those that assisted women 'to gain the information, awareness and support necessary to enable them to deal with the abuse in their own way and in their own time'. Women in the study identified police responses as helpful when they: responded quickly, provided useful information, believed the woman, did not blame her, and charged the perpetrator and/or removed him from the premises.

Recent research into women's perceptions of health professionals' responses highlighted the importance of a validating response (Gerbert et al 1999).

## **Unmet needs**

*Against the Odds* also identified women's unmet needs, and these contribute to an understanding of what might enable women to leave and establish a new life (Keys Young 1998 xiii-xix). These needs include:

- non-judgemental support;
- belief in the woman's story;
- a more effective response from service providers, particularly police;
- someone trustworthy to provide support and take any necessary initial action;
- improved promotion of domestic violence services;
- increased accessibility to domestic violence services for women with special needs;
- an increase in family and friends' awareness of the issue of domestic violence; and
- when establishing a new life, practical support to obtain housing and employment and deal with legal issues, and emotional and personal support, particularly to manage the ongoing impact of the abuse on themselves and their children (Keys Young 1998 xiii-xix).

Whilst the report explored women's experiences of domestic violence and formal and informal responses, it did not focus on what *enabled* women to leave and establish a new life. It thus does not provide a clear picture of who are, and what is, meeting the identified needs of these women, or an understanding of who and what contributes to a successful outcome for them.

## **What about violent women?**

Research in the United States by Stets & Straus (1990) has indicated that some women assault their male partners. More recently, police records in Western Australia have shown that 91.4% of victims of reported domestic violence were women and 8.6% were men; that is, women were ten times more likely than men to be victims of domestic violence (Ferrante et al 1996).

The experience of violence, however, is very different for men and women. Jasinski and Williams (1998), in a wide-ranging review of two decades of research, found that, compared to

men, women who were assaulted were much more likely to require medical treatment after assaults, and significantly more likely to experience psychological harm related to the assault. In short, men are more violent than women in intimate relationships. The authors concluded that ‘men’s use of force, threat of force and overall control of women’s activities results in more clearly defined consequences for women’ (Jasinski & Williams 1998 2).

Research ‘that records only the extent of domestic violence ignores its social, political and economic background and especially the fact that men often have more power than women in intimate relationships’ (Bagshaw & Chung 2000 14). Others have concluded that ‘the claim that men and women are equally violent in intimate relationships is placed in doubt by studies that have demonstrated men’s monopoly on the use of violence in other social situations’ (Dobash et al 1992 71-91 in Bagshaw & Chung 2000 14).

## **Tasmanian research**

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### **The KPMG study**

The study conducted by KPMG (1994) into the economic costs of domestic violence in Tasmania included forty women, both women who had left and women who were still living with their male partner. As well as the information it provided on the economic costs of domestic violence, the study also provided an introduction to the pathways taken by these women when trying to leave a violent relationship. Women were asked to identify the public, private and community services they contacted and what informal support they used before leaving, when leaving and after they had left. The services most frequently used were (in order of frequency used):

before leaving: medical services, police, and counselling /support services.

while leaving: crisis services, emergency accommodation, counselling/personal support, medical and financial services, and police and legal services

when establishing a new life: legal services, counselling/support services, long-term accommodation, police, financial, judicial and crisis services (KPMG 1994 41).

Significantly, women identified they were more likely to leave the situation and use other services when ‘...police responded to the urgency and severity of the matter’ (KPMG 1994 42). Key structural enablers were income support through social security and the provision of both low cost public housing and crisis accommodation (KPMG 1994 8).

Informal supports were enabling through the provision of childcare, a safe place or someone with whom they could talk about their problems (KPMG 1994 43).

The five services women felt offered the most opportunity to influence how they dealt with the violence were: police; general practitioners; infant welfare nurses; solicitors; and family / marriage counselling services (KPMG 1994 43).

### **Other relevant Tasmanian studies**

Throughout the 1990s, numerous consultations, research projects and surveys have identified concerns of Tasmanian women regarding women’s safety, and in particular, domestic violence.

The Tasmanian Women's Consultative Council's report to the Premier, *Women's Voices Our Vision for the Future*, included a summary of the major findings of twenty three consultations which focused on Tasmanian women during the 1990s and their concerns for safety (Women Tasmania 2000 89). A number of issues raised are relevant to violence against women by their male partners. They include:

- personal safety;
- domestic violence;
- lack of information about legal rights and services (and the impact of language and cultural barriers);
- the high cost of legal services;
- inappropriate physical surroundings and lack of facilities at legal services and courts;
- a lack of interpersonal skills leading to problems in the lawyer/client relationship;
- the impact on rural women of the rationalisation and centralisation of ambulance and police services and on future general service provision (Women Tasmania 2000 89).

For Aboriginal women, the major findings regarding safety were:

- the need for easily accessible legal information and advice;
- more representation of Aboriginal women in legal systems; and
- relevant agencies and cultural awareness training for service providers (Women Tasmania 2000 89).

A 1998 survey of Tasmanian women identified that women felt having information on how to access help, advice, refuges and accommodation as well as counselling and support services would 'be effective in reducing the effects of violence' (ALP 1998 in Women Tasmania 2000 49).

The report also identified women's safety, access to emergency services and the justice system as current key issues of concern to women (Women Tasmania 2000 49). Approximately half of the women recently surveyed on-line for the report were concerned about domestic violence. To deal with the issue, women proposed preventative programmes and the enforcement of Restraint Orders. Women identified the need for better access to shelters for women living in rural areas, and they raised concerns about 'the ability of police and other emergency services to respond to calls for assistance in rural and isolated areas'.

Women also raised the need for more information in languages other than English. CALD women wanted more information on domestic violence, counselling services and legal information available in their own languages, and education programmes such as 'self defence, empowerment for women and women's rights' (Women Tasmania 2000 66).

Another recent consultation with CALD women regarding domestic violence identified concerns about both the violence and the barriers they experience to accessing relevant services (McBride 2000). The issues women identified included:

- service providers lacking sensitivity and awareness of cultural and religious differences;
- language barriers;
- women's lack of knowledge of what is 'normal' and what is 'abuse';

uncertainty about whether it was safe to access support services;  
the lack of a range of culturally diverse services;  
a lack of informal support networks;  
isolation, lack of transport and of money;  
fear of deportation, ostracism from family, friends or community, of shame, of not being believed or of having nowhere to go; and  
a fear of losing their children (McBride 2000 8-10).

Women with disabilities identified the need for flexibility in services, enhanced advocacy and more assistance with the extra costs often associated with their disability (Women Tasmania 2000 72). While these concerns were not raised specifically in relation to domestic violence, the concerns raised are applicable to the issue of domestic violence and women with a disability.

Similarly, a statewide Aboriginal women's conference identified several issues that, while not specific to domestic violence, are relevant to domestic violence issues and services. The issues include:

the development of appropriate Aboriginal counselling services;  
the provision of Aboriginal support workers and crisis workers within the Aboriginal community and government agencies;  
the identification of places for Aboriginal people in tertiary courses such as medicine, nursing and social work; and  
the empowerment of Aboriginal women both in their home lives and the Aboriginal community (Aboriginal Women's Conference 1994).

## Summary

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There has been considerable research, internationally, nationally and in Tasmania, that has relevance for women experiencing violence from a male partner, and for guiding effective responses to that violence. In summary:

Most women try to manage by themselves the violence they experience from a male partner.

Most women reach out to friends and family (informal support) when first seeking help. This was helpful when it provided women with someone to talk to, emotional support and practical assistance. It was unhelpful when the response was judgemental and overly directive. Generally, though, family and friends' responses often did not enable women to take critical steps to deal with the abuse.

When seeking formal support, women often found generic services unhelpful. Women most often reached out to the medical profession at this point. Individual professionals and some services gave women considerable support, displaying sensitivity and understanding. For the most part, however, women variously encountered a sympathetic but unhelpful response, indifference, avoidance of the issue, discomfort, or a response that was sympathetic to the perpetrator.

Women who were assaulted by their male partner often sought help from police, particularly when leaving, but mostly found their response unhelpful, citing judgemental attitudes and an unwillingness to take action.

When used, women mostly expressed satisfaction with domestic violence-specific services but these were primarily used while leaving and immediately after leaving. Usually, their response helped women take critical steps to deal with the abuse by validating women, believing them, providing information and referrals and supporting them through the legal processes. However, most women experiencing domestic violence did not use domestic violence services, due, in part, to a lack of knowledge about the services (or how to access them) or negative perceptions about them, particularly shelters.

## **Implications of current thinking for policy and practice**

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The literature provides information that can enhance government and community understanding and guide strategies to assist women to take appropriate action at an earlier stage and enable them to receive a more effective response. The literature suggests the need for:

development of strategies to strengthen and support the responses of the informal supports with whom women first make contact;

better targeted information strategies to women about domestic violence and the availability of domestic violence-specific supports aimed at reaching women while they are still trying to 'manage the violence'. These would need to take into account the stigma some women perceive is attached to using domestic violence-specific services;

provision of education and training about domestic violence (with a particular focus on attitudinal change), to non-domestic violence-specific professionals (particularly the medical profession) and the development and monitoring of guidelines to practice, in all formal support agencies;

improvement of the criminal justice response, with a particular focus on police intervention, including domestic violence training (with a focus on attitudes), a pro-arrest approach, a 'no drop policy' and monitoring systems;

a feminist analysis of domestic violence to inform effective responses;

an integrated community response to domestic violence which has a local focus, using local networks but informed by the broader context.

## **Relevance to this study**

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There remains a need to document women's experiences, in order to 'provide women who have been subjected to this mostly privatised violence with a source of information about these issues against which they might find validation of their own experiences' (McCarthy in Cook & Bessant 1997 134).

The *ABS Women's Safety Survey* showed that most women experiencing violence from a male partner first turn to friends, family and neighbours. Government's response to this was to commission research into why women do not use police and crisis services. In the words of Robyn Holder, ACT Victims of Crime Coordinator, 'Why didn't they commission qualitative research into what women actually do?' (Holder 1998 5).

The current qualitative study invited women to tell us exactly that.

## ***WOMEN IN THE STUDY: DEMOGRAPHICS***

The 53 women who participated in this study were drawn from all three regions of Tasmania, and included one woman from an island off the coast of Tasmania (see Table 2). Their ages ranged from 23 to 63 years, with nearly three quarters (72%) in the 30-49 years group. Of the total sample:

- 6 women (11%) identified as Aboriginal;
- 8 (15%) identified as being from a culturally and linguistically diverse (CALD) background;
- 13 (25%) identified as having a disability; and
- 13 (25%) had lived in rural or isolated areas.

Of note was the high level (68%) of health problems experienced by the women, in particular the percentage who reported having experienced depression (59%).

Almost three quarters of the women (72%) had children, with a total of one hundred and nine children between 42 women.

Over a third of the women (37%) had left their ex-partner within the previous five years of the relationship, and the same percentage left a relationship of 6 to 15 years duration. Over a quarter of the women had been in the relationship for between 16 and 30 years. For some in this latter group (a number of whom were older women), the violence had slowly escalated over time. The mean length of time in the relationship was 10 years.

Education levels ranged from university—just over a quarter of the women (26%)—to completion of Year 10 or less—almost a third of the women (31%).

Over half the women (57%) had been owner/buyers of their homes before leaving, yet the majority of women (66%) had to leave their home after ending the relationship. Since leaving, the number of owner/buyers had decreased by almost one quarter, from 57% to 43%, and over half of the women (53%) were renting. Of those renting, a minority (32%) had used the public rental market.

For 40% of the women, their only income was from income support payments. Full-time or part-time work was the sole source of income for almost half (47%) the women, 41% from their own work and 6% from their new partner's work. The remaining 13% had a mixture of income support and work, or scholarship. Of the 33 women eligible for child maintenance, only just over a quarter (27%) received any money from their ex-partner.

The majority of women (70%) felt they were now financially better off—despite the fact that over half (56%) received an income less than \$20,000 and over half (53%) were receiving less income than before leaving. Their perception that they were better off often reflected their previous lack of control over their finances, as indicated in the women's stories of financial abuse. This perception was unrelated to the economic group a woman fell into, either before or

after leaving. From seven women whose previous joint incomes had been between \$70,000 and \$160,000, three were now in the lowest socio-economic group.

**Table 2: Demographic characteristics of women participating in the research**

<i>Category</i>	<i>number</i>	<i>Percent</i>
<b>Region</b>		
North West	10	19
South	23	43
North	20	38
<b>TOTAL</b>	<b>53*</b>	<b>100</b>
<b>Age</b>		
20-29 years	8	15
30-39 years	20	38
40-49 years	18	34
50-59 years	6	11
60+	1	2
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Education</b>		
University degree	14 (includes 1 PhD)	26
Currently enrolled at university	8	15
TAFE qualification	10	19
Completed Year 12	5	9
Year 10 or less	16	31
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Housing</b>		
Current		
○ owner/buyer	23	43
○ rental	28 (19 public, 9 private)	53
○ other	2	4
Previous		
○ owner/buyer	30	57
○ rental	23	43
<b>TOTAL</b>	<b>53</b>	<b>100</b>

<i>Category</i>	<i>number</i>	<i>Percent</i>
<b>Income: Source</b>		
Pension only (includes parenting payment- single disability, veteran affairs, widow's)	20	38
Pension/Education Supplement	1	2
Part pension/part time work	5	9
University scholarship	1	2
Abstudy/part time work	1	2
Paid work: full time	14	26
Paid work: part time	8	15
Partner's paid work: full time	3	6
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Amount</b>		
\$10-1999	30	56
\$20-2999	12	23
\$30-3999	7	13
\$40-4999	1	2
\$50-5999	3	6
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Change</b>		
Now less before leaving	28	53
Now the same before leaving	9	17
Now greater before leaving	7	13
Incomplete information	9	17
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Perceptions</b>		
Felt they were financially better off than before	37	70
Felt they were financially the same	1	2
Felt they were financially worse off	15	28
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Maintenance</b>		
Of 33 women eligible	<b>9</b>	<b>27</b>
<b>Equity Group</b>		
Aboriginal/Torres Strait Islander	6	11
Cultural and linguistically diverse background	8	15
Disability	13**	25
○ physical	(8)	15
○ mental	(6)	11

<i>Category</i>	<i>number</i>	<i>Percent</i>
<b>Special Needs Group</b>		
Rural or isolated (before leaving)	13	25
Health problems	36	68
○ depression	30	57
○ other (eg asthma, cancer, narcotic addiction, anorexia, anxiety disorders, hypertension, migraines, angina)	8***	15
Women with children	42	79
○ number of children involved	109	n/a
○ children with a disability/health problems	12****	n/a
<b>Number of years lived with ex-partner</b>		
Less than 1 year	5	9
Between 1 and 5 years	15	28
Between 6 and 10 years	11	22
Between 10 and 15 years	8	15
Between 16 and 20 years	6	11
Over 20 years	8	15
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Women who had to leave their home</b>	<b>35</b>	<b>66</b>

\* Included one woman from an Island. \*\*One woman had both a physical and a mental disability.

\*\*\*Several women had both depression and health problems. \*\*\*\*Involved nine women.

### **Roles and occupations of women and of their ex-partners.**

Whilst not a specific question in the demographics, the women's stories indicated that they had a range of roles, qualifications and occupations, both before and at the time of the interviews. A number of these are listed in Table 3. The list effectively dispels any myths regarding the stereotypes that have been associated with women experiencing domestic violence. The women were from both low and high socio-economic groups, and a wide range of occupations.

**Table 3: Some participants' roles and occupations**

<i>Administration clerk</i>	<i>Manager</i>	<i>Salesperson</i>
<i>Agricultural scientist</i>	<i>Medical secretary</i>	<i>Senior bureaucrat</i>
<i>Artist</i>	<i>Music teacher</i>	<i>Senior nurse</i>
<i>Business woman</i>	<i>Nurse</i>	<i>Sex worker</i>
<i>Disability worker</i>	<i>Pensioner</i>	<i>Social Worker</i>
<i>Doctor of Philosophy</i>	<i>PhD student/tutor</i>	<i>TAFE lecturer</i>
<i>Farmer</i>	<i>Photographer</i>	<i>TAFE student</i>
<i>Fulltime parent</i>	<i>Politician</i>	<i>Teacher</i>

<i>Graphic designer</i>	<i>Public servant</i>	<i>University lecturer</i>
<i>Health worker</i>	<i>Research assistant</i>	<i>University student</i>
<i>Legal clerk</i>	<i>Retiree</i>	<i>Welfare worker</i>

**The women’s stories also provided some information on the range of roles, qualifications and occupations of the men who had been their partners. A number of these are listed in**

Table 4. They demonstrate clearly that men who assault their female partners come from a broad cross section of the community, from both low and high socio-economic groups, and from a wide range of occupations.

**Table 4: Some ex-partners’ roles and occupations**

<i>Builder</i>	<i>Labourer</i>	<i>Teacher</i>
<i>Business man</i>	<i>Pensioner</i>	<i>Teacher’s Aide</i>
<i>Butcher</i>	<i>PhD student/tutor</i>	<i>Telecom worker</i>
<i>Chartered accountant</i>	<i>Psychologist</i>	<i>Tradesman</i>
<i>Defence force member</i>	<i>Public servant</i>	<i>Unemployed</i>
<i>Fisherman</i>	<i>Security guard</i>	<i>University lecturer</i>
<i>Hydro worker</i>	<i>Shift worker</i>	<i>University student</i>

# THE VIOLENCE WOMEN EXPERIENCE

## Introduction

The women in this study experienced the full range of types of violence and abuse by their male partners, including physical and sexual assault, and psychological, financial, verbal, social and sexual abuse. In addition, many of their children also experienced violence and abuse. This section presents the experiences of women in this study, and the strategies they used to deal with the violence. The women's names have been changed to protect confidentiality.

## Physical assault

The physical assault women experienced ranged from being pushed around the room, to threats to assault or kill, and attempted murder. It included punching, kicking (often with boots), slapping, use of weapons, throwing objects, attempted strangling, attempted drowning, and rape. Women were kicked in the ribs when pregnant, pushed down a flight of stairs, had chemicals poured over their face, a gun held to their head, and hair pulled out. They were kidnapped, held hostage, chained to a bed, and stabbed. Attempted murder weapons included a knife, an axe and other implements.

Most women experienced multiple assaults. Over a period of thirteen years, one woman's husband broke her shin, nose and arm and fractured her cheek. Over a much shorter period of four years, a woman's partner blackened her eyes, broke her nose, assaulted her with a baseball bat, tried to cut her throat, stabbed her with a garden fork, gouged her eyes and kicked her severely.

When one woman did not respond during intercourse as enthusiastically as her husband desired, he broke her nose.

The injuries sustained ranged from bruising, black eyes, being knocked unconscious and broken bones through to internal injuries requiring hospitalisation and surgery.

*'[He] was violent at least once a month...it would range from...pushing...to a slap which...can send me reeling...to punches to the back of my head and places that wouldn't show bruises. Things like strangulation, choking and...a lot of kicking with boots.'*  
**(Melody, 32)**

*'It was unpredictable...if he were home and drinking and you sat there silently saying nothing, you could get a back hander for not saying anything. If you responded to something you could also get beaten up because you weren't saying the right thing.'* **(Shelley, 63)**

*'He was lying on top of me when he hit me.'*  
**(Isabella, 55)**

*'He kicked me and that's when my spleen burst. It was a wonder I didn't bleed to death because he still wouldn't let me go to hospital ...[then] he realised he had to take me...and he told the hospital that I'd fallen out of the car.'*  
**(Julie, 45)**

## Assault during pregnancy

The *ABS Women's Safety Survey* (1996) found, '...of those women who experienced violence by a previous partner, 701,200 had been pregnant at some time during their relationship (ABS 1996). While 42% of these women experienced violence during the pregnancy (292,100), 20% experienced violence for the first time while they were pregnant (ABS 1996).

*'A week before I had [the baby] he bashed me.'* (Isabella, 55)

In this study, over a quarter (27%) of the women who had been pregnant while with their ex-partner identified they had been assaulted during pregnancy, some for the first time. For several women, this resulted in miscarriage.

**Teena** was 33 years old with three children, the youngest from her recent relationship. She lived in a small rural town in a house on land she had inherited when she met her ex-partner. He assaulted her on many occasions, the most serious after she asked him to leave her house. He refused, assaulted her and she had to live elsewhere until forced to sell the house to evict him, after police said they could not remove him. Ongoing contact has been unavoidable due to access hand overs and she continues to live in fear of him:

*'He stripped me...kicked me in the side with steel capped Blundstones on... whilst I was holding my baby [he] threw us on the floor...I was unconscious for a little while...from being thrown into the wall and hit round the head with an 18 inch shifter and also a poker from the fireplace...I somehow got [the baby] into his cot...and got in the car...and made my way to the [city] hospital. Till today I still don't know how I got there. I had loud music on the stereo...because I couldn't stand hearing myself scream with pain.'*

## Threats and attempts to kill

Over 20% of the women described specific threats to kill and the terror they felt. They fully believed the man had the capacity to carry out his threat. This often involved weapons. The beliefs associated with this threat, fear, was a major barrier to women leaving.

In the most extreme cases of violence the men attempted to murder the women, some of whom came close to death. Two of the perpetrators were subsequently charged for the attempted murder and jailed. Most involved the use of weapons.

*'He said he'd been thinking for some time that he wanted to kill the baby and then he told me he wanted to kill me... that he knew where he could get a gun. He said that if I left him I'd go to heaven.'* (Sharyn, 24)

*'He stabbed me in the chest and then the abdomen...I started running down the passage, he hit me over the back of the head with a shovel... I tried to get through the door but he hit me on the front of my head with an axe...We had a carving knife, a pruning saw, an axe and a shovel, and he used all of them... and I remember him going down in my blood and somehow I got the door open and I just flew out the door....'* (Yvette, 56)

## Sexual assault

Almost a quarter of the women (23%) reported experiencing rape. None of the women laid charges and many of them found it painful, during their interviews, to disclose their experience of rape by their partner. Only two had sought support from a sexual assault counselling service, and that was after leaving. Some of the women were clear at the time that the assault was rape; others

named it as rape only after they had left. As one woman said: 'It's like those High Court judges [said], if you're in a relationship with them, they don't rape you' (*Simone*).

Some women were still trying to make sense of their experience, describing it as forced sex but unclear how to define it, knowing that '...if you knocked him back you got the physical so you gave him sexually so that you wouldn't get the physical' (*Nyree*). Easteal, in her research, found that 'For over three quarters (77%) of the women who had been raped by a cohabiting partner, the sexual assault was part of a general pattern of physical violence' (Easteal 1994 53). This reflected the experience of most of the women in this study.

*'It started the day we came home from our honeymoon...I didn't want to have sex with him. He just hit me and ... held me down and raped me...it just got worse after that...The last thing he did...he held a knife at my throat and raped me and...the next day I left.'* (**Jane, 27**)

## Other abuse

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In addition to the physical and/or sexual assault that the women in this study experienced, every woman also experienced other forms of abuse. Often the abuse involved controlling the woman—an attack on her right to choose for herself. This was often underpinned by threat, provoking fear of retaliation if she didn't obey and making resistance difficult and dangerous.

Abuse is considered in five categories: verbal, psychological, social, financial and sexual abuse. In reality, however, these often overlap. Sexual abuse is considered separately from sexual assault, as the latter (discussed above) is a criminal offence.

### Sexual abuse

Apart from rape, women experienced a variety of forms of sexual abuse. It included being forced to watch pornography, coerced into sexual activities and acts the woman felt unable to refuse, and pressured to participate in group sex. There were sometimes threats of harm if the woman was reluctant to comply.

*'He...had this other woman...in our bed and he was saying...come and get into bed...There was always this threat of violence lurking in the background.'* (**Erin, 29**)

### Verbal abuse

Most of the women spoke of the traumatic and often long-term effect of verbal abuse on their sense of self. Some found it as damaging as the physical violence and sometimes harder to bear.

*'Whereas [the] physical abuse...didn't last more than...five or so minutes...the verbal abuse used to stay with me.'* (**Melody, 32**)

### Financial abuse

Despite having independent incomes, earning high salaries or having financial management experience, some women had no financial control over their lives because of violence, or the threat or fear of violence, from their male partner. One woman was so desperate as a result of her partner's financial abuse that she shoplifted to provide for herself and her three young children,

and even when she organised a separate payment through *Centrelink*, he still managed to access it.

## Psychological abuse

The *ABS Women's Safety Survey* (1996) found that 9% of women in a current relationship reported some form of emotional abuse from their male partner, defining 'emotional abuse' as manipulation, isolation or intimidation (*ABS* 1996). Almost every woman in the current study described psychological abuse including demeaning behaviour from the man, being controlled, embarrassed in front of the children, shamed publicly and living in fear. Women also spoke of 'mind games' they felt their partner played which left them doubting their own reasoning or even, their sanity. One woman's partner would threaten to burn down their home knowing she would be too afraid to go to sleep and would be exhausted for work the next day.

## Social abuse

Many were cut off from family and/or friends. Sometimes it was done subtly, for example, by making visitors feel unwelcome, making the woman spend all of her time with the man when he was home, or turning her against her family. Sometimes it was more overt; for example, refusing to allow the woman to have contact with specific people or attend significant events such as family funerals, disconnecting the phone when she was talking to people, or not allowing her to leave the house.

One woman only went out twice socially with her husband during their twenty-two years of marriage. He suggested he was ashamed to be seen with her. Another, who described her partner's violence as 'more like torture', was prevented from seeing her father for over four years. As soon as she was able to leave she reunited with her father only to have him die a short time later. It remains her biggest regret. One woman was actually chained to a bed to prevent her from leaving her home.

*'I would often gladly hand over my entire wages because that might mean...a few days of things being calm.'*

**(Melody 32)**

*'I used to work in a bank... [but] I lost control of finances totally...As long as we had our [basic] needs met, he could... do what ever he wanted with the rest.'* **(Yasmin, 39)**

*'I shoplifted to try and compensate for what he was doing... I got caught twice. I've never been so embarrassed in my whole life, but at the same time I'm not ashamed to tell people, this is what my life came to...Even when I was getting the pension, he was nicking my money...[as] he took my credit card.'* **(Chrissy, 33)**

*'I couldn't have two pairs of underwear that were the same colour in case I was cheating...Being made to sleep outside with the dogs...If a lump appeared in the gravy, everything would just be thrown out and you'd have to start to cook a meal again...My baths were monitored, towels were counted.'* **(Angelina, 38)**

*'I felt safer outside in the street than in my own home.'* **(June, 32)**

*'I wasn't allowed to have any friends. It got to the point where I had no friends, I'd lost all control.'* **(Yasmin, 39)**

*'For about six weeks he actually tied my leg to the bed every night when we went to bed so that I couldn't get up and run away in the middle of the night. I had enough length to get to my son's cot.'* **(Sandi, 37)**

## Violence and abuse to children

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The *Women's Safety Survey* (1996) reported 61% of women who experienced violence by a current partner had children in their care and 38% of those children had witnessed the violence (ABS 1996). Overseas research has indicated that 23% of men who assaulted their male partner also physically assaulted their children (Straus & Gelles 1986).

In the current study, 79% of the women had children and, similar to the ABS study, over a third of these women spoke specifically of their children witnessing the violence. Over a quarter of these women (29%) reported physical assault of their children by their father or stepfather. Over a fifth (12%) believed their children had been sexually assaulted by their father or step father.

The women's concerns about the impact of domestic violence on their children had a significant effect on their decision making.

### Physical assault

Over a quarter of the women with children (29%) reported physical assault of the children by their fathers or stepfathers. Sometimes the violence occurred at the same time as the assault on their mother; sometimes it was a separate act.

*'[My son]...had his ankle broken because his Dad threw him about three metres across a room into a wall.'* (Colleen, 34)

*'Our [baby] daughter... wouldn't go to sleep and...he went into her room and smacked her...constantly. I bawled my eyes out and...he said "If you don't f'n get out of here, I'll knock you out too."'* (Sonya, 23)

### Sexual assault

Over a fifth of the women with children (12%) alleged sexual assault of the children by their father or stepfather. Over a half of those learnt about it after they had left the relationship. A similar number tried to have their suspicions confirmed by contacting statutory authorities and police for support but were unable to prevent the men having contact with their children. Less than half of the women returned after their initial concerns were not supported. Some were unable to prove their husbands had sexually assaulted their sons and/or daughters. For one woman the alleged sexual abuse was still continuing during access but she had been powerless, despite legal efforts, to prevent unsupervised access. Her husband insisted the initial abuse of their small son and daughter was harmless, no more than a game.

*'He [was] chasing my children around the house...saying "I check the oil", poking his finger in my kids' [bum].'* (Louise, 37)

*'My children were being interfered with and I went to the police, Child Protection, an independent psychologist, to (a government children's support service) and to lawyers. Nobody helped me. They just passed the buck, palmed me off and more or less told me I was a neurotic mother coming out of a domestic violence situation.'* (Terri, 33)

One woman believed her son and daughter had been sexually abused by their step-father. Both are now adults. She is estranged from her daughter, but her son recently told her the abuse had occurred. For years—both during and after the relationship—she had pursued authorities to investigate her concerns, but had been thwarted by a lack of evidence and, as she sees it, a lack of effective intervention by all relevant authorities.

## Psychological abuse – including children witnessing

Many of the women's stories indicated that men perpetrated psychological abuse against their children, most often through causing their children to witness the assault and abuse of their mother. Over a third of the women with children expressed specific concerns about the effects on their children of hearing the violence and abuse happening.

*'I was in a lot of pain and the kids— I'll never ever get the sound of their screaming out of my head— they were in such distress.'* (Melody, 32)

## Women's responses

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### Seeking causes

As part of trying to manage the violence, many of the women in this study tried to make sense of it by seeking causes. The causes they suggested in the man included work stress, mental illness, a traumatic childhood, a domestic violence background, a lack of control, drugs and/or alcohol, and problems with anger management. Many women, however, could find no rationale for the violence, whilst others analysed it as power, supported by society's sanctioning of that power.

*'It's like men are allowed to be violent.'*  
(Erin, 29)

*'Whether it was alcohol or drugs or he was stone cold sober ...whether there was people around or not...he just didn't care.'*  
(Chrissy, 33)

*'He'd...smoke drugs which was the main problem...plus he had his own up bringing in that sort of environment.'* (Sonya, 23)

### Managing the violence

The causes women attributed to the violence often influenced the strategies they used to deal with it, and/or the help seeking action they took initially. Strategies women adopted included organising couple counselling or marriage guidance counselling; adapting their behaviour to avoid confrontation; organising the man's attendance at individual counselling, a men's support/anger management group or perpetrator programme; hiding potential weapons; taking leave from work to try and improve the relationship; and staying with friends or in hotels for short periods.

### Women's fear of killing their partner

Many women in jail for murder in Australia are there as a result of killing their male partner after years of domestic violence. Some of the women in this study indicated there were times when the abuse was so traumatic that they thought they might kill their partner.

*'He drove his fingers into my son's eyes...trying to pull them out...I grabbed the wooden waddy...and I hit him fair across the back of the head. I thought, he's going to kill me now...this is the first time I've ever retaliated...I couldn't make him stop so I hit him again...I was put into the situation of life and death, I thought, for my son.'* (Julie, 45)

## Resistance to the violence

Alongside the management strategies most women also tried to resist the violence during the period of the relationship. They tried to fight back verbally and/or physically, developed leaving plans, sometimes taking years to implement or they quietly developed a network of informal and/or formal support. They secretly saved money to escape; established new relationships that eventually supported them to leave; or kept records of the violence and abuse, including detailed journals. One woman had her son take photographs of her injuries as evidence.

Often women secretly told people what was happening to them, most often their female friends, sometimes family, then, when the violence was escalating, formal supports. They gathered—and often hid—information on domestic violence, on their legal rights, on support services, on leaving plans and on other women’s experiences of domestic violence.

Some women withdrew emotionally and/or sexually; others resisted by seeking new outside interests which enhanced their sense of self, such as attending university, joining women’s singing groups or non-denominational church groups.

There were, nevertheless, significant constraints, including structural constraints, on women’s ability to resist violence from a male partner, and it is crucial that these be acknowledged.

*‘I hate to be portrayed as the victim... it wasn’t...like I sat there and let it happen... He... threw me across the kitchen one day and I picked up... the pan with the boiling water in it and...smacked him in the back of the head with it and all this hot water went down his back... There’s this perception... that they behave like victims and that’s why it happens. “Why didn’t you hit him back?” Well, you did and it comes down to who is physically stronger... or who has got the power.’ (Erin, 29)*

## Men’s controlled use of violence

Many of the women identified the control the man used during the assault. Women spoke of their ex-partners using premeditated violence or assaulting them where it was less likely to be seen by others. Their stories challenge the view that men assault their female partners because they ‘lose control’.

*‘He was very careful not to leave bruises... he was very aware of what he was doing.’ (Abbey, 45)*

*‘The times he strangled me he’d always let me go...that indicated exactly how much control he had.’ (Melody, 32)*

## Perpetrator programmes

A number of the women’s partners went to anger management or perpetrator programmes with the aim of stopping the violence. Not only were they unsuccessful, for some they exacerbated the violence. Whilst the sample in this study is biased in that women who have left are less likely to have seen a successful outcome from such programmes, the finding is consistent with

*‘He went to [a men’s group] once but he came home so angry he never went again...He...admitted how bad I was and then came home and beat me for it!...They go...because they’ve been ordered to...but nothing changed.’ (Angelina 38)*

*‘...he went back to two sessions and he’s okay for six months and then it started again.’ (Nyree, 37)*

numerous international and national studies of perpetrator programmes. Except for the perpetrator programmes using the renowned Duluth model, which is linked to a criminal justice response, many evaluations of other perpetrator programmes, men's groups or anger management programmes have identified poor outcomes in terms of recidivism (Shepard & Pence 1999).

Even with the Duluth model there are criticisms: outcomes are deemed 'successful' when they achieve a reduction in a man's violence towards a female partner, even though non-criminal forms of abuse may continue or increase. At the time of writing there was no Duluth type programme in Tasmania located within an integrated criminal justice response. Women found the existing programmes ineffective for managing the violence.

## Summary

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Women's experiences of violence provide a context for the remainder of this study: women's decision-making processes (the turning points), the pathways they took out of violence into new lives, and the barriers they encountered.

The diverse women in this study had in common the experience of violence and abuse from a male partner. The severity and the duration varied, but for all the women, the violence and abuse had a negative impact on their lives. A third of the women with children also expressed concern about the impact of the violent relationship on their children. A similar percentage of women identified specific incidents of both psychological abuse (mainly witnessing) and physical assault of the children by their father or stepfather. A smaller percentage believed their children had been sexually assaulted by their partner.

All the women had tried a variety of strategies to deal with the violence. At best, these had merely deferred it. More often, strategies had little or no impact and even worse, had been taken by the man as an excuse to escalate the violence. But despite the controlling use of violence and abuse, the women's stories provided ample evidence of numerous and varied acts of resistance. Each of the women eventually reached their turning point(s), the events that enabled them to leave. The next section identifies those turning points for the women in this study.

# TURNING POINTS

## Introduction

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Turning points are those events that precipitated or critically influenced the decisions that enabled a woman to leave and establish a new life. This section reports on the turning points identified by women in this study. For many women the process of permanently leaving involved more than one turning point.

Recent Australian research has found that, irrespective of the service pathways used by women to leave a violent relationship:

a satisfactory outcome rarely occurred without the woman deciding that she could not mend the relationship and had to either leave or separate from her violent partner; and

‘bouncing back and forth’ between initial contacts and formal support services in the ‘pre-transition phases’ continued until a woman came to terms with being unable to ‘fix the relationship’ by herself and that she needed to obtain safety for herself and, if any, her children (Dimopoulos et al 2000 17-67).

This reflects findings of earlier research. In the *ABS Women’s Safety Survey* (1996) there were 483,700 women who separated from a previous partner who had been violent to them, and who subsequently returned to that partner. Half of those finally ended their relationship because of the violence they experienced or because of threats against their children.

Similarly, the *Against the Odds* report identified significant turning points as:

women’s fears for their physical safety or that of their children; or  
significant concerns about the impact of the abuse upon the children (Keys Young 1998 xi).

## Types of turning points

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The women in this study identified one or more turning points that enabled them to contemplate leaving, to plan to leave and, finally, to leave. Some women were able to leave soon after reaching a turning point; for others it became the foundation upon which they built plans to leave in the future. For some, it took a variety of turning points, each building on the other until the proverbial ‘straw that broke the camel’s back’. For most of the women, reaching their turning point(s) led to contact with formal and/or informal supports, which they then identified as pathways to leaving and establishing a new life.

Similar to earlier findings (Keys Young 1998; Dimopoulos et al 2000), the majority of women in this study reached a turning point where they realised they were unable to stop the violence or manage the abuse. Key turning points—that is, turning points that were identified by the majority of women as the most significant in their influence on the decision to leave—were:

an incident of severe violence;

the woman's concern regarding her children witnessing the violence; and

a change in beliefs.

A change in belief, however, was intimately interwoven with the other two, and it was this combination of either an incident of severe violence or concern about the children, *combined with* a change in how the woman perceived the situation, that very often precipitated leaving.

*'[A turning point was my] safety... he told me...he'd kill me.'*  
**(Teena, 33)**

*'I had a nervous breakdown...I realised that I was in a life or death [situation], that I was going to die either physically or that the essence of me would die... It became obvious that staying was more dangerous than leaving.'* **(Diana, 41)**

*'When he held the knife at my throat I thought I'm either going to leave or I'm going to be dead.'* **(Jane, 27)**

## An incident of violence

Just over half of the women (51%) identified an incident, escalation, or further threat of violence as a turning point and a key reason for leaving.

## Impact on the children

Over half of the women with children (55%) identified as a key turning point to leaving their concerns about their children in a violent family situation. Often, the turning point was children witnessing the violence.

*'He had me up against the bathroom wall and I saw my eldest son's eyes, I thought... it's better that the kids grow up in a violence-free environment ... it took me some time after that to actually leave, [but] it was that moment of making eye contact with my seven year old son.'* **(Prue, 40)**

*'I was holding [my baby daughter] one day...and he head butted me...That was my total turning point. I thought I'm not going to have this little girl growing up witnessing all this.'*  
**(Julie, 45)**

## Changes in beliefs

Another key turning point was a *change* in beliefs, including new beliefs that:

staying was not in the best interests of the children;

the male partner was responsible for the violence;

the violence was not going to stop;

the violence and abuse was not normal and/or acceptable; and  
that certain religious views on marriage could be challenged.

*'The turning point was [when] I went to a...[church affiliated] marriage counsellor... He said, the church doesn't say that you should stay in a relationship if it's destroying both of you. ...that was the green light...A couple of days later I was gone.'*  
**(Karen, 49)**

## Changes in circumstances

Some women identified other turning points including:

their partner's infidelity;

*'[Child Protection] were going to take my daughter off me. She was born with a [physical disability], and her father kept taking the plaster off and the hospital made several reports...I was given the choice of taking my daughter and leave or they would take my daughter and I wouldn't get her back...I didn't have a choice.'* **(Terri, 33)**

a new partner;  
commencing university;  
starting work;  
the children growing older;  
the death of their partner; or  
the involvement of child protection services.

### **Multiple and progressive turning points**

For many women there were several turning points before they literally reached ‘the point of no return’. For example, one woman identified all three key turning points:

a severe assault outside an entertainment venue and being taken to hospital by ambulance;  
her partner’s assault of her daughter; and  
the realisation that she could be killed if she stayed.

*‘I really wanted to leave when...I got badly beaten up at an [entertainment venue]. He kicked me to death nearly. [Then] he hit my eldest daughter...that was the turning point. And...I feared for my life. I guess it came down to him or me.’ (Yasmin, 39)*

### **Summary**

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The women in this study reported that they reached one or more turning points that enabled them either to contemplate, plan and/or finally leave. Some were able to leave soon after reaching a turning point, while for others it became the foundation upon which they built plans to leave in the future.

For most women the key turning points were fear of assault from their male partner, concern about the effects of the abuse on the psychological, emotional and physical wellbeing of their children and/or a change of beliefs. Where the turning point was an incident of severe violence, the woman’s decision to leave was often triggered by the realisation she could be killed if she stayed and the risk of that happening was greater than the previous barrier to leaving—believing she would be killed if she left. It is difficult to imagine the courage needed to make such a choice.

For many women, reaching their turning point(s) led to contact with formal and/or informal supports, which they identified as pathways to leaving and establishing a new life. The next section reports on women’s experiences of those pathways.

# ***THE PROCESS OF LEAVING: PATHWAYS AND BARRIERS***

## **The phases in leaving**

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All the women in this study who were able to leave a male partner who had assaulted them and establish a new life identified ‘pathways’ or ‘enablers’ (the terms are used interchangeably) that supported and helped them to take this action—people, agencies, structural supports (including policies, laws and societal beliefs), information and/or their own beliefs. Women used many pathways, sometimes encountering new barriers before being redirected or finding new pathways. *Key pathways* were those that played a significant role in the process of leaving and establishing a new life. They included *formal support* from government, community based agencies and professionals and *informal support* from family, friends and the broader community. Laws, access to resources and information and women’s beliefs were also identified as key pathways - *underpinning enablers* of women’s efforts to leave and establish a new life.

The study found that the process of leaving was characterised by five phases, some of which were repeated until the women were able to end the relationship permanently. This process took anything from weeks to years. The phases were as follows:

1. **Pre-contemplation:** Women at this stage were managing and/or resisting the violence but not generally thinking about leaving. This was often when women first sought help, mostly from informal supports, to manage the violence. Some women remained in this phase for years.
2. **Contemplation:** Women began to think about leaving, though often they just wanted the violence to stop. They were acutely aware of the barriers to leaving. Usually, this was when women first wanted to discuss their options with informal and/or formal supports but they were often ambivalent, maintaining hope for change. Effective intervention was non-directive but did not feed hope the violence would stop. This phase could also last for years.
3. **Deciding to leave:** Women decided to leave and/or made plans to do so often after a severe incident of violence and/or the children witnessing or experiencing violence. They often sought information about leaving from formal and informal supports, including specialist services. Many women at this stage had already disengaged from the relationship emotionally and/or sexually. They had usually given up hope the violence would stop and could be experiencing grief, and effective responses took account of the grieving process. Depending on the barriers and pathways, this phase could last anything from hours to years.
4. **Actually leaving:** Women often reached this phase after a turning point, following a severe incident of violence and/or the children witnessing or experiencing violence. The ‘leaving’ usually involved the women leaving her home either temporarily or

permanently, but could entail the male partner leaving of his own accord or because of outside intervention. Women in this phase often felt ‘in crisis’ and sought action-focused practical and emotional support from formal and/or informal supports, particularly police and domestic violence-specific services. Whilst the act of physically leaving was usually completed within days, the feeling of being ‘in crisis’ could last for days or weeks.

5. **Establishing a new, violence-free life:** This was particularly challenging. Women usually sought non-directive practical and emotional support, and required a higher level of contact with informal and/or formal supports. Effective responses took account of the process of grieving that women were often experiencing, and supported them to regain hope for the future. Access to resources was crucial, as women were often moving to different towns, regions or states. Women often encountered many barriers that, if not overcome, could result in the woman returning to her male partner.

Whilst women usually experienced all five phases of leaving, it was not always a linear process. Many women moved back and forth between phases, and repeated phases, depending on the barriers they encountered and the pathways available to them. When they experienced ongoing violence, threats of violence and other significant barriers to establishing a new life, the process took a longer time to complete.

For a few women in this study, the process did not follow these phases. Some were catapulted out of the relationship or had to stay out after initially leaving, less through their own agency and more from unusual circumstances such as the death or the jailing of their partner or an ultimatum from child protection or statutory authorities.

Women identified pathways for each of these phases. Often the effect of the pathways was to improve the woman’s ability to overcome barriers she encountered. For some the pathway to leaving was easy to negotiate; for others it was difficult. Mostly the leaving was a triumphant experience, but for some it was the beginning of further trauma and abuse. In this study it was the formal supports that mostly provided crucial, enabling support, often throughout all phases of the leaving process.

The rest of this chapter summarises the pathways and barriers women identified. The chapters that follow look in detail at the pathways and barriers in each area.

## Pathways

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Key pathways fell into broad categories: formal and informal. In addition, the women identified a range of underpinning enablers—structural supports and beliefs that supported their efforts to leave and establish a new life.

### Key formal pathways

Women in the study reported that it was contact with formal supports—most often, **domestic violence-specific services**—that were most important in enabling them to leave and establish a new life. Almost three quarters of the women in this study (74%) accessed domestic violence-specific services, and over half the women in the study (51%) identified these services—mostly

the state government's Domestic Violence Crisis Service (DVCS)—as a key pathway (see Table 5 for percentages).

Other formal supports that women identified as key pathways were:

**counsellors**, primarily social workers: a key pathway for 47% of the women;

**police**: almost two thirds of women (62%) contacted the police at some point in the process of leaving and of those, almost a third (30%) identified the intervention of police as a key pathway to leaving and/or establishing a new life;

access to **employment**: a key pathway to leaving for almost a third of women (30%);

**Centrelink**: a key pathway to leaving for over a quarter (28%);

the **University of Tasmania**: a key pathway for over a quarter (26%);

**lawyers**: identified as a key pathway, primarily after leaving, by one fifth of women (21%);  
and

**general practitioners**: a key pathway to leaving for 13%.

### **Key informal pathways**

Among the informal pathways identified, **friends**, mostly female, were particularly effective enablers at the 'thinking about leaving' phase by being non-judgemental listeners and providing emotional support. Approximately a third (34%) of women identified friends as a key pathway.

Whilst the majority of women in the study (77%) identified a **family** member as supportive or helpful at some point in the process, fewer (25%) identified family as a key pathway. Those who did mostly identified mothers and sisters.

At the time of interview, almost two thirds of the women (64%) had a **new partner**, of whom a fifth were a key pathway to leaving and/or establishing a new life. More than one in ten of the women (11%) identified work and student **colleagues** as key enablers, and approximately 6% identified members of their **church congregation** as key enablers.

**Table 5: Key pathways - percentages**

<i>Formal pathways</i>	<i>Percentage of women</i>
Domestic violence-specific services	51%
Counsellors (primarily social workers)	47%
Access to employment	30%
Centrelink	28%
University of Tasmania	26%
Lawyers	21%
General Practitioners	13%
Police (as a percentage of 62% contact)	30%
<i>Informal pathways</i>	<i>Percentage of women</i>
Friends (mostly women)	34%
Family (mostly mothers and sisters)	25%
Work/student colleagues	11%
Church congregation	6%
New partner (as a percentage of 64%)	20%

### **Underpinning enablers**

Supporting the process of leaving were underpinning enablers including:

- access to resources eg the provision of income security;
- the laws enabling access to justice;
- the Standing Orders between the DVCS and Police;
- agency domestic violence policies;
- the adult educational institutions;
- the provision of affordable public and emergency housing;
- access to employment and affordable childcare;
- access to information; and
- the women's beliefs including a sense of agency (acting for oneself).

Women's beliefs and sense of agency functioned as enablers despite the oppression they experienced as women—a constraint that made the potency of their beliefs all the more significant. This highlights the importance of practice that empowers women and pathways that support women's agency. Most women in this study identified empowering practice as a significant factor involved in key pathways.

**Table 6: Summary of key pathways**

**The response of key formal supports:**

*domestic violence-specific services (**the key enabler**);  
free counselling services, mostly social workers and also psychologists;  
police and the legal system, including lawyers; and  
Centrelink.*

**The response of informal supports:**

*friends, mostly women;  
family, mostly mothers and sisters; and  
new partners.*

**Underpinning enablers:**

**Access to resources–**

*access to an income through social security benefits;  
the use of the law to obtain protection, custody, property and divorce;  
priority access to housing and low cost government housing;  
access to employment, affordable childcare and adult educational institutions; and  
change of identity supported by policies such as at ‘Centrelink’.*

**Information–**

*from informal and formal supports;  
from books, articles, posters and the media; and  
through formal education.*

**Beliefs–**

*sense of self and self rights (existent and developed);  
sense of agency;  
about hope; and  
about the impact of the violence on themselves (and, if any, their children).*

**Empowering practice–**

*non-judgemental, believing of a woman;  
action focussed when a crisis;  
non-directive at all other times;  
locating the blame for domestic violence with the male perpetrator whilst still respecting the  
women’s choices and feelings for their partner;  
understanding, unconditionally, when she needs to return, perhaps many times or is unable to  
leave for many years; and  
assault being responded to from a criminal justice perspective, either by police or other  
workers (more often domestic violence-specific).*

**NB:** *Of significance, was the importance of ensuring a consistent, effective **structural**  
(formal/informal) response to support a woman’s **individual** response to experiencing domestic  
violence and seeking to leave and establish a new life.*

## Barriers

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Although each woman in this study *was* able to leave an abusive relationship with a male partner and identified a variety of enabling pathways, each woman also identified numerous complex and interconnected barriers to leaving. The key barriers fell into three categories:

1. **constraining beliefs and feelings**, primarily fear;
2. **structural barriers**, primarily a lack of access to resources; and
3. **ineffective responses** from informal and formal supports from whom the women had sought help.

Inappropriate responses have been well documented as barriers in recent research at the international, national and local levels. In this study, three quarters (75%) of women identified barriers in relation to an ineffective or inappropriate response from formal supports at some point in the process of leaving. This included both domestic violence-specific and generic services. Barriers included a lack of information about services and/or a perceived inability to access them when initially thinking about leaving. Almost two thirds (64%) identified the response of informal supports as a key barrier to leaving and establishing a new life.

Other barriers to leaving experienced by women in this study included those identified in *Against the Odds* (Keys Young 1998) as barriers to disclosing or help seeking:

fear;  
denial and disbelief;  
feelings of emotional attachment to and love for their partner;  
a strong commitment to making their relationship or marriage work;  
hope that their partner's behaviour would change and the abuse would stop;  
staying for the sake of the children;  
shame and embarrassment;  
depression and stress;  
economic considerations;  
social, physical or geographical barriers; and  
lack of faith in other people's ability to help them with their problem or a strong belief in the value of self-reliance and a preference to solve personal problems independently (Keys Young 1998).

Very few women were able to leave permanently the first time they left. Often when they had found a pathway to leave, they then encountered new barriers, and the result was that most women returned after their first, or often subsequent, attempts to leave. The further consequence, for many, was that they continued for years to live in relationships consumed with fear. For those who *were* able to leave permanently the first time, this was more often from a relationship of relatively short duration. For the remainder, leaving and being able to establish a new life was a long and difficult process that took years, sometimes decades, to happen.

## SERVICES: PATHWAYS AND BARRIERS

### Overview

Women in this study contacted a range of services and formal supports while living in a violent relationship, and during the process of leaving and establishing a new life. As identified earlier, it was contact with these services and formal supports that were the most important in enabling women to leave and establish a new life. Services accessed that provided women with a key pathway included:

- domestic violence-specific services – the most important enabler for many women;
- counsellors, primarily social workers;
- police;
- the legal and criminal justice system, including lawyers, Restraint Orders and Legal Aid and Victims of Crime services; and to a lesser degree
- the medical and health care system—largely general practitioners.

Significant factors in these key service pathways included:

- an empowering approach;
- a priority focus on the woman's and children's safety
- believing the woman;
- a non-judgemental attitude, with respect for her feelings, choices and decisions;
- recognition of the man's responsibility for the violence;
- a timely response; and
- practical support.

*'I couldn't have done it without ('DVCS')...We got...the 'Restraint Order' to have him evicted so that I could be back in my own home with my children...The worker supported me in court.'* (Anita, 42)

Women also experienced a range of barriers within all these services, relating to service provision and availability. The key barriers related to:

- insufficient focus on the woman's safety;
- a disempowering approach, lack of belief of the woman, or lack of respect for her choices and decisions; and
- lack of awareness of services;

Many women contacted more than one formal support, and several reported that different practice models and a lack of co-ordination were also a barrier to leaving.

## Domestic violence-specific services

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### Overview

Research has indicated that, of the services available to women who are assaulted by a male partner, those that are most highly regarded by women:

...are able to assist directly, provide a wide range of services, or provide accurate information and referrals in the widest range of areas of need experienced by women in family violence situations. (Gevers 1996 cited in Dimopoulos 2000 70)

Women in this study reported that domestic violence-specific services provided that assistance. Significantly, over half (51%) the women in the study identified domestic violence-specific services as a key pathway to leaving and establishing a new life. The services identified were:

the three regional government *Domestic Violence Crisis Services (DVCS)*;  
two long-term support services, *Support, Help and Empowerment (SHE)* and *Survivors*; and women's shelters.

Almost three quarters (74%) of women in this study *accessed* domestic violence-specific services and over two thirds (68%) of women identified them as supportive at some point in the process of leaving and establishing a new life.

### *Culturally and linguistically diverse women*

While this study included only eight women from a CALD background, six of these women identified domestic violence-specific services as a key pathway, a higher proportion than for other women. Only domestic violence-specific services offered interpreter services to the CALD women in this study:

*'The only places [that being from a CALD background] didn't matter...I come back to the [women's and domestic violence] services... where services are provided for all women, full stop. Be that black. white. Indian. it wouldn't matter.'*

### *Women with disability*

More than two thirds (70%) of the women who identified as having a disability reported domestic violence-specific services as a key pathway, primarily through the provision of emotional and practical support:

*'I saw an ad on telly and phoned [DVCS] and she...organized for all the locks on the house to be changed...She was an ear for me to talk to, a shoulder for me to cry on, totally neutral...[and made] me not feel such a messed up person.'*

### Pathways and significant factors

#### *Domestic Violence Crisis Services (DVCS)*

The DVCS operates in each of Tasmania's three regions, and all three service locations were named by women in this study as key pathways to leaving and/or establishing a new life. The DVCS was accessed by over half (53%) the women in the study, and identified as a key pathway by 23 women—43% of all those in the study and almost 60% of those who accessed domestic violence-specific services.

The DVCS was named as a key enabler at all phases of the leaving process, including:

- providing information as women were thinking about leaving;
- supporting them emotionally through the process of making the decision to leave;
- providing resources, vital information, referrals, emotional support and practical assistance to actually do the leaving; and
- supporting them to establish a new life, including support in negotiating the legal, housing and income support systems and provision of helpful information and referrals and outreach support.

All the women who identified DVCS as enabling spoke of various aspects of the service provider's **model of service delivery**. Significant factors they identified included:

- facilitation of access to safety;
- a response that was compassionate, empowering and respectful;
- a feminist analysis of domestic violence;
- a criminal justice approach;
- a non-judgemental attitude;
- a recognition of the likely constraints on women's agency;
- a mobile crisis response;
- the facilitation of access to support services;
- the opportunity for enhanced insight into the issue of domestic violence;
- the opportunity for an enhanced sense of agency;
- a service through the night and on weekends;
- workers being action-focused at the moment of crisis whilst maximising women's self-determination at all times;
- cultural sensitivity and non-discrimination;
- financial assistance with security, travel and removals; and
- importantly, engendering women's belief they could recontact the service each time they tried to leave, without being judged for having previously reconciled.

*'They delivered [service] in a manner that communicated total and utter confidence that I...had the internal ...resources that I could make a life for myself... that I was an intelligent woman.'* (Katerina, 56)

*'[The 'DVCS' worker] ... put it back in my [court]...You were in control.'* (Julie, 45)

Women also identified that their access to the DVCS was facilitated by the services' **close liaison with police**, formalised through Police Standing Orders, requiring police to accompany DVCS workers on domestic violence crisis call outs and for police to refer women to DVCS. Most women identified practical support, information provision, effective referrals and support to take legal action as significant factors in the DVCS response.

### ***'SHE' and 'Survivors'***

Women identified the two community based, long-term domestic violence-specific services, *SHE* and *Survivors*, as key pathways to leaving and/or establishing a new life. Both services were identified as key pathways, before and after leaving, for a quarter (25%) of the women in this study.

Similar to the DVCS, the significant factors of service response included:

- a response that was compassionate, empowering and respectful;
- a non-judgemental attitude;
- a feminist analysis of domestic violence;
- a recognition of the likely constraints on women's agency;
- the provision of one to one and group work support;
- the opportunity for enhanced insight into the issue of domestic violence;
- the opportunity for an enhanced sense of agency;
- the provision of relevant written information;
- the facilitation of access to support services;
- the opportunity to develop peer support groups;
- cultural sensitivity and non-discrimination; and
- importantly, engendering the belief that women could recontact the service each time they tried to leave without being judged for having previously reconciled.

*'It just helped me understand that what I was going through was defined as domestic violence and it was an assault and he didn't have rights to do what he did to me.'* (Helena, 43)

### ***Women's Shelters***

The provision of emergency housing is mostly funded by the government *Supported Accommodation Assistance Programme (SAAP)*. Whilst women's shelters are mandated to provide services to both women experiencing domestic violence and women who are homeless, they were included in the section on domestic violence-specific services due to their high level of use by women escaping domestic violence and the key role they play in women's sense of safety.

Having to use emergency accommodation was a traumatic experience for most of the women. They did not always consider the environment ideal but it was a key pathway for over a quarter (28%) of all women in the study. Obtaining a sense of safety enabled women, often for the first time, to gain insight into their situation and develop strategies for establishing a new life. The following shelters from the northern and southern regions of Tasmania, were identified by women as a key pathway to leaving:

*Jireh House;*  
*Launceston Women's Shelter;*  
*Salvation Army Refuge;*  
*Hobart Women's Shelter;*  
*Bethany Homes;* and  
*Barton Lodge (now closed).*

While not all of these shelters provided women with all of the factors identified as contributing to an effective response, the key factors reported by women included:

- an empowering approach;
- a feminist analysis of domestic violence, including locating the responsibility for the violence with the male partner;

*'The 'Salvation Army' Captain changed our names for us. When we moved out of the refuge...they bought us pots and pans, a lounge room suite, food vouchers. They used to come out every week and see me. Refuges over here are fantastic.'* (Audrey, 36)

*[They] put me onto the solicitors and...came with me...told me about 'S.H.E' and... dropped me off and waited for me.'* (Grace, 53)

a criminal justice approach;  
 provision of safety;  
 bi-cultural workers;  
 provision of practical support including transport, emergency accommodation, financial assistance, removals and security;  
 assistance to obtain accommodation and household goods;  
 provision of information including information on their legal rights;  
 support to lay charges, to obtain *Restraint Orders* and attend meetings with other key support services, eg lawyers, *Centrelink*, the court;  
 referrals and transport to relevant support services;  
 provision of telephone, one to one, group, outreach and long term support and linking into peer support groups; and  
 advocating on women's behalf.

## Barriers

A minority of women (26%) did not use any domestic violence-specific services. Reasons identified for this included:

they did not need any formal support from a domestic violence-specific service;  
 they were unaware the services were available;  
 there were no domestic violence-specific services (rural and isolated areas);  
 the women lacked information on what the services provided;  
 women did not think the services were appropriate for them due to a perceived stigma or negative stereotypes attached to services; and  
 they did not identify as a domestic violence victim.

The majority of barriers in relation to contact with domestic violence-specific services were in relation to women's shelters. Whilst women identified shelters, and their provision of safety and accommodation, as a key pathway, some of those same women identified as a barrier a shelter's environment or the lack of one-to-one, short- or long-term outreach support.

Fewer women (8%) reported that, when they were still in the contemplative/ planning phase, a *focus* on leaving by crisis or long-term domestic violence support services was a barrier to the *process* of leaving. The women would have preferred to access a non-crisis, generic, woman-focused service to explore their options while still in the relationship. Whilst they valued the domestic violence-specific services as pathways when they did leave, they felt they may have left earlier had

*'Everything is shared, I'd be happier if [it was] separate. [I would] like it to have been cleaner, in the kitchen especially.'* (**Louise, 37**)

*You get to the stage that you need help right then and there...and they can't see you for another week.'* (**Jane, 27**)

*'[A woman] said "I don't want the curtain open because my perpetrator knows where this place is". I argued with [shelter staff], well what the hell is she doing here if her perpetrator knows where this place is, she's putting the rest of us at risk. [They said] "Well what can we do, Tasmania is a small place'* (**Sandi, 37**)

they been able to access alternative long-term support before leaving.

Most women in the study identified that they were at a crucial turning point when they first wanted to initiate contact with services, and several reported that a lack of twenty-four-hour access to domestic violence-specific services was also a barrier to leaving.

A quarter of women identified barriers in relation to domestic violence services, mostly shelters. The significant factors included one or more of the following:

- shelter environments (39%);
- insufficient one-to-one support or short- or long-term outreach support from shelter workers (23%);
- a lack of information about the services (23%);
- a lack of twenty-four-hour access to the services (23%);
- inadequately resourced services (23%);
- a disempowering worker (23%), or the sense that the woman was required to fit the service's model rather than the service respecting their assessment of their situation and providing the support they required;
- a perception that some workers were *anti-men* (23%) or were inappropriate for women who were not yet ready to leave but wanted the violence to stop; and
- not treating the issue of safety seriously enough (15%). This was a problem particularly for those women who had fled fearing for their lives from interstate.

*'Some of the more feminist (services) were coming from...what appeared to me, at the time, to be an anti-man stance...I went there for marriage guidance...I wanted to know how to stop him beating me so that I could be [with him] twenty four hours a day' (Diana, 41)*

*'They made me think, like, "We'll get him"...I didn't want to blame anyone...I just wanted answers...It actually set me back a fair bit...put me off...I was never going to call another agency again after listening to them' (Yasmin, 39)*

## Counsellors and counselling services

The terms 'counsellor' and 'counselling', in this study, refer to a broad range of formal support provided to women, -involving primarily one-to-one and group work approaches located within a variety of practice frameworks. The terms reflect the words used by women when describing this area of formal support. The study nevertheless acknowledges current debate about the term 'counselling', particularly amongst feminist practitioners: 'Some practitioners regard the use of such terms as inappropriate for describing the empowering practice they engage in with individual women, while others are more comfortable in defining their work with women within a framework of counselling' (Laing 2001 1).

### Pathways and significant factors

Along with domestic violence-specific services, counsellors and counselling services were the most significant key enablers identified by women in the study. Close to half of the women

(47%) identified counsellors as a key pathway, and over half (59%) identified a counsellor as supportive during the process of leaving and/or establishing a new life.

The counsellors involved were mostly professionals, primarily social workers but also psychologists and (to a lesser degree) psychiatrists. Only a few were in private practice, with most providing a free service through the key agencies identified:

*Anglicare;*  
*Centacare;* and  
government services such as Community Health Centres.

In smaller numbers women also identified other counselling services as enabling including:

*Laurel House;*  
*Oakrise;*  
*Clare House;*  
parenting centres;  
*Deloraine & Gagebrook* neighbourhood  
houses;  
the *12 STEP* programme;  
*Lifeline;* and  
*Kids Help Line.*

*'A counsellor...said to me..."Look at what he does not what he says"...I realised that the violence...the controlling was getting worse...It was information I'd had before...but it was either at the wrong time or expressed to me in the wrong way.'* (Diana, 41)

Other counsellors, mostly social workers, were with agencies referred to elsewhere in the report including *Centrelink*, *Victims of Crime*, the *Family Court* and hospitals.

Women reported that the **significant factors** contributing to counsellors being a key pathway included:

highly developed interpersonal skills;  
a non-judgemental, respectful and empowering approach;  
believing the woman's story;  
validation;  
being non-directive;  
challenging men's use of violence against female partners;  
supporting a woman to gain insight into her situation within contemporary frameworks;  
locating responsibility for the violence with the male partner whilst respecting the woman's feelings for her partner;  
respecting the woman's choice to stay in or leave the relationship;  
cultural sensitivity and non-discrimination;  
facilitating the development of a safety plan;  
exploring options;  
respecting the woman's decisions;  
appropriate referrals;  
provision of relevant information;  
not maintaining hope that the violence would stop; and

*'I hadn't been [able] to talk about what was going on for a really long time. I...didn't...have the words or want to have the words or even [been] allowed to have them...I guess (the counsellor) gave me...a voice.'* (Skye, 30)  
  
*'[The Social Worker]...told me about the avenues I didn't know existed.'* (Kaycee, 32)

free sessions.

## Barriers

Despite the high percentage of women who identified counselling as a key pathway, almost a fifth of women (19%) identified an ineffective response from counsellors as a barrier to leaving and establishing a new life. These ineffective responses included responses from psychologists, social workers, psychiatrists, other counsellors and specialist counselling services.

The significant factors women identified as contributing to an inappropriate response included:

not making the woman's safety a priority (reported by 83% of women who identified an ineffective response by counsellors as a barrier);

a focus on the relationship rather than the violence (75%);

providing couple rather than individual counselling (67%);

a focus on maintaining the family unit (67%);

approaches that sustained hope the violence would stop (50%);

failure to identify the man's violence as a choice and his responsibility (50%);

the expectation that woman would take a key role in behavioural change strategies and to monitor her partner's progress (50%); and

suggestions that if the woman adapted her behaviour she could prevent the violence (42%).

Counsellors/counselling services were also identified as a barrier through ineffective responses when working with women's

partners, both individually and through perpetrator/anger management programmes.

*'He was ordered to see [a Social Worker] through the courts because...he'd had numerous [Restraint Orders] put on him...He would hold my hand and make everything look so rosy then we'd come home and he'd bash me.'* (Julie, 45)

*'The psychiatrist asked to see me but he asked me with him present. That didn't work. He told [him] everything was fine.'* (Angelina, 38)

*'He had counselling...went through all this rigmarole that he had to go through and she reckons he was fine, he was cured...Within five months that's when it started. [It] got really bad.'* (Audrey, 36)

## Police

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### Overview

Almost two thirds of the women in this study (62%) contacted the police at some point in the process of leaving and establishing a new life and the findings confirm the very positive effect that police can have in protecting the safety of women and children and enabling women to leave a violent relationship. Almost a third of women who contacted police identified their response as a key pathway, and almost half found police supportive at some point.

Yet some two thirds of women also found police response a barrier.

This appears to reflect a basic and serious inconsistency in police response. Individual officer discretion and a lack of internal monitoring and accountability may have contributed to this. Women indicated that contacting the police was usually an act of desperation. Invariably, it meant a woman had unsuccessfully tried every other solution to stop the violence. This reflected previous research that suggested women have on average been assaulted thirty seven times prior to their first police contact (McGibbon, Cooper and Kelly 1989). In situations of this nature, an ineffective response by police could be particularly devastating.

### ***Specific groups of women***

Women with a disability reported a higher level than other women (77% compared to 62%) of accessing the police and a lower level (40% compared to 67%) of identifying them as barriers, as a result of an enhanced sense of justice and safety.

*'I phoned the police and said, my ex husband is here, I want him removed off the property [and] they came.'*

Whilst Aboriginal women were as likely as other women to access police *after* leaving a violent relationship, only one of the six Aboriginal women in the study contacted police for support before leaving, and only one identified police as a key pathway. Contact with police after leaving was mostly related to applying for and reporting breaches of a Restraint Order. One woman identified the combined inequities relating to race as well as gender as a barrier in relation to police response.

*[Whilst] I've met a lot of wonderful police officers that have been very supportive...when it comes to domestic [violence] issues between non-aboriginal people and Aboriginal people, it is usually the Aboriginal person who is listened to less. What we need are officers who act for us'.*

Five of the eight CALD women (63%) had contact with police. A higher proportion of CALD women than other women (80%—that is, four of the five who identified police as a key barrier—compared to 67% of other women) identified contact with police as a barrier at some point in the process of leaving and establishing a new life.

### **Pathways and significant factors**

Close to a third (30%) of the women who contacted the police at some point in the process of leaving and establishing a new life identified police intervention as a key pathway to leaving and/or establishing a new life. Supportive police action included making arrests, applying for or supporting women to apply for Restraint Orders, providing emotional and practical support, and demonstrating a respectful and non-judgemental attitude.

*'[My ex-partner] said "If you don't get rid of the kids they'll come too...and they don't want to witness what I'm going to do". I said "I've got to get petrol"...got out...to pay and I said, Ring the police and tell them it is an extreme emergency, that I've got someone threatening to kill me inside [the car]...I almost got to the roundabout and the police pulled in alongside me. They took it very calmly ...swerved in front of me, to pull me up and I acted dumb. He was so agitated. The police jumped out and opened his side door. As soon as they did, he hit them, pulled the gun on them and held them at gunpoint...And I just drove straight off with the children in the car and left that all happening on the highway...He was jailed for that'. (Julie, 45)*

In addition, almost half of the women who had contact with police (49%) identified police as supportive at some point in the process of leaving and establishing a new life. This was often due to a non-legal response such as encouraging their partner to leave the premises. Women who identified police as a key enabler were more likely to have left permanently shortly after that point of contact.

Women reported the following factors contributed to the police being a key pathway:

- initiating legal action following an assault without requiring the woman to lay charges;
- initiating legal action following a breach of a *Restraint Order*;
- a non-judgemental, respectful attitude;
- responding to reports by a woman of an alleged assault as a priority;
- taking a pro-arrest approach;
- efficient processing and serving of *Restraint Orders*;
- believing the woman;
- taking a position that condemns men's use of violence against their female partners;
- removing the male partner from the home;
- provision of information on legal rights and support services; and
- facilitating support through contacting the *DVCS*.

*[The Police Officer] said "It's not your fault, it's him". [He] said he'd get me into a women's shelter. I said I want to stop here, He said, "Well, if you stop here I'll come everyday to [check] on you." He was there with support all the time.'* (Grace, 53)

*'The police officer was excellent. [He said] "I'm going to take [a Restraint Order] out for you, whether you want one or not". He didn't give me any choice, which was good because I probably would have said no... Sometimes you are so stressed out and upset that you can't make decisions for yourself...if he'd said to me, it's up to you, I probably would have said no, because he'll come and bash me again.'* (Sandi, 37)

Several women spoke of the advantages of having a domestic violence specialist unit within the police (although this unit is no longer in existence). One spoke of her need for police to take legal action on her behalf as she feared reprisals and, under crisis, felt unable to make a decision.

## Barriers

Of the 33 women in this study (62%) who had contact with police through the process of leaving and establishing a new life, over two thirds (67%) reported that at some point in the process, an ineffective response by police had acted as a barrier. The problem often related to the initial contact(s) women had with police, usually following an alleged assault by their male partner. A subsequent lack of legal action often resulted in women remaining longer in the violent relationship.

*'I went to the police station...and they made me stand at the counter...with people walking past, in and out. I'm... bawling my eyes out...describing what had happened. It was almost as bad as going through the whole thing at home with [ex-partner].'* (Anya, 38)

*They have the power to put that Restraint Order on. They don't even have to wait for me... Why aren't they doing it?'* (Yasmin, 39)

The significant factors contributing to an ineffective response from police included:

a judgemental, disrespectful attitude (77%);  
 failure to take legal action following an assault without requiring the woman to lay charges (64%);  
 failure to take legal action following a breach of a Restraint Order (46%);  
 failure to respond as a priority to a woman’s reports of an alleged assault by her male partner (23%)— for example, women spoke about being left with the impression the police could take no action unless the woman laid the charges;  
 delays in serving of Restraint Orders (23%);  
 not believing the woman (23%); and  
 failure to provide information on legal rights and support services (10%).

Lack of legal action was a key barrier both before and after leaving. Before leaving, it left women feeling:

- unprotected and powerless;
- fearful of recontact due to reprisals following previous lack of legal action;
- a diminished sense of agency and sense of self rights;
- an often increased sense of fear as their partner had not experienced any legal consequence nor often any other sanction for his actions; and
- a reduced capacity to consider leaving.

After leaving, lack of legal action by police resulted in women feeling less safe, with a diminished sense of control over their lives and a diminished capacity to re-establish their lives:

*‘He followed me...to [my] door...I called the police...I had a Restraint Order. He was taken away but a police officer came...and said “We’re not going to charge him...because he comes here to pick up your son. I said, No, he doesn’t...He said “I don’t see why you want to persecute this man, you’ve [already] got a Restraint Order...We’re not pursuing it. It won’t go to court.’ (Angelina, 38)*

*‘When [police]... say “Well, I’m not going to charge him because it will fall down in court” they’re not the person who should decide that. That should be a court and what they should be doing is acting, not judging. They only see part of the story, some of the instances...What they need to understand is, women can go through this for years...They have to stop advising women to drop it. It is difficult to be always told “No, we can’t do anything about that” or “That’s pretty minor”. You get to a point where you think no one will help...it will never be over... I believe police need to act on domestic violence, especially when there’s a Restraint [Order]...[and] on every complaint.’ (Angelina, 38)*

## Legal and criminal justice system

### Pathways and significant factors

Many of the women in this study accessed the legal system at some point in the process of leaving and establishing a new life. The key pathways they identified were:

- 1. lawyers:** identified by a fifth of women (21%) as a key pathway, with most of the contact occurring after women had left the violent relationship. They reported the lawyers were supportive primarily through their non-judgemental, respectful attitude and their facilitation of access to safety, children, property, divorce, maintenance and compensation;

2. **Legal Aid:** free legal advice and support assisted women to access justice, safety, their children, property, divorce, maintenance and compensation;
3. **Restraint Orders:** obtained by over a third of women (38%) against their ex-partner. For many, this was their first involvement with the criminal justice system. Whilst a Restraint Order did not always prove to be a significant pathway to leaving and/or establishing a new life, for many women it was a key pathway through the provision of safety; and
4. **Victims of Crime:** identified by some women as a key pathway in relation to compensation and counselling support.

In addition, the **Family Court**, (including social workers), the **Launceston Community Legal Service** and **magistrates** were all identified as key pathways by several women.

Underpinning these pathways were the **laws** that enabled women to access justice in relation to domestic violence, including those contained within the *Criminal Code*, the *Police Offences Act*, the *Justices Act*. These included laws relating to attempted murder, assault, threat to assault, confiscation of weapons, and applications for and breaches of Restraint Orders, as well as recent legislation in relation to stalking. Other relevant laws were those enabling women to have successful outcomes in relation to obtaining a divorce, property settlement, child custody, access to children, child and/or spousal maintenance and compensation.

The **significant factors** of the legal system pathway were:

- the provision of safety;
- a non-judgemental, respectful attitude;
- an empowering approach;
- access to justice, through the application of relevant laws and availability of free or subsidised legal support;
- provision of effective and affordable legal advice and information;
- facilitation of access to children, property, divorce, maintenance and compensation; and
- provision of support to negotiate the legal system.

## Barriers

Over a fifth (21%) of women identified aspects of the response from the broader criminal justice system as a key barrier to

*'[After] the [stalking] legislation was...put in place...[ex-partner was convicted]...He got two months suspended sentence and two years good behaviour bond.'* (Lara, 44)

*'I went to "Legal Aid"... They arranged for me to go to (a lawyer) in (town). [Although] he had been giving my ex-husband work, he didn't say it was a conflict of interest the way that several other (city) lawyers had done.'* (Suzanne, 49)

*'(A "SHE" worker)...helped me and I wrote my own 'Restraint Order'... that was amazing because I actually fought the system!... It showed me that you are going to have...a magistrate listen to you.'* (Helena, 43)

*'I got very bad advice...[from] the lawyer [and] I had to go along with it...You're naïve.'* (Nyree, 37)

*'The paper work [for a 'Restraint Order'] was very daunting. I didn't have anyone to tell me what I was supposed to do.'* (Shayla, 26)

*'The lawyer (cost) \$2600...[for] which I [had to get] a personal loan.'* (Kaycee, 32)

leaving and establishing a new life. This included responses from lawyers, Legal Aid, magistrates, and the court system, as well as victim support services or the lack of them. The barriers were encountered mostly when women needed legal advice before leaving, and when seeking legal advice or action, legal information, and/or support shortly after leaving. Barriers also related to contact with magistrates and the court system, mostly applications for Restraint Orders as well as assault charges or breaches of Restraint Orders against an ex-partner.

Women also identified the broader criminal justice system as a key barrier in the longer term establishment phase (this is discussed further under “Life now and looking forward”, see page 99). The significant factors of an ineffective legal system response were:

- a lack of or inappropriate information provision about the legal system and women’s legal rights (55%);
- a lack of support to negotiate the system (46%);
- the costs (36%); and
- an unsympathetic attitude (36%).

## Medical and health care system

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### Pathways and significant factors

The majority of the women in the study (68%) reported they experienced physical and/or mental health problems during the relationship with their ex-partner and most had contact with a **general practitioner**. A small percentage of women (13%) identified general practitioners as a key pathway to leaving and/or establishing a new life, and rather more (36%) reported that a general practitioner was supportive at some point in the process. These figures highlight the crucial role general practitioners can play in their response to women, particularly those who present as feeling depressed after experiencing violence and abuse from a male partner (see discussion of depression and the role of general practitioners under “Women with a health issue, page 116).

*‘[The general practitioner] gave me a lot of time. He just would listen to me...He believed me...He said...it was domestic violence, what he was doing to me ...He wouldn’t tell me what to do but he would advise me.’ (Helena, 43)*

Smaller numbers of women identified **hospital staff and policy** as a key pathway, mainly:

- nurses;
- social work departments;
- mental health psychiatrists and social workers;
- hospital domestic violence policies; and
- staff adherence to the policy through reporting assaults to police and referring women to the DVCS.

*‘The doctor did ask me about [seeing] anyone from domestic violence. [He] acted for me and supported me and the first question [he asked] was, “Was it domestic violence?”’ (Nadia, 59).*

*‘I got bashed really severe...and he told the hospital that I’d fallen out of the car. Well, they knew that it wasn’t from falling out of the car and they called the police in. [The nurses]...let me believe that they knew it wasn’t that and if I’d like to really tell them what had happened, that they would stand by me and [give me] full support’ (Julie, 45).*

Women also identified medical staff adherence to hospital domestic violence policy as a key pathway to leaving eg requiring the police to be called in when a serious assault occurred:

Among women with a disability, compared to other women, a higher proportion (78%, 10 women) identified psychiatrists and general practitioners as a pathway.

Significant factors that contributed to these key pathways included (as appropriate):

- treatment of injuries following assaults;
- an effective response to the effects of violence and abuse on women's mental health, including appropriate referrals for support;
- providing the opportunity for consultations without the woman's partner present;
- well developed interpersonal skills, and a non-judgemental, respectful and empowering approach;
- believing and validating the woman's story, and supporting her to gain insight into her situation within contemporary frameworks;
- being non-directive, providing continuing and unconditional support while respecting the woman's decisions, including the right not to disclose, and her choice to stay in or leave the relationship;
- exploring options including the development of a safety plan;
- challenging men's use of violence against female partners, and locating responsibility for the violence with the male partner, whilst respecting the woman's feelings for her partner;
- provision of appropriate referrals, particularly to domestic violence-specific services;
- the provision and prominent display of relevant information; and
- the existence of and staff adherence to hospital domestic violence policy.

*[A nursing] sister was a great support I opened up totally to her [about the violence] and she showed compassion. She listened and she let me make my own mind up. She put everything into a structure for me...and in this book that she gave me...there was a diagram of the way (violent men) operate, an actual cycle and she went through all that with me.'* (Julie, 45)

## Barriers

Among ineffective responses identified from formal supports, **general practitioners** were the second most frequently identified barrier to women leaving and establishing a new life. Over a quarter (26%) of all women in the study identified the response of general practitioners as a key barrier to leaving. This percentage was contributed to by the high level of contact women had with their general practitioner throughout the period they experienced domestic violence.

The significant factors that made a general practitioners' response ineffective included:

- failure to further explore with the women the cause

*'He hit me in the face and I [went] to the doctor and [said], My husband did this. Write it down because if the day comes that I ever leave him, I want that written down. [Yet] the doctor never sent me anywhere or gave me any advice and I often wonder why.'* (Marnie, 44)

*'Since I've left...I haven't had the overwhelming horrible depression I used to have.'* (Karen, 49)

of her injuries (50%);  
prescribing anti-depressants (43%);  
failure to provide information on domestic violence or refer to support services (43%);  
being unsympathetic, overly directive or judgemental (43%); and  
seeing the woman with her partner present (29%).

Depression was by far the most common health problem experienced by women in the study, reported by 57%, almost two thirds of whom (63%) were prescribed anti-depressants. Mostly, this was without any other form of intervention such as counselling or referrals to support services, even when domestic violence had been disclosed. Whilst acknowledging clinical depression is a serious illness, this raises questions about the risks of pathologising women's normal responses to the violence in their lives and a lack of psycho-social assessments and interventions (this is discussed further under "Women with a health issue", see page 116).

Some women were ambivalent about the response they expected and received from general practitioners. They were afraid to disclose the violence and afraid of having it identified, because of fear of the consequences, a sense of shame, and fear they would be forced into leaving or charging their partner when they were not yet ready for such action. At the same time, women wanted the general practitioner to be aware of their situation, to condemn domestic violence, and to indicate somehow support without necessarily requiring a woman to admit overtly to experiencing domestic violence.

Despite this ambivalence, women were clear about the nature of the response they wanted: one that was enabling, with an effective interpersonal as well as medical response.

## Other formal supports

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Smaller numbers of women also identified a range of other services, including:

Telstra;  
women's services: Hobart Women's Health Centre, Women Tasmania and Women's Health Information Service, North (WHIS);  
the Migrant Resource Centre;  
NGO welfare support agencies: Colony 47 and C.A.S.H.; and  
advocacy by their local politician.

There were also specific examples of individual professionals being a key pathway by providing a highly effective response. These exemplary workers included domestic violence-specific workers, police, general practitioners, counsellors, nurses and lawyers.

## Clergy

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Very few women in the study identified any contact with the clergy in relation to domestic violence, but a small number of women (4%) identified the clergy as a key **barrier** to leaving through their powerful influence over the women's decisions: women obeyed ministers' instructions to change their behaviour in order to prevent the violence.

Whilst women's reports indicated that the clergy did not condone the use of violence, the following significant factors were associated with the clergy being a key barrier:

a priority focus on keeping the couple together;  
minimising the violence;  
framing the violence as a communication problem; and  
blaming the woman's behaviour for the violence, including a failure to submit to her husband.

The women's reports highlight the importance of clergy acquiring and applying contemporary frameworks to the analysis of domestic violence. A capacity for influence over women's lives needs to be informed by the impact of violence on the lives of women and their children.

*'We were having marriage counselling with [the church]... They kept telling me I wasn't being a good enough wife... I had this list of things I had to change in my life to make his life better... [Once], I burst out in tears and said, I can't handle the violence any more and told them [about it]. They said "Oh look it's alright. We'll fix it up... It's not as bad as you think it is".'*

**(Colleen, 34)**

*'I felt so let down the way [the church] handled it... They saw it that it was my duty as a wife to submit... We had a meeting with [the minister], my husband and [I]... [The minister] said that it was not right for the violence to have occurred. That was a breach of the marriage laws in the Bible but the fact was that I should still be submitting.'* **(June, 32)**

## Implications

The findings of this study in relation to the responses of formal supports implied the need to:

*address the ineffectiveness of formal responses which maintain hope the violence will stop;*

*address religious institutions, service models and government policies which support the maintenance of the family unit and marriage to the detriment of women and children;*

*assist formal responses through professional training, service policies and accountability mechanisms to effectively support women who seek to leave a male partner who assaults them;*

*examine the provision of emergency accommodation; and*

*examine the non-existence of support services in some areas and the lack of promotion of those that do exist.*

The following sections look specifically at the implications of the findings for each service type.

### Domestic violence-specific services

For domestic violence-specific services, the implications for policy and practice relate mainly to women's shelters. When women were dissatisfied with the physical environment of shelters, a lack of high level security or a lack of emotional support they identified shelters as a key barrier. This has policy and practice implications including resource allocation and the need to provide both high and low level security emergency accommodation. Other concerns were a lack of

access to twenty-four hour domestic violence-specific services for women. Women also felt they may have left earlier had they been able to access alternative long-term support before leaving.

Clearly, nevertheless, domestic violence-specific services—particularly the government’s Domestic Violence Crisis Services—played a key role in enabling women who contacted them to leave a male partner who was violent, and to establish a new violence-free life. Their effectiveness was underpinned by: a capacity for a crisis response; formal liaison with the Department of Police through police Standing Orders; and their legitimacy as a service within a government agency. Significantly, they provided a consistent, coordinated response linking women with essential legal, housing, financial and emotional support. This implied the need for:

*continued government funding of both the DVCS model of practice and service delivery and its structural location within government; and*

*promotional strategies to further raise community awareness of the services provided by DVCS.*

The women in this study also highlighted the effectiveness of long term domestic violence support services particularly in the ‘thinking about leaving phase’ of the process and in establishing a new life. Their community based, non-crisis response providing support over long periods of time, were significant factors of them being identified as a key pathway. Significantly, women could obtain support at any phase of the leaving process, both in and out of the relationship. This implied the need for:

*ongoing government funding of long-term domestic violence support services SHE and Survivors and their continued community based management and location; and*

*promotional strategies to raise community awareness of the services they provide.*

Women in this study identified the effectiveness of both high security shelters and shelter linked houses/units with short and long term outreach support, as a key pathway to leaving a violent male partner, through obtaining affordable emergency accommodation and, most importantly, achieving a sense of safety. Significantly, once a sense of safety was obtained, women identified they were able to think more clearly about their future options and strategies for obtaining ongoing safety longer term, highlighting the ongoing need for high security emergency accommodation. As not all of the shelters were identified as providing all of the significant factors of a key pathway, support to ensure consistency of service provision is suggested. This implied the need for:

*ongoing government funding and development of both high security emergency accommodation and alternative models of emergency housing accommodation throughout the State, taking account of women’s differing safety, support and accommodation needs short and longer term; and*

*emergency accommodation to be both adequately funded to, and required to meet, quality assurance standards in relation to environment, staffing and service delivery.*

## **Counsellors and counselling services**

The key role played by counsellors, mostly social workers, in enabling women to leave and establish a new life highlighted the importance of both the government and the community sector providing free, accessible generic counselling, support and advocacy services to women experiencing domestic violence. The study supports previous research critical of couple counselling and of perpetrator programmes that are not based on a *Duluth* type integrated model, and it highlights the importance of contemporary frameworks, including a feminist analysis, for understanding domestic violence.

The study also identified the essential requirement that key service providers have well developed interpersonal skills and a contemporary analysis of domestic violence. This has implications for the relevant agencies' policies and accountability mechanisms as well as the education, training and recruitment of key service providers who frequently come into contact with women subject to assault by their male partner. It implies the need for:

*continuing availability of free, accessible generic counselling support and advocacy services to women experiencing domestic violence;*

*relevant government departments and community sector agencies to have policies, guidelines to practice and accountability mechanisms in relation to contact with women experiencing violence from a male partner; and*

*the education, training and recruitment of key service providers (social workers, psychologists, psychiatrists, welfare workers, nurses, doctors, lawyers, police, teachers and clergy) to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence.*

## **Police**

Women's experiences indicated that, along with taking any appropriate legal action available to them, police should:

condemn the use of violence;

inform both the woman and the male partner that assault is a crime, the available legal action that police can take and the consequences;

inform the women of her legal rights,

inform the woman of the action she can take; and

inform the woman of available support.

The study highlighted the importance of a legal response when women were assaulted or threatened with assault by their male partner and/or when breaches of a Restraint Order occurred. This also entails overt respect for women's concerns about their safety. The study also identified the importance of police liaison with the DVCS through Standing Orders, and a consistent, coordinated justice response for women experiencing domestic violence. This implied the need for:

*a consistent, predictable criminal justice response to assault of a woman by her male partner;*

*improving the delivery of domestic violence training to recruits;*

*establishing an internal monitoring and accountability mechanism for police responses to the assault of women by a male partner;*

*providing structural support through training, policy and procedures for police to take a pro-arrest approach, initiate applications for Restraint Orders, and arrest for breaches of Restraint Orders; and*

*multi-media promotional strategies that highlight the role of police in providing immediate protection and longer term safety for victims by taking action against perpetrators.*

### **Legal and criminal justice system**

Access to justice, safety, their children, property, divorce, maintenance and compensation were significant factors of the legal system as a key pathway; and women reported that this access was facilitated through lawyers, magistrates, laws, court processes, *Restraint Orders*, *Legal Aid* and victim support services. This implies the need for:

*continued funding of free legal advice and support to women experiencing violence from a male partner;*

*a consistent criminal justice response throughout the legal system to assault of a woman by her male partner;*

*services to provide victim and court support; and*

*Restraint Orders being identified as a priority category by the criminal justice system.*

### **Medical and health care system**

General practitioners and the broader medical system play a crucial role in supporting women who are assaulted by their male partner with the findings highlighting the importance of an effective interpersonal as well as medical response. This has implications for training which focuses not only on knowledge and skills, but most importantly, attitude, in relation to both women and to domestic violence. This implies the need for:

*the education, training and recruitment of general practitioners to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*the education, training and recruitment of other professionals in the broader medical and health system to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*all hospitals to have and display domestic violence policies and guidelines; and*

*all medical and health services to display and provide information on relevant support services.*

## **Clergy**

For the small number of women who had contact with the clergy, they were identified as a key barrier when their focus was on maintaining the family unit as opposed to a focus on the violence. This has implications for training of the clergy and highlights again the importance of contemporary frameworks for intervening in domestic violence. This implies the need for:

*the education, training and recruitment of the clergy to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence;*

*an examination of the current training needs of church leaders; and*

*the provision of appropriate domestic violence information to church congregations.*

## **Recommendations: Services**

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### **Domestic violence support services**

#### ***Domestic violence services***

1.1 That the Tasmanian Government:

- a) continue to provide the highly successful DVCS model of practice and service delivery, and review the current resource level to ensure that:
  - i) staffing levels are adequate;
  - ii) the service is promoted in rural and isolated areas;
  - iii) the service continues to produce high quality client outcomes; and
  - iv) the service is provided over 24 hours, seven days per week.
- b) continue to fund SHE and Survivors, and review the current level of funding to ensure that these services can continue to meet the demand for their services and produce high quality client outcomes;
- c) develop and resource a model for delivering a similar long-term domestic violence support service in the north west region; and
- d) develop a service delivery model for supporting women who are in the 'contemplative phase' of leaving a violent partner, and resource one or more of the women-focussed generic services in each region to provide the new service.

#### ***Emergency accommodation***

1.2 That individual emergency accommodation services develop and implement strategies that address the shelter environment (eg day-to-day living conditions) and other barriers identified by the women in this study.

1.3 That the Commonwealth Government:

- a) fund service providers to offer or developing a range of emergency accommodation and alternative emergency housing options (including units and longer-term transition housing), to ensure that the differing safety, support, and short- and long-term accommodation needs of women and children escaping violent partners are met;
- b) ensure that all emergency accommodation services:
  - i) meet recognised good practice and quality assurance standards in relation to shelter environments, staffing and service delivery, including comprehensive outreach and post shelter support, and
  - ii) are funded adequately to achieve this; and
- c) review the current SAAP reforms as soon as possible, to ensure that there is, within each region, at least one high security shelter that is staffed on a 24-hour basis *and* gives first priority to women and children escaping domestic violence.

### ***Generic services***

- 1.4 That the Tasmanian Government continue to resource and/or provide a range of free and accessible generic counselling and advocacy services that are accessible in all areas of Tasmania.

### ***Child contact centres***

- 1.5 That the Commonwealth Government ensure that funding contracts specify that Tasmanian Child Contact Centres meet the standards developed by the Australian Children's Contact Services Association and are evaluated on a regular basis to ensure that staff receive appropriate domestic violence training and a high standard of service delivery is maintained.

## **Criminal justice responses to domestic violence**

### ***A consistent police response***

- 2.1 That the Tasmanian Government ensure that police respond consistently and predictably to domestic violence by resourcing and requiring the Department of Police and Public Safety to:
  - a) establish a comprehensive management mechanism to direct and oversee the police response to domestic violence at all levels of the agency, and ensure that government policy is consistently implemented and that women, children and men affected by domestic violence are protected and provided with adequate information about their legal rights and options;
  - b) review police policy, procedures and standing orders to ensure an uncompromising safety-first, predictable 'pro-arrest' and 'no drop' approach to domestic violence that includes 'on the spot' police-initiated applications for restraint orders and pro-active arrest for breaches of restraint orders;

- c) review domestic violence training for recruits to ensure it conforms to national good practice and standards and guidelines;
- d) provide ongoing in-service training for all police officers that highlights effective police responses to domestic violence and incorporates positive images of police supporting women who have been assaulted by a male partner;
- e) work collaboratively with rural communities to develop innovative police responses to domestic violence suitable to the local context on a project-by-project basis; and
- f) develop and implement television campaigns and other promotions designed to educate the public about the criminality of domestic assault and encourage the public to report domestic violence by detailing police powers relating to perpetrators and victim protection.

### ***A consistent court response***

- 2.2 That the Tasmanian Government ensure a consistent and predictable criminal justice system response to domestic violence by resourcing and requiring Public Prosecution and Court staff, including magistrates and judges, to participate in ongoing training and briefings designed to: provide a contemporary understanding of the interpersonal and legal aspects of the issue; and develop and maintain skills that ensure effective responses to women, children and men affected by domestic violence.

### ***Court support services***

- 2.3 That the Tasmanian Government resource and establish a regional court support service to minimise secondary trauma and assist women and children affected by domestic violence and sexual assault to understand and negotiate court processes safely.

### ***Victims of crime services***

- 2.4 That the Tasmanian Government resource and require Victims of Crime services to develop information packages promoting Victim of Crime services relating to domestic violence and sexual assault and distribute them to victims through the police, domestic violence-specific services, women's and generic services, and counselling services.

### ***Legal aid***

- 2.5 That the Commonwealth Government and the Tasmanian Legal Aid Commission act as appropriate to ensure that:
- a) free legal advice and support is readily available to victims of domestic violence, particularly those living in rural and isolated areas, and particularly in relation to Family Court matters;
  - b) women who have made an emergency exit from their family home to escape domestic violence are not ineligible for legal aid because of joint property assets; and

- c) victims of domestic violence are targeted in TLAC promotional and information strategies.

### ***Legislation***

2.6 That the Tasmanian Government review, enact and amend legislation, as appropriate, to:

- a) allocate separate categories for restraint orders obtained for domestic violence and neighbourhood disputes;
- b) ensure that women who make an emergency exit from their family home to escape a violent partner cannot legally or otherwise be prevented from re-entering the house to collect and remove personal belongings and possessions (their own and their children's) as soon as is practical after leaving, regardless of ownership, property rights and Family Court property settlement laws and processes; and
- c) prevent victim homelessness and poverty by permitting the prompt legal removal and/or exclusion of perpetrators from the family home (ie prevent the return) regardless of the perpetrator's property ownership or rental rights and liabilities.

### ***The Family Court***

2.7 That the Family Court:

- a) take domestic violence into account in custody and access decisions and ensure that the 'right to contact principle', Family Law Act, section 60B9(2), is not privileged over provisions regarding the 'risk of family violence', Family Law Act, section 68F(2)(i and g);
- b) review the effectiveness of Family Court processes and outcomes for adult and child victims of domestic violence;
- c) provide a comprehensive legal information booklet, based on the one previously developed by Justice Everett, to ensure women who experience violence from a male partner can determine their legal rights and understand and negotiate the Federal legal system; and
- d) review the efficacy and timeliness of property settlement processes and provisions to ensure in particular that women escaping violent partners;
  - i) receive equitable outcomes; and
  - ii) cannot be legally prevented from re-entering their family home to collect and remove personal belongings (their own and their children's) and possessions following an emergency exit to escape violence.

## **Medical and health care service responses**

### ***Hospitals and health facilities***

3.1 That all Tasmanian hospitals and other public health facilities:

- a) review or develop domestic violence policies and practice guidelines in relation to women presenting after a assault from a male partner, with mandatory reporting to police and the Domestic Violence Crisis Service; and
- b) actively provide and prominently display information about domestic violence and domestic violence services, particularly in obstetrics and emergency medicine departments, health care centres, and child health centres.

***General practitioners***

- 3.2 That the professional medical associations include public information material in their ongoing education programs for general practitioners to distribute to clients (eg via waiting rooms).

## ***STRUCTURAL RESOURCES: PATHWAYS AND BARRIERS***

### **Overview**

Structural supports and resources—their availability or absence—play a major role in women’s ability to leave a violent relationship and establish a new life. Resources women identified as key pathways were

employment;  
money and/or credit;  
affordable, appropriate housing; and  
affordable childcare.

Significant factors that contributed to these being key pathways included:

providing access to:  
> finance;  
> supportive networks; and  
> accommodation; and  
enhancing:  
> self-determination;  
> sense of self and agency; and  
> safety.

At the same time, nearly half of the women in the study (45%) identified that a lack of access to one or more resources was a key barrier to leaving and establishing a new life. Women reported a lack of access to:

adequate income (34%);  
information on support services, legal rights and  
domestic violence (34%);  
transport (21%);  
affordable, appropriate housing (19%);  
support services (13%); and  
affordable childcare (6%).

Two key structural barriers to establishing a new life were identified:

1. the impoverishment of women after leaving a male partner who assaults them; and
2. women having to leave their homes.

The significant factors in these structural barriers included:

*‘You never had any money and no transport. (Angelina, 38)*

*‘Once I left [I] knew what was there...I just wish...I’d known [before]. I mean, a lot of people just don’t know that [services are] there.’ (Sonya, 23)*

*‘I [knew I] wouldn’t...be able to rent a house with four children. People would run a mile, “She’s got four kids we’re not going to rent it to her”! So, you’re discriminated in that respect.’ (Helena, 43)*

poverty;  
a lack of knowledge;  
diminished self-determination;  
a diminished sense of self, self rights and agency;  
no supportive networks;  
homelessness; and  
diminished safety.

All these factors increased a woman's risk of remaining in or returning to her male partner or made it difficult for her to establish a new life.

## Centrelink

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Over a quarter of women in this study (28%) identified *Centrelink* as a key pathway, primarily through the provision of income security but also through its domestic violence policies and information, and the responses of social workers and staff. Over half of the women (51%) in the study were in receipt of some form of full or part pension or benefit. Whilst a number of women reported the income as seriously inadequate, particularly those in private rental, most indicated it was nevertheless a significant pathway.

The significant factors of an effective *Centrelink* response were directly related to Centrelink policies that:

enable women to change their identity and ensured restricted access to women's computer data and paper files—identified as particularly important by women who had fled from interstate;

enable income security payments to be paid independently from payments to the male partner, supporting access to a separate income for women still in a violent relationship;

provide women with an emergency payment when escaping domestic violence;

enable women to receive an income security payment while separated but still living in the same residence;

provide a case management approach, enabling a woman to have one primary point of contact within Centrelink;

provide social work support;

provide and promote written information in relation to domestic violence, available in waiting rooms and interview areas; and

exempt women from pursuing maintenance if they were at risk of further violence or potential violence from an ex-partner or his family.

*'Privacy and stuff like that ...my life depends on it.'* (Campbell, 43)

*'Now she controls my case and [only] she handles it.... absolutely no-one can get to my case...she was really good and helps me with anything now.'* (Colleen, 34)

## Adult educational institutions

Adult education and the supports, skills and opportunities it provided was identified as a key pathway by a number of women in this study. Around a quarter of the women in the study (26%) identified the University of Tasmania, along with its Aboriginal support unit *Riawunna* and its student counselling service as a key pathway; and several other women (6%) identified *TAFE*.

The significant factors in these pathways included:

fostering an:

- > increase in knowledge;
- > enhanced sense of self, and sense of agency;
- > insight into domestic violence;
- > increased understanding of the position of women in society; and
- > increased sense of community, particularly for Aboriginal women through *Riawunna*;

support through contact with lecturers and colleagues, and from student counsellors; and

an increased access to employment and a wider range of opportunities.

Some women identified adult educational institutions as a pathway, as they offered an environment less accessible to the woman's partner. This, as well as the support and sense of community provided by *Riawunna*, played a key role for some of the Aboriginal women in this study.

While the study included only eight women from a culturally and linguistically diverse background six identified adult educational institutions (*TAFE* and/or universities) as a key pathway.

*'I was doing a course at the University...I suppose I gathered confidence...I could see there was more in the world than [the one] I was living in.'* (**Kelly, 50**)

*'I never admitted to myself that I was in a violent situation...Being at [university] made me face up to the fact of what my life was, what my relationship was and that it wasn't acceptable.'* (**Karen, 49**)

*'I think the...really big changeover was 'Riawunna' and [also] coming back into the education system and finding out that I could do that. And there was all this support there and [it was] completely separate from him...A 'circle of influence' that he couldn't penetrate, ... for two reasons: one, it was an education system and he was completely foreign to that, and [two]...it was a community, an Aboriginal system. And...he really resented that'.*

## Employment

Nearly a third (30%) of women reported that gaining employment was a key pathway to leaving and/or establishing a new life. Not only did employment provide women with an independent income and the capacity more effectively to plan leaving, but the work they undertook, the work environment and work relationships also enhanced women's sense of self and agency.

*'Before I left him, I started a new job...Inside three months I was a field supervisor...It was a massive confidence boost.'* (**Abbey, 45**)

## Money/credit

A key pathway was being able to access money and/or credit to cover the immediate financial costs of leaving, such as transport and the initial high costs of rent and bond in the private rental market. This highlights the importance of women being able to access money readily (sometimes up to a \$1000) from support services and credit institutions.

*'I went to 'C.A.S.H.' [support agency] and [got] a \$500 cash advance which gave me my bond and rent.'* (Kaycee, 32)

*'[What finally enabled me to leave was] I managed to save \$70...Thats when I knew I could go...It took me six months.'* (Marnie, 44)

## Socio-economic status

The women in this study encompassed a range of socio-economic groups, with annual household incomes ranging from less than \$20,000 to \$160,000 before or after leaving (see Table 7). Before leaving, women experiencing violence from a male partner were spread fairly evenly across all socio-economic groups. After leaving, those figures changed significantly with women over represented in lower socio-economic groups, with over half (56%) of the women in receipt of incomes (joint or partner only) lower than \$20,000. This represents a threefold increase in the number of women at this lowest income level.

**Table 7: Women's incomes before and after leaving**

Previous income	Number	Percentage	Current income	Number	Percentage
Not known	9	16	Not known	0	0
<b>\$10-19999</b>	<b>10</b>	<b>19</b>	<b>\$10-19999</b>	<b>30</b>	<b>56</b>
\$20-29999	7	13	\$20-29999	12	23
\$30-39999	6	11	\$30-39999	7	13
\$40-49999	5	9	\$40-49999	1	2
\$50-59999	7	13	\$50-59999	3	6
\$60-99999	6	11	\$60-99999	0	0
\$100-160,000	3	6	\$100-160,000	0	0
<b>TOTAL</b>	<b>53</b>	<b>100</b>	<b>TOTAL</b>	<b>53</b>	<b>100</b>

Among women of higher socio-economic status, some identified this as a pathway, enabling them to access the resources they needed to leave and establish a new life. At the same time, several identified barriers associated with their beliefs in relation to accessing formal supports and/or concern for their own, their partner's or their family's reputation in the community. Eligibility for free

*[I thought] these kinds of things don't happen to people like me...I had [a] problem with getting...people to help me knowing...it must be embarrassing for [a family member] involved in a senior position in the bureaucracy] to have me as a sister.'* (Colleen, 34)

legal support after leaving was also an issue for women who were legally 'asset rich' but actually 'cash poor' until property settlements (which were often protracted) were finalised. Many of these women were on low incomes.

On the other hand, low economic status was a pathway for some women as it rendered them eligible for Legal Aid and public housing.

For many, however, low socio-economic status after leaving was a major burden, and a barrier to establishing a new life. Women wept as they told of the loss of their homes, their precious belongings, of children doing without, Christmases without toys and of 'living on the breadline'. One woman reported leaving with nothing but 'a pair of knickers and my son'; another, of turning to prostitution to re-establish her and her children after leaving everything they owned behind interstate.

*'We had to gradually replace all [the] things that we had...I wanted [the children] to have...what their friends had... just what modern life has...but you can't do that on the pension. I decided to work as a prostitute...then one of the girls introduced me to drugs...I was using morphine...I started scamming it from doctors and...they'd give it to me because I seemed so respectable and believable...I ended up in a psych hospital over it all.'* (Marnie, 44)

The effect of socio-economic status on women's housing options after leaving are considered further in the next section.

In spite of well established mechanisms such as the Child Support Scheme, only just over a quarter of women who were eligible (27%) were receiving maintenance. Monthly payments ranged from \$13 to \$375, averaging just over \$100 for, on average, two children. There were various explanations for this low percentage:

1. Some women drew attention to unintended consequences of the Child Support Scheme's provision for women not to have to seek maintenance if they believe it would put them in danger. This means not only that these women and their children are financially disadvantaged, but also that men who are assaulting their female partner benefit financially from their violence.
2. Some women's ex-partners had been ordered by the Family Court to pay maintenance but refused to pay, and the women were too fearful of reprisals or financially unable to afford legal support to pursue the matter.
3. Other women said their ex-partners had claimed unemployment benefits to avoid paying maintenance whilst continuing to work illegally. Some women perceived a lack of action after they had provided the Child Support Agency with information on their ex-partner's changed financial circumstances or failure to pay maintenance.

## Housing

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### Women remaining in their own home

For a third of the women (34%), being able to stay in their own home was a key pathway. The woman's socio-economic status was a significant factor in this. There was a range of reasons why women were able to remain in their homes after the end of the relationship:

- the ex-partner not wanting to continue paying the rent or the mortgage;
- the house belonged to the woman or was rented in her name;
- she helped the ex-partner find another place to live in and helped him move;
- she was able to demand or persuade him to leave;

- the ex-partner chose to leave;
- she called the police and had him removed;
- the ex-partner was arrested;
- the ex-partner was goaled; or
- she obtained a *Restraint Order* or a court order preventing contact.

*'I went to talk to [my general practitioner]...She sent me straight to the lawyer to get the police to get him out of the house...The lawyer [obtained] a Restraint Order...He had to move out...The police...charged [him and he was placed] on a good behaviour bond.'* (Nadia, 59)

Previous Australian research indicated that women were more likely to retain occupancy of their home after property settlement if they had been able to stay in their home in the first three months after separation (Macdonald 1986 cited in Southwell 2002). The most common factors enabling women in this study to stay in their own home—identified by half of the women (50%) who were able to stay—were police initiating action and/or women obtaining a Restraint Order.

### Women having to leave their home

A recent Australian report, *Home Safe Home: The link between domestic and family violence and women's homelessness*, found that:

'Homelessness for women and children who have experienced domestic and family violence is the result of social failure to fully accept and deal with the criminality of the perpetrators' behaviour' (Chung et al 2000 2).

The reports of women in the current study provide further confirmation of this. More than one in three women (36%) had to access women's shelters after an assault by their male partner, and two in every three women in the study (66%) had to leave their home to end their relationship with a violent partner.

Over half of these women (53%) moved into rental accommodation. Of these:

One third (32%) were in government rental: These women identified this as a key pathway to leaving, underpinned by government policy in relation to the provision of government housing; Housing Tasmania's policy of giving higher priority to women escaping domestic violence; and Housing Tasmania's liaison with the DVCS. Most women preferred public housing to be located throughout suburbs rather than broad acre housing.

Approximately two thirds (68%) were in private rental. Some of these women were experiencing financial hardship as a result of rental costs, either because they were unable to access government housing; or they perceived broad acre housing as undesirable; or they could not obtain government housing in a suitable location (near support networks or children's schools).

*'I applied to 'Indigenous Tasmanian Aboriginal Corporation' for a house, and I went on the emergency list because of the situation that we were in and I got a house from them'.*

Some women on incomes lower than \$20,000 identified as a barrier, the difficulty of moving out of broad acre housing due to a lack of affordable private rental.

Many of the women in this study were economically disadvantaged by having to leave their homes. Home ownership dropped by 14% in the longer term after women left their ex-partner, with about four in every ten women (43%) owning their home at the time of the research. Five of these women had remained in the home they had owned jointly or solely before leaving the relationship; nine had physically left the house they were an owner/buyer of and later bought another, some through the proceeds of the sale of the house, parent's help or jointly with a new partner; and nine who had previously rented were now owner buyers through help from parents or new partners or improved financial circumstances (eg employment).

Of the 28 women currently renting, 11 had previously been owner/buyers and of those, seven left their homes to end the relationship. Two of these are in hiding and have never been able to apply for a settlement; three stayed until the house was sold for settlement and now can only afford to rent; and the jointly owned house of one is in bank receivership as her ex-partner refused to pay his share of the mortgage and she had to declare bankruptcy.

Chung et al (2000) recommended the development of policies and protocols to:

enable the safe removal of the perpetrator in domestic violence situations; and ensure that legislation in each state jurisdiction provides the option of sole occupancy orders for women in domestic violence situations' (Chung et al 2000 3-4).

These two recommendations are strongly supported by this study and the consequences it identified for women having to leave their home. These consequences comprised significant barriers either to leaving, or to establishing a new life after leaving. The included:

the fear that women experienced in fleeing their homes and being unable to return;  
fleeing from interstate and, by going into hiding, being unable to make any claims on joint property through fear of discovery by the ex-partner;

*'There should be some law that a man has to be taken out of the house...it's wrong for the women to have to leave their home...Some women, for safety reasons wouldn't feel safe staying but... [they would] if the laws were upheld by the Restraining Orders... The woman has to...change her whole life. It's half the reason why you don't want to leave... why did I have to go, why? He's the one that's been violent, why can't he be removed? You don't like to disrupt your kids' lives, you want...to make their life as normal...as possible while all this is being sorted out.'*

having to seek protection and accommodation in a women's shelter;  
 having to sell the home a woman owned solely, as the only means of evicting her ex-partner;  
 leaving behind all possessions;  
 being prevented from obtaining possessions, even personal belongings, because the woman did not have occupancy or there had not yet been a property settlement;  
 waiting months and years for a property settlement and, in the interim, having to repurchase all household goods and belongings, even clothing;  
 having a woman's household goods and personal belongings sold by her ex-partner without notice or recourse;  
 returning home and finding household goods destroyed or stolen by the ex-partner;  
 having to continue to pay rent because of a lease agreement despite being unable to return to the house due to the ex-partner's threats to kill the woman;  
 going bankrupt and/or having the bank foreclose and having to sell the house, with subsequent financial losses, as a result of the ex-partner remaining in the house but failing to pay his share of joint bills and the mortgage, and/or the woman being unable to maintain or to begin to contribute her share due to her changed economic circumstances;  
 having to pay rent while paying her share of the mortgage until the house was sold; and  
 being unable to access affordable housing other than broad acre housing.

## Affordable childcare

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Women identified affordable childcare as a pathway to leaving and establishing a new life by enabling them to access employment, education and 'time out'.

## Gaps in services

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Women identified key gaps in support services, primarily:

the lack of twenty-four-hour domestic violence-specific services;  
 the need for non-crisis services that are not domestic violence-specific, but women-focussed, where women can explore their options when still in a violent relationship with a male partner; and  
 the non-existence of particular support services such as child contact centres outside the two major cities and long-term domestic violence support services on the North West coast.

*'Twenty four hour support is...just not there...It's no good having workers available part time.'* (**Diana, 41**)

*'The services have to be there when the woman does leave but [also] while she's gaining her confidence. You can go twenty years and know that you've got to leave but there's circumstances keeping you there.'* (**Lara, 44**)

*'We need more things in (country towns). (The city) is a very daunting place. I'd like someone...to say to me, I'm going to advise you and help you on this path...So that you can...get your mind together.'* (**Teena, 33**)

## Implications

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Centrelink and adult educational institutions (the University of Tasmania and TAFE) enhanced women's sense of agency through the former providing income security and implementing policies aimed at safety and support; and the latter through education and support. This implies the need for:

*the ongoing development and implementation of Federal income security policies (which maximise women's financial independence) and privacy policies (which maximise women's safety when escaping domestic violence);*

*the ongoing provision of 'Centrelink' social work services which contribute to the development and delivery of policies and services facilitating women's escape from domestic violence; and*

*the continuation of Federal and State education policies and strategies which encourage, facilitate and support women's access to education, including those that recognise the diversity of women.*

Access to employment, money/credit, affordable housing and affordable childcare were key pathways to women leaving and establishing a new life. This implies the need for:

*ongoing Federal and State strategies that facilitate women's access to employment, including the provision of accessible, affordable childcare;*

*responses/enacting of laws that enable women to remain in their homes and/or obtain sole occupancy;*

*the ongoing provision by government of low cost rental accommodation;*

*continuing priority given by the Department of Housing to the accommodation and safety needs of women escaping domestic violence; and*

*government schemes that enable women escaping domestic violence to access low interest rate credit or housing loans.*

A lack of access to resources prevented women both from leaving and from successfully establishing a new life for themselves and, if any, their children. It raised issues in relation to the impoverishment of women, child support payments, access to legal aid, women having to leave their homes and the reduction in home ownership after leaving. This implies the need for:

*enhanced access to and/or provision of resources, in particular, housing, legal, financial and information to enable women experiencing domestic violence and their children to live independently;*

*strategies that enhance women's access to education, employment and supports;*

*examination of laws and practices, supported by societal attitudes, that favour men staying in the family home, thus preventing or delaying women's access to their home, assets and belongings and seriously impacting on their financial status; and*

*examination of identified gaps in service in relation to twenty-four-hour domestic violence-specific services, child contact centres and long-term domestic violence support services.*

## **Recommendations: women's access to resources**

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### ***Accommodation***

- 4.1 That the Tasmanian Government resources and requires Housing Tasmania, Department of Health and Human Services, to:
- a) continue to give priority to and meet the accommodation and safety needs of women escaping violent partners;
  - b) provide or facilitate access to low-cost rental accommodation;
  - c) develop and negotiate, in partnership with real estate bodies and housing services, policies that enable women escaping violent partners to end their lease agreement on proof of danger (such as confirmation from police or a restraint order); and
  - d) develop strategies and negotiate with lending institutions to enable access to low-interest credit/housing loans, or the capacity to restructure existing loans for women on low, fixed income.

### ***Employment***

- 4.2 That the Commonwealth and the Tasmanian governments jointly and individually develop strategies to improve women's access to employment, including the provision of accessible and affordable childcare.

### ***Income security***

- 4.3 That the Commonwealth Government:
- a) continue to provide, regularly review and further develop:
    - i) income security provisions that maximise women's financial independence; and
    - ii) privacy policies and protocols (such as change of identity, privacy provisions, separate payments, emergency payments, exemptions for maintenance, a case management approach, and the JET scheme) that maximise the safety of women escaping violent partners;
  - b) reconsider the current policy that exempts women from seeking maintenance from a violent former partner; and
  - c) ensure that women escaping a violent partner are eligible for emergency payments each time they leave.

## ***FRIENDS AND FAMILY: PATHWAYS AND BARRIERS***

### **Overview**

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Overwhelmingly, research has indicated that the main action women take after experiencing an assault by a male partner is to talk to other people, particularly family and friends. The *ABS Women's Safety Survey* found that four in every five women (79%) who had, at some time since the age of 15, been physically assaulted by a man, and nearly three quarters (72%) who had been sexually assaulted, had discussed their most recent experience with family, friends or others (ABS 1996). What was unclear in this survey was how effective that contact was in enabling women to leave and establish a new life.

### **Pathways**

Whilst more than three quarters of the women in the current study (77%) identified a family member as supportive or helpful at some point in this process, only one in four women (25%) identified family (mostly mothers and sisters) as a key pathway to leaving and establishing a new life. It was friends, mostly female, who were particularly effective enablers at the 'thinking about leaving' stage, by being non-judgemental listeners and providing emotional support. One third of women (34%) identified friends as a key pathway.

Of the 64% of women in the study who had a new partner, one in five (20%) identified this partner as a key pathway. Some women also identified as pathways to leaving:

work and student colleagues—identified by 11% of women; and  
church congregation members—identified by 6%.

Almost a fifth (19%) of women identified a member of the community, often a stranger, sometimes a neighbour, as supportive of them at some phase in the process. Whilst rarely identified as a key enabler, these people played some role by lending or offering assistance after an assault, providing (albeit briefly) a safe haven at a crisis point, or offering practical help.

The significant factors contributing to an effective response from informal supports included:

a non-judgemental attitude;  
believing the woman's story;  
holding the male partner responsible for the violence and abuse;  
providing emotional and practical support;  
supporting the woman's choices; and  
not being overly directive.

## Barriers

Informal supports were not, however, always effective pathways to women leaving. Almost every woman in this study sought help at some stage from family and/or friends, but family and friends were not always the first point of contact. Some women feared their judgement or unwanted interference; others wanted to protect friends and, particularly, family from retaliation from the male partner.

Nearly two thirds of women (64%) identified an ineffective or inappropriate response from family and friends as a key barrier to leaving and establishing a new life. Women either failed to seek their support, fearing an unsupportive response; or they experienced ineffective responses. Inappropriate responses were also received from work and/or student colleagues, neighbours, community and church congregation members. Women indicated that emotional and practical support from informal supports would have enabled them to leave earlier.

Ineffective responses displayed any of a number of characteristics. They:

- did not focus on women's safety;
- were overly directive and/or did not respect women's choices;
- were judgemental, culturally insensitive, discriminatory, and did not believe women's accounts of the violence and abuse;
- failed to provide women with information, including information about the impact of domestic violence on children;
- did not recognise the limits of women's agency and their need for support;
- denigrated her partner;
- failed to intervene when an assault occurred;
- were emotionally and practically unsupportive;
- upheld traditional values that were oppressive of women;
- did not refer women to, and did not actively support women to access, formal supports;
- did not enhance women's insight into their situation or their sense of agency;
- responded from a perspective or practice model that was not informed by contemporary frameworks of domestic violence;
- failed to locate responsibility for the violence and abuse with the male partner; and
- were not cognisant of the need to support women through the process of giving up hope the violence would stop, grieving and regaining hope.

## Friends

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### Pathways and significant factors

One in three women (34%) identified friends—mostly female—as a key pathway to leaving and establishing a new life, and two thirds of women (66%) also identified they were supported by friends during this process. Friends often appeared to be less

*'After he bashed me I rang a girlfriend and her husband...They always had faith in everything I've ever done and made it clear they loved me. When somebody believes in you like that...you can pick yourself up.'* (Kim, 33)

likely than family to be invested in the outcome of the women's decisions. They seemed more tolerant of the ambivalence women exhibited and of the sometimes lengthy process of leaving, including reconciling and leaving a number of times. Perhaps by being less engaged than family at a relational level, they did not feel the same level of responsibility to 'fix' things or fear having to be involved in long-term support.

*[My female friend] rounded up friends with cars and trucks...We were just running to the car and bundling stuff in...it was the support of my friends... being able to get out without leaving everything.'*  
**(Melissa, 46)**

*'What was helpful was [a male friend] saying "This guy is an arsehole, what are you doing"?...[It] definitely made me think...its out in the open now, I can't hide this any more.'*  
**(Shayla, 26)**

Women also identified male friends as enablers to leaving through challenging the violence.

## Barriers

Friends were a barrier to leaving when they were directive, or where they withdrew their support, feeling their efforts had been wasted because the woman reconciled after initial attempts to leave. Very few women were able to leave permanently at their first attempt, and so friends were often called upon many times for support and some invested considerable time and emotional support into assisting the woman to leave. Failing to understand the barriers to her permanently leaving, friends were sometimes resentful when the woman returned to her partner.

*'A friend...[tried] to get me to leave him...then became angry when I took him back. We... haven't seen each other since...What I needed was for someone to stick by me and be there... whatever decision I made.'*  
**(Anya, 38)**

*'[Sometimes] they're advising you...and sometimes they're putting him or you down ...Usually people will blame someone... that's not really being respectful.'*  
**(Helena, 43)**

## Family

### Pathways and significant factors

While only a quarter of the women (25%) identified their family, mostly mothers and sisters, as a key enabler in the process of leaving and establishing a new life, over three quarters of all women in the study (77%) reported that a family member was supportive or helpful at some point, through support to leave, whilst actually leaving, and/or after leaving. Before leaving, the main form of support was emotional. During and after leaving, support was both emotional and practical—for example, condemning the violence, exploring options whilst being non-

*'If I hadn't stayed...with my parents I couldn't have done it...They were better than any 'Restraint Order'...We made an agreement that if I ever felt like going back, the first thing I'd do was ring the (DVCS) and talk it through.'*  
**(Melody, 32)**

*'If it hadn't been for my mother and my sister...doing the packing for me... I would have left with basically nothing, only my clothes.'*  
**(Lisa, 45)**

*'My brother had...tried to come to my defence and [was] beaten up for it. [He], his wife [and] four children, made room for me and my three... Lots of hugs and being allowed to cry...'*  
**(Prue, 40)**

directive, providing reassurance and information, physically assisting the women to move, and providing accommodation:

## Barriers

Where women received an ineffective response from family, an example quoted by several women was, *You have made your bed, now lie in it*. Whilst such a response may be underpinned by notions of individual responsibility and resilience, women saw it as an effective abdication of any responsibility to provide support. Other women felt their families were more concerned with easing their own anxieties or were unwilling to accept or believe the violence was happening. Women also identified as a barrier, traditional values affecting family members' beliefs and responses including those relating to women's roles.

Some women reported that when they first disclosed, families had been supportive by providing temporary accommodation but then demonstrated an unsupportive attitude through being judgemental or disbelieving. Families were more supportive once a woman had finally decided to leave or had left. While women were still ambivalent about leaving or had not yet made a final decision, women reported that their families were often too directive compared to effective formal supports, creating a potential barrier to further help seeking.

It may be that family are more likely than others to feel pain and loss themselves in response to the woman's trauma and the possible ending of her relationship. Directiveness often took the form of trying to 'fix' it or advising the woman on how to 'fix' it, perhaps as part of families easing their own worry, anxiety and fear. Some families also appeared to fear the possible responsibility and the impact on their own lives of the woman's decisions.

Emotional investment in the outcomes of each other's lives is a part of many family relationships and feeling or taking responsibility for each other is often part of that. It may be that some of the women's families felt an increased or renewed sense of responsibility for them as their child or sibling, and tried to address this by making decisions for the woman. Nevertheless, failing to see the barriers to leaving that the woman faced, minimising her story, and/or pushing her to remain in the relationship, all constituted an ineffective response from the women's perspective.

## New partners

At the time of interview, almost two thirds (64%) of the women reported having new partners. Of those, 20% reported their new partner had been a key pathway to leaving and establishing a new life, supporting them both emotionally and practically. For some women the support was

*'I talked to my mother and father about it, and they said, "No, don't leave him, you've got the children...You don't just say I'm going to leave. You can't do it".'* (Kelly, 50)

*'I thought their reaction would be "Well leave him" and I wasn't quite ready to. (My mother) would have stepped in [and] I wanted to do it myself.'* (Cecilia, 37)

*'His mother said "I don't care how he treats you, you have to go back"... Her...idea is that all women get hit and that's the way it is and you just take it...because you have no rights.'* (Angelina, 38)

provided through a friendship before they left, which went on to become the non-violent relationship they sought after leaving. Other women reported that they were enabled to leave through beginning an intimate relationship with a new partner before leaving.

## Work and student colleagues

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Just over a fifth of women (11%) identified work or student colleagues as pathways to leaving.

Significant factors in this support included:

- a compassionate response to disclosure;
- practical help to leave, and
- appropriate referrals.

*'I went into my boss's office...burst into tears and told her. She...[got] a box of tissues...made a cup of coffee and we talked...She organised somebody...to answer the phones, closed the door...and we just sat there, for ages. [She] suggested the counsellor which I [contacted].'* (Lisa, 45)

## Church members

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A small percentage of women (6%) identified members of their church congregation as a key enabler to leaving. Significant factors in this support included:

- believing the woman's story;
- asking appropriate questions;
- protecting her from her partner;
- providing practical support to leave; and
- inspiring her with their own experience of leaving a violent partner.

*'We went on a church camp...my husband got angry and stormed off...[A church member] said "Has this happened before?...Have you been this afraid before?...Has he threatened you before?"...I said, Yes...The support that I got... the fact that they believed me ...they supported me in my decision...that was really important to me.'* (June, 32)

## Neighbours and other members of the community

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Whilst usually not a key pathway to leaving, almost a fifth of women (19%) identified the responses of neighbours and members of the community as supportive at some point in the process of leaving and establishing a new life. This support included:

- ringing the police when they overheard the violence;
- challenging the man after the abuse/assault; or
- assisting the woman after an assault.

*'I could see [a young man] walking by, I staggered down there with [blood] around my face...He said, "(Grace) did he belt you? Come on, I'm going to take you to the police station". It was so good of that boy, he was only eighteen.'* (Grace, 53)

## Implications

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This study highlighted the importance of having friends, families, new partners, colleagues, neighbours and community groups who respond effectively to women experiencing violence from a male partner and the need to ensure the community has access to contemporary

information about domestic violence and knowledge of available supports. This implies the need for:

*community development strategies that build on the strengths of those in the community who do not support the use of violence and abuse; and*

*community education and awareness strategies that build on the strengths of informal networks.*

While the responses of family and friends was clearly significant, the majority of women identified an ineffective response from family and friends was, at some point in the process of leaving, a key barrier. Strategies for community education need to take account of the relational factors that are likely to be involved in constraining families from providing an effective response. This implies the need to:

*address the ineffectiveness or inappropriateness of informal responses which maintain hope the violence will stop;*

*address community attitudes and beliefs, which support the maintenance of the family unit and marriage to the detriment of women and children; and*

*assist informal responses through community education and community development strategies to effectively support women who seek to leave a male partner who assaults them.*

*'People [think] its someone else's problem...They'd never knock on your door and say, I've come to offer some support... I'm really well known in [my ethnic] community [but] there was no support at all'.*

*'I couldn't go to someone from my own cultural background because a woman's role is seen to be different to that of the Anglo Saxon role...You're responsible for your children, for cooking tea on time, not nagging him and waiting on him hand and foot...that sort of thing.'*

*'In my culture if you marry a man you have to stay with him, for life.'*

**(Women from culturally diverse backgrounds)**

## **Recommendations: community development**

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- 5.1 That the Tasmanian Government resource and facilitate a range of community development programs (particularly in rural areas) aimed at reducing community tolerance of domestic violence and strengthening the capacity of the community (including family and friends) to respond effectively, for example by developing programs that:
- a) target and support men to challenge the use of violence and adopt strong anti-violence leadership roles in their local communities; and
  - b) assist the provision of temporary protection for victims via the establishment of 'safe rooms' in existing facilities such as hospitals.

# ***IDEAS, BELIEFS: PATHWAYS AND BARRIERS***

## **Overview**

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Every woman in this study identified beliefs and feelings that were key pathways to leaving a violent relationship and establishing a new life. At the same time, women also identified fear and other constraining beliefs and feelings as a key barrier to leaving.

## **Pathways**

For some women, the beliefs they identified as pathways were of long standing, often an outcome of their family background and/or previous education. More often, however, women reported that they had gained their enabling beliefs as a result of their interaction with formal supports and more recent access to information.

Beliefs and feelings that women identified as key pathways to leaving included:

- beliefs about their safety;
- beliefs about their children;
- feelings for their ex-partner;
- beliefs about the violence;
- a sense of self and self rights;
- a sense of agency; and
- hope.

The significant factors that made women's beliefs a pathway were that these beliefs:

- gave priority to safety and self-determination;
- helped women to disengage from the relationship;
- enabled and enhanced insight into the violence and abuse;
- challenged oppressive myths, belief systems and structures;
- were empowering; and
- enabled women to imagine an alternative future.

## **Barriers**

Beliefs and feelings that women identified as a constraint and a key barrier to leaving included:

- fear of being killed if the woman left;
- fear of the impact on the children of the breakdown of the family unit;
- hope the violence would stop;
- feelings for her partner or beliefs about marriage;
- fear of losing financially;

fear of managing and being alone; and  
a reduced sense of agency.

Some of these fears were, for a number of women, well founded, as partners stalked them, attempted to kill them or seriously assaulted them after leaving. Many women lost their home or experienced reduced financial circumstances.

The significant factors that made beliefs and feelings a barrier were that they:

- failed to give priority to the woman's safety and self-determination;
- maintained engagement in the relationship;
- prevented or constrained insight into the violence and abuse;
- failed to challenge oppressive myths, belief systems and structures;
- were disempowering; and
- prevented the imagining of an alternative future.

Women's socialisation influenced many of the fears, beliefs and feelings they identified as initial barriers to leaving. Whilst women reported that access to information and contact with formal supports helped many to change those beliefs, they also described the ways in which society, and both informal and formal supports, reinforced their constraining beliefs.

## Women with a disability

Women who identified as having a disability were more likely than women overall to report, as a key pathway to leaving, a change in beliefs that enhanced or developed their sense of self, self rights and sense of agency. This change was often facilitated by formal/informal support and information, including books.

A key change for women in this group was coming to believe they could manage alone. Some said that as the violence escalated and/or their children were being affected they just 'faced the fear' and took the risk they would be able to manage. Some—like other women in this study—were enabled to overcome their fear of leaving through coming to believe they would be killed if they stayed.

*'I had to try and define myself...All those years he was telling me I was useless. I thought I was and then one morning I woke up and [thought] that's not true. We've been away [from ex-partner] six months and I've managed to keep the house going, [paid] my bills, [kept] food in the cupboard, managed to buy a car...[paid] the loan back, run the car and the kids are going to and from school. It was like, look out world, here I come...It really becomes a turning point, when you've figured that you are a human being and that everything that you do and say and think does count in some way. Its having a real purpose, not just being a punching bag.'*

## Beliefs about safety

Beliefs related to safety were a key pathway for many women—the belief that she would be killed if she stayed, and she would be safer if she left.

*'The biggest thing [was] the fear for my life—the fear of what he'd do to me and that he'd actually come after me and kill me.'* (Abbey, 45)

At the same time, the fear of being killed (or of severe reprisals) by their ex-partner if they left was the most common reason given by women in this study for not leaving. This fear was identified as a key barrier by 40% of the women. Often it was contact with formal supports, in particular, domestic violence-specific services, that finally enabled women to overcome this barrier. Changed beliefs also played a significant role, including a woman's belief that she was in as much danger staying as leaving. For many women their fear was exacerbated by their experience of others' failure to implement available law and enforcement mechanisms to protect them.

## Impact on children

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Women identified beliefs about their children's wellbeing as a key pathway to leaving, including beliefs that:

- the children would be safer if the woman left;
- leaving would improve the children's physical and/or mental health;
- the violent relationship would have a harmful affect on the children;
- leaving would enable the children to form healthier relationships as adults; and
- maintaining the family unit was not a priority.

At the same time, fear of a negative impact on the children's lives was the second most common belief reported as a barrier to leaving (30%). As a percentage of the number of women with children (38%), this was almost as high as the women's fear of further violence. (Some further issues relating to having children are discussed in the section on "Women with children", page 119, and "Women with children who had a disability or health issue", page 123).

*'I figured I've got three little girls that belong to me...and they're going to grow up thinking that this is the way to live life...seeing Dad belt Mum up ... I don't want my children growing up thinking that's normal. A man will hit them and they'll think, "Oh, yeah, Mum lets Dad do that, that's cool". It's not cool. I guess [the girls] were the main reason that I made sure I stayed away this time.'* (Chrissy, 33)

The significant factors in this barrier—women's fears for their children's physical and emotional wellbeing—were that the children would:

- lose their family unit;
- lose a close relationship with their father and his extended family;
- lose their home;
- leave familiar friends, schools and communities;
- face the risk of reduced financial circumstances;
- and
- experience stigma attached to one-parent families.

*'I think at the beginning...it was my children. They had to have a father...It was important.'* (Helena, 43)

*'[I was] trying to make a marriage work that wasn't a marriage. [There was] Pressure that, for the children, to stay in this marriage -"You've made your bed, you lie in it."'* (Kaycee, 32)

Often, it was only after women became more concerned about the negative affect of the violence on their children that they overcame these barriers.

## Feelings for the partner

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A number of women identified as a pathway the development of new beliefs relating to their feelings for their partner, including:

- loss of feelings of love, trust and/or respect for the partner;
- the ability to disregard feelings of love for the partner in the interests of the woman's own and/or her children's safety and wellbeing;
- the realisation or discovery that, within a religious framework, it was acceptable to leave.

Often, however, feelings about women's partners were a barrier to leaving. Many of these feelings were underpinned by values highly regarded in society. Women reported that love for and commitment to their partner was a key barrier to leaving earlier. Other feelings for the partner that were barriers to leaving included:

- pity;
- a sense of obligation;
- gratitude;
- a concern for the partner's physical and/or mental health;
- empathy; and
- feelings of compassion regarding his possible loss of a close relationship with his children.

*'In the end...love turns into hate. I loved the person that he pretended to be, not the person that he is.'* (Kristy, 32)

*'We still have that deep feeling for each other and that's the hardest thing to get over.'* (Kelly, 50)

*'You marry the bloke because you love him...For a long time that love does exist and after it...fades, you want it to exist. [Otherwise] it makes it all meaningless and...that's probably the biggest factor. You have to [believe you] love them otherwise why [else] would you stay there.'* (Abbey, 45)

*'I felt sorry for him because certain events had happened in his life [that] I thought were horrible.'* (Shayla, 26)

## Violence

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Some women reported that beliefs they held about violence were a key pathway to leaving; specifically, the beliefs were that:

- violence is wrong;
- violence is unacceptable; and
- violence is unjustified:

For some, these beliefs came from their family background, but for many they grew out of contact with informal and formal supports and/or new information.

## A sense of self and self rights

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For many women, a sense of self and self rights was a key pathway to leaving. For some, this sense was of long standing. For others, it was developed or enhanced often as a result of contact with informal and formal supports and/or new

*'I believed I had a right to live.'* (Campbell, 43)

*'I always believed in equality for men and women and...that no-one had a right to put anyone else down.'* (Helena, 43)

information that encouraged and inspired women, helped them gain insight into their situation and provided understanding:

Women identified this sense as a belief in:

- their own self worth;
- their entitlement to respect and dignity; and
- their entitlement to control over their own lives.

*'Deep inside me...[was] the belief that I deserve better than this...and I don't have to be treated like this... I wanted my family to stay together and I wanted to grow old with my husband...[but I had to let go of it all... The belief that I didn't deserve to be treated like that was just...stronger.'* (Lisa, 45)

## A sense of agency

The concept of a 'sense of agency', as used in this research, is informed by the concept of 'relational autonomy', which acknowledges that women who are oppressed are constrained in their ability to act for themselves and make choices in their own best interests, without support. Women's agency and relational autonomy are discussed further under Current Thinking, see page 13)

A number of women identified a sense of agency (acting for oneself) as a key pathway to leaving.

Women also identified a reduced sense of agency, with fear of financial loss or of managing/being alone, as a barrier to leaving. Some feared for their financial future after spending years establishing a home and attaining some degree of financial security. Some had no experience of financial management as their partners had taken full control of their finances. Others were daunted by the prospect of caring for children alone, maintaining a joint business, negotiating the legal system, physically managing a house or farm alone.

Despite wanting to leave the relationship, some women initially felt powerless to act. Their life experiences left them feeling they had little or no control over their lives. Others felt so oppressed by their partner that, initially, they saw no capacity, or only limited capacity, for action.

*'I planned it all... did research, read the newspapers [and] realised you've got somewhere to go...and the barriers all sort of fell down...I'd made the decision it had to stop and there's only one way it's going to stop. That is for me to go away... to not come back any more. [But] it was the hardest thing I ever did.'* (Chrissy, 33)

*'I'm really proud of my kids and in spite of everything, they've turned out wonderful people and I stayed [because of]...them. [But] I always knew that once they were independent, I'd be off like a bride's nightie!'* (Karen, 49)

*'I felt like I didn't have any control over my life... I was so accustomed to everything just happening to me...I sort of held back from taking an active part in my life...You just take things as being fate and...having been brought up in the church...you... get this deterministic approach that...this is God's will. I felt like I was stuck with him, let's make the best of it...that sort of determinism.'* (Erin, 29)

*'I used to think, Oh, what if I die [alone], like in "Bridgitte Jones' Diary"...you know, this terrible image you have of being alone.'* (Simone)

## Hope

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Hope played a significant role as both a barrier and a pathway—constraining women from leaving a violent relationship and establishing a new life, and then, as the nature of their hope changed, enabling them to do so.

Over a half (59%) of women in this study identified the hope their male partner would stop assaulting them as a barrier to leaving, with over a quarter (28%) identifying it as a key barrier. Informal and formal structures that ‘fed’ hope, maintaining a woman’s belief that the violence would stop, contributed to women being unable to leave a violent relationship with a male partner.

*‘The hope that it wasn’t really real, that it was going to get better. I always felt that I just didn’t try hard enough, if I just tried a little bit harder...my marriage would work.’*  
**(Campbell, 43)**

Hope became a key pathway when the woman was able to:

- give up hope the violence and/or abuse would stop;
- regain hope for a better life in the future; and
- anticipate that she would be able to manage on her own.

Hope in women’s relationships was inextricably tied up with love, commitment, religious beliefs about marriage, beliefs about not giving up, ‘taking the good with the bad’, and a belief in people’s capacity to change. All these are deemed by society to be honourable qualities, and women often felt they were being honourable when they maintained their hope in the relationship and their hope that the violence would stop. It was painful for women to give up, first, the hope that the man would stop being violent and then, hope in the relationship. Indeed, many women experienced a lengthy process of grief after leaving, leading quite often to a diagnosis of depression and prescription of anti-depressants.

Most women reported that it was only when they gave up hope that the man would stop being violent that they were able to decide to leave, and supports (both formal and informal) that did *not* maintain hope the violence would stop contributed effectively to enabling women to leave.

(Such an approach is supported by the considerable research indicating that the violence is unlikely to stop and is much more likely to escalate over time.) Many women needed to grieve their loss of hope in the man and the relationship in order to acquire the *new* hope, that they could successfully establish a new and safer life.

*‘Its stepping out of something you know into the unknown...you don’t know what to expect... being alone, feeling like you have no-one. Then I [came] to the realisation...I got hope...The thing that you really have to have that enables all that to happen is this shred of hope, that there is something that is better out there.’* **(Erin, 29)**

The enabling process of losing hope was facilitated by a variety of factors, most often:

- the woman’s own insight into her situation through the escalation and increasing severity of the violence;
- her access to information on domestic violence; and/or

an effective intervention from an individual service provider such as a domestic violence-specific service worker, social worker, nurse or general practitioner.

After giving up hope the violence would stop and/or for the relationship, it was particularly important for women to gain a new sense of hope for the future. Hope for the future was a key pathway to leaving. For one woman the pathway to regaining belief in herself and hope for the future was through an inspiring woman speaker at a non-denominational church.

*'[Listening to a female speaker at the church] it dawned on me that the whole perception I had of myself was a construction of his!...That probably allowed me to just get on with it...You think, if you've got no faith in yourself then you haven't got anything and that's what they try to destroy and they try to tell you who you are and you take all that on board.'*  
**(Erin, 29 years)**

There is considerable research indicating that the violence is unlikely to stop, and is much more likely to escalate over time. Arrest has been found to reduce recidivism (Sherman & Berk 1984) although more recent studies replicating this research have been inconclusive (Shepard 1999, 175). Evaluations of court-mandated perpetrator programmes based on the Duluth model or similar have demonstrated that often only lengthy, consistent participation (usually six to nine months) had any significant effect on recidivism of male perpetrators of violence against their female partners, however, other forms of abuse often continued despite effects on physical violence. Even then, other forms of abuse often continued, or were substituted. Nor, as Shepard notes, do reduced recidivism rates mean an increase in women's safety, as the violence may continue without coming to the attention of police (Shepard 1999 188).

Many of the programmes had high attrition levels and difficulties with follow-up, making efficiency and effectiveness measures difficult for evaluators. This is not to say such programmes do not have value—they do, for a number of reasons, not least:

- their societal and criminal sanctioning role;
- holding men responsible for their abusive behaviour;
- the support gained by women in associated women groups;
- reductions in levels of violence or regularity of violence; and
- their essential role in any coordinated community response to domestic violence.

Indeed, recent British research found criminal justice-based perpetrator programmes 'focusing on the offender and the violent behaviour are more likely than other forms of criminal justice interventions to reduce or eliminate violence and intimidating behaviour' (Dobash, Dobash, Cavanagh & Lewis in Hanmer and Itzin 2000 304). However, what perpetrator programmes, or any other form of intervention, could *not* do was to give women a guarantee the violence would stop.

## Implications

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Women identified beliefs about their safety and their children; feelings for their ex-partner; beliefs about the violence; and a sense of self, self rights, agency and hope as key pathways. For

some women the beliefs were the result of their family backgrounds but mostly they developed as the result of contact with formal supports and information. This implies the need for:

*the analysis, by formal and informal supports, of domestic violence to be within contemporary frameworks, including a feminist analysis;*

*portrayals of women in all forms of the media to be cognisant of denigrating or gender stereotyping of women;*

*widespread education of women, across their lifespan, focussing on positive images of women;*

*informal and formal supports to be provided with information and training to support women through the process, often inherent in leaving, of giving up hope, grieving and regaining hope; and*

*the promotion of egalitarianism in families.*

The constraining barrier of fear highlighted the importance of addressing women's fears for their safety through providing information on and facilitating access to available mechanisms for obtaining safety such as the law, police, domestic violence crisis services and secure accommodation. This has implications for both policies and practices that:

privilege the maintenance of the family unit over the impact on children of male partner violence against their mother; and/or

maintain hope the violence will stop.

It highlights the need for raising community awareness of the impact of domestic violence on children whilst recognising the constraints on women's agency within a violent relationship and the importance of strategies enhancing women's access to education, employment and supports.

In conjunction with the high level of barriers in relation to police response, the constraint of women's fear implies the need for:

*a priority focus on women's safety concerns and for available legal action to be implemented to maximise women's safety;*

*consistency and monitoring of formal responses, particularly the criminal justice system; and raising awareness in the community and amongst service providers of the impact on children of living with domestic violence, whilst recognising the constraints on women's agency within a violent relationship.*

## **Recommendations**

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Information and community education are the key avenues through which to influence women's ideas and beliefs and enhance their sense of self and agency. Recommendations on information provision are presented on page 97.

## INFORMATION: A KEY PATHWAY

### Overview

Women identified a vast array of information that enabled them to leave and to establish new lives. Information provided a pathway at all stages of the leaving process. Its influence could not be emphasised enough by the women in this study.

There were a number of significant avenues for provision of information including:

television and radio—including documentaries, interviews, domestic violence campaigns, movies, news, series, and advertisements for services;  
films and videos eg *Once Were Warriors*, *Burning Beds*;  
famous people condemning domestic violence and the men who perpetrate it and publicly supporting women who experience violence from a male partner;  
newspaper articles and advertisements for services;  
magazines, particularly women's;  
books and articles (self-help and domestic violence-specific);  
domestic violence information kits developed and distributed primarily by domestic violence-specific services;  
pamphlets, posters and STOP cards (purse size domestic violence information cards); and  
Telecom phone books with prominent domestic violence-specific listings.

Women reported that the significant factors that made information a key pathway included:

being readily accessible;  
increasing knowledge about domestic violence services;  
increasing access to services and support;  
enhancing a sense of self and agency;  
providing insight into the issue of domestic violence;  
validation; and  
increasing insight into the position of women in society.

*'[Available information]...made me realise...I shouldn't be in that sort of relationship and there were places I could go to, people to talk to.'* (Karen, 49)

### The media

Most women identified the media as a key information pathway, for example through validation and insight into domestic violence, increased knowledge about domestic violence

*'Television ads about domestic violence - it seemed to me my husband should have leapt up and said "Oh goodness, now I see what I'm doing wrong, I'm so sorry"!' (Karen, 49)*

*'In the "New Idea" there was this survey [on domestic violence]. I thought Oh, goodness, it's got a name. I didn't realise I was being abused until I thought I...go into all those categories. It was [helpful] for me because it had a name...I actually thought I was just being a bad wife and not the person I should be.'* (Yvette, 56)

services and facilitating access to support. Media included television, radio, film and videos, and the commercial print media—magazines, books and newspapers.

*'[A TV] special on Princess Diana... she was talking to women who were victims of domestic violence... That helped...that someone of such great importance thought it was important to deal with it.'* (June, 32)

## Domestic violence information kits

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Women also identified as a key pathway information specific to domestic violence—articles, information kits and books. This was mostly provided by domestic violence services. The information:

- increased knowledge about and access to domestic violence services;
- enhanced agency and insight into domestic violence;
- was validating; and
- increased understanding of the position of women in society.

Particularly useful was information on domestic violence and services that was readily accessible, and was able to be hidden (for safety reasons). This included pamphlets, stickers and purse size information cards. Despite their brevity, these were often effective, enabling women to gain insight into their situation.

*'When [ex-partner] assaulted me [a police officer] gave me a "STOP" card...If I'd had one of those [before] I don't reckon I would have got belted the first time.'* (Campbell, 43)

*'There were posters in public places and around the Uni...On the back of toilet doors and everywhere there were little stickers about violence...They made me face up to the fact...that it wasn't acceptable.'* (Karen, 49)

## Telephone books

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Women reported the importance of being able to access information readily when at a crisis point, including emergency and domestic violence-specific services' phone numbers in telephone books.

*When I rang ("DVCS")...I said...I loved the big page in the book, that's how I found you...I want you to keep printing that. '* (Campbell, 43)

## Implications

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Women highlighted the importance of having written information developed and distributed by domestic violence services available in public places and places where women visit—for example, public toilets, toilet cubicles in workplaces and education institutions, and doctors' surgeries. These pathways need to be maintained and built upon with innovative strategies that maximise the available technology. Women identified an under developed area for women to access information from was hairdressers and children's educational environments.

Information was a key pathway at all stages of the leaving process. This implied the need for:

*the development by government of long-term, regular, varied and innovative information strategies that raise awareness of domestic violence and available supports;*

*relevant government and community services and individual practitioners, particularly general practitioners, to develop, display and distribute domestic violence information; support of the arts as a medium for delivering domestic violence information including film, theatre, television series, books and community arts projects; and community leaders to take a role in challenging domestic violence.*

## **Recommendations: information**

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### ***Information about services***

- 6.1 That the Tasmanian government ensure that information about domestic violence and sexual assault, good practice in responding to domestic violence and sexual assault, and domestic violence and sexual assault services, is readily available to services and professionals and readily accessible in the community; and that steps to achieve this include:
- a) reviewing the resources available to services for self promotion;
  - b) adding an information development, production and distribution unit to the Domestic Violence Crisis Service to work across government agencies and the community sector; and
  - c) ensuring that information distribution points include a range of community focal points for women such as hairdressers and children's educational and health environments.

### ***Telephone access to services***

- 6.2 That the Tasmanian Government resource and require all domestic violence specific services to provide a toll free 1800 telephone number.
- 6.3 That Telstra display the telephone numbers of domestic violence services using large print at the front of telephone books, as a no-cost service to the community.

### ***Rural outreach***

- 6.4 That domestic violence, generic and women's services collaborate to provide information seminars to women living in rural and isolated communities on a regular basis.

### ***Information about domestic violence***

- 6.5 That the Tasmanian Government and other agencies responsible for the distribution of information about domestic violence ensure that distribution points include a range of community focal points for women including children's educational and health facilities and hairdressers, especially in rural and isolated areas.
- 6.6 That the Tasmanian Government resource and facilitate a range of community education and awareness strategies including radio and television campaigns aimed at:

- a) emphasising the criminality of domestic assault and providing information about what the police can do;
  - b) locating responsibility for violence with perpetrators and challenging their use of violence;
  - c) highlighting the impact of domestic violence on children;
  - d) informing victims about how and where to get help; and
  - e) reducing community tolerance of domestic violence; and strengthening the capacity of the community (including family and friends) to respond effectively.
- 6.7 That the Commonwealth and Tasmanian Government resource and support the use of the arts as a medium for raising awareness and building community capacity to respond effectively to domestic violence, including film, theatre, television series, books and community arts projects

## LIFE NOW AND LOOKING FORWARD

The recent PADV report, *Mapping the pathways of service provision: Enhancement of family violence protocols and interagency linkages*, identified that ‘...meeting short-term needs is not sufficient to ensure that the woman stays in a safe living situation’ and that, if women were unsupported at this time, they were less likely to ‘...manage their *post-violent* lives’ (Dimopoulos 2000, 67).

The current study also identified women’s continuing need for support after the initial establishment phase, and their need to have acknowledged both the barriers they have overcome and their strengths in the process of leaving and establishing a new life. At the same time, it identifies the immense gains experienced by many of the women in terms of self-esteem, agency, opportunities and wellbeing – and it highlights the courage and strength of these women.

### Pathways

The pathways women identified to establishing themselves longer term were similar to those that were important in the early stages after leaving. The difference was the long-term nature of issues such as ongoing violence, legal disputes, financial hardship, grief and loneliness. Important pathways in the longer term included:

formal supports that provided access to safety, financial and legal resources; and informal and formal support that provided the emotional support needed to heal after the violence and its accompanying losses, whilst helping women build hope for the future.

Women identified emotional support from domestic violence-specific services and counsellors as a key pathway to establishing a new life in the longer term, as it was in enabling women to leave initially.

Other commonly identified key pathways were:

financial—access to resources, education and employment; and effective support from lawyers and solicitors, due to the need for property settlements, legal access to safety and access and custody disputes.

*‘[My daughter]...went through most of her childhood... with a belief that she was no good, that she couldn’t possibly get a degree, that... a woman ...needed a man. She was getting that message from that violent relationship [but] she’s now decided to go to university.’*

*‘My [son] does miss a male figure in his life ... But... he seems a lot more settled emotionally ... He’s become easier to discipline ... his school work has improved tremendously. His behaviour at school is better.’*

### The gains for children

Despite the association between exposure to violence and diagnosable problems [in children], it is consistently found that the *majority* of [children] exposed to violence do not exhibit these negative effects. (Magen 1999 in Laing 2000, 7)

Other research has found that ‘some children and young people [from domestic violence situations] demonstrate above average social competence and adjustment’, and that children benefit from ‘support within the family such as a good relationship with one parent; and support figures outside the family such as relatives, peers or teachers’ (eg Jaffe et al 1990 cited in Laing 2000, 7).

The findings of the current study are consistent with these findings. The majority of women (60%) with children reported their children did not display harmful effects from living with domestic violence *once they had left*. Three quarters of the women with children (75%) reported that ‘life now’ was better for their children, and did not report any ongoing barriers, in relation to their children, to establishing a new life. Children had adjusted to their new circumstances and often made considerable progress, particularly in school, once out of the domestic violence situation. This is not to deny the adverse effects on children living with domestic violence (see pg 120–121).

One woman was relieved when her teenage daughter was able to see humour in a difficult situation, following the death of her father:

*‘We went to his plot and stood there for a while. I didn’t know whether she was going to cry or what... she sort of just walked away. I thought she wasn’t looking... so I kicked [the headstone] and it tipped over, the whole plot just tipped over! I turned around and looked at her, and thought Oh my God.... Well she just burst into laughter. I thought, oh, thank God for that. She said “Good on you, Mum”. I said that’s for all the times that he did it to me!’*

## Positive achievements

A frequent comment from women prior to interview was that, if telling their story could encourage one other woman to leave a violent relationship with a male partner, it was worth doing for that alone. Through the course of the interviews, most women had a quiet sense of achievement as they identified the many barriers that each of them had overcome and the pathways they had accessed to leave and establish a new life for themselves, and often, their children.

When asked ‘*What is life like now?*’ most women responded by focussing on the positives of leaving and establishing a new life.

Recurring themes were:

1. **a sense of agency:** The majority of women identified they now felt in control of their lives, were able to make choices and had a sense of freedom.

*‘Well I live a life of my own...It’s that feeling that (for) once in my life, I’m free. I can do what I want, be where I want, be with who I want...like a sense of freedom. I have a life!...I prefer to be getting by on \$300 and something a fortnight and thoroughly enjoying...my freedom than going through a life of hell on \$43,000 a year!’*

*‘[It’s] peaceful...I feel safe with him in gaol...there’s light at the end of the tunnel and you do come out of the tunnel...That’s when you start living again. The most positive thing is that we get to lead a peaceful life now, peaceful and safe.’*

*‘Becoming me again...I lost my whole identity, my confidence...That has been the biggest blessing - getting away - that I can just be me again’.*

2. **peace and safety:** many identified this sense, with contentment, reduced anxiety and a capacity to reflect and think again.
3. **new insights into self, an enhanced sense of self:** Many women reported journeys of self discovery, rediscovering their sense of identity and building an improved self image.
4. **new opportunities:** Many spoke of new and exciting opportunities they believed would never have occurred if they had stayed where they were. They spoke of moving into politics, of achieving their ambitions at university or a better lifestyle for themselves and their children.
5. **non-abusive new partners:** At the time of interview, almost two thirds (64%) of the women reported having new partners. The majority spoke of the happiness of entering into non-abusive relationships.
6. **happier children:** Most women reported that their children's lives were now happier, they were able to enjoy being with their children more, and their children felt safe.
7. **becoming stronger and wiser:** Women reported new strength, wisdom, and the acquisition of new insights and skills that enabled them to build a new life.
8. **the personal is political**—wanting to make a difference for other women: Some women spoke of taking action to achieve this. Although fearful at times, they reported taking a stand for social justice as they lived out the belief of the women's movement that *the personal is political*. Since leaving, some women had become involved in politics, been advocates for women or worked with domestic violence issues.

*'I've got my PhD...I have a big disposable income...I'm going to write a book for which I have a publisher's contract signed, sealed and delivered.'*

*'I find it amazing that someone can be really ...loving and actually care about things like my health. For the first time I feel like I'm with somebody who really is my best friend.'*

*'I love the fact that I'm not stressed all the time [so] I get on much better with (my child)...[We] have far better quality time together... I'm calm.'*

*'I'm not in a relationship, so I do get lonely...that's normal. But I would never put up with what I put up with before...I'm much stronger and if it did happen, I'm ready, I've got the strength to boot him out and I'd move on. I can survive.'*

One woman, despite threats to her life from her ex-partner and his friends, went to court to testify against him after he threw chemicals on her face. She said she had wanted to make a stand for other women whom, she had since heard, he had previously assaulted. The other women had been too afraid to testify against him in the past but were present in

**Yasmin** likened leaving and establishing a new life to coming out of a war zone and landing up in *The Wizard of Oz*. To celebrate she went out and bought red shoes:

*'Well (it's) like all my life, I've been living in a concentration camp, because my father is still living in the war zone, right, it was just a continuation on from that...When you step out of it, you know, it's just like a big explosion of colour or something. I can't explain it any other way...It was like finding a rainbow, like a peaceful thing or something...It was just like Dorothy and The Wizard of Oz, you know, like as if you put a pair of red shoes on. I even bought a pair of red shoes! It's like you've got something to be happy about.'*

the court to support her on the day she testified against her ex-partner.

## Ongoing barriers and hardships

Whilst all the women were able to identify positives in their lives from leaving, for some women there were also hardships. They included:

- a lack of confidence in making decisions after years of being controlled;
- grief and loneliness;
- an inability to trust men;
- a dislike of men;
- feeling unable/being unwilling to establish new relationships;
- the difficulty of being a single parent; and
- not feeling safe physically or financially.

Some women spoke of not feeling safe, of being isolated from loved ones interstate and being afraid for the future. Yet, in spite of these hardships, women were certain they would never go back.

Nevertheless, some women continued to encounter barriers in the longer term. For some, the violence and threat of violence had not stopped. Some experienced negative encounters with the criminal justice system, financial difficulties, and/or loneliness.

*'I still find it hard to think for myself [through] him controlling, convincing me that...you don't have to think about anything because I run the show, therefore you don't...I'm getting better...over time, whereas it was a very slow process at the start.'*

*'I've found it hard to trust someone again...Even getting a cup of coffee made for me, it's like, what do you want in return?'*

*'I come out at the end of this with nothing, virtually. Enough to buy myself a small property and the car which I know is a lot better than some people but considering how I've worked, what I'd done and what we had...this is terribly frightening.'*

*'My youngest has not long left home and I found the loneliness very hard to cope with. Occasionally I get a bit lonely but I'm adjusting and coping. I'm getting better with that. It's been a challenge, at times. It's had its ups and downs but I'd never go back to the marriage again, it's for good this time.'*

## Ongoing violence and abuse

Research indicates that women are at greater risk of being murdered by their estranged male partner immediately or shortly after leaving than at any other time (Women's Coalition Against Family Violence 1994). Research into child homicides between 1989 and 1993 found '...that 35% of the children were murdered as a consequence of a family dispute, usually relating to the termination of their parents' relationships. Men were the offenders in all cases'

*'The stalking, the constant barrage... Each time I put a block on one thing, he would do something else... You have to lock them up. We have to be safe in our own homes... without fear in our hearts and our mind that when we come out they're going to be there.'*

*'My husband attacked me five years ago. The police said he might re-offend and my best bet was to move away ... I'd lived with him for twenty four years so I know how deep his hate is ...I think he has found out where I work and when he comes out of gaol at the end of the month, I don't know whether he'll pursue it but I think he will.'*

(Strang, cited in Domestic Violence Resource Centre 2001).

During the twelve month period this current research was undertaken (November 2000-November 2001), three women in Tasmania were murdered by their male partner or ex-partner.

Whilst in the minority, some women identified the violence or abuse continued in the longer term including being stalked for long periods of time, even with *Restraint Orders* in place.

## The broader criminal justice system

Women identified as barriers to establishing a new life longer term, responses from the broader criminal justice system, including police, lawyers, *Legal Aid*, the *Department of Public Prosecution*, magistrates and the court systems, including the *Family Court*.

The significant factors that contributed to these barriers were:

decisions by magistrates and judges in relation to custody, access and charges against ex-partners for stalking, assaults and/or breaches of *Restraint Orders*;  
legal costs;  
reluctance to take legal action or proceed;  
an unsympathetic attitude;  
a lack of information provision about the legal system and their legal rights;  
and  
a lack of support in negotiating the system.

*'The court case went on for two years...He got [a]...suspended sentence [and a]...good behaviour bond.'*

*'(My ex-partner) was a well respected business man [and] very highly connected...[He said] that he could do anything that he liked and nobody would give a rat's arse... There are...pending charges [for stalking] and the (court) won't pursue them...He was convicted [but] his lawyer...took it to (court) and [the] court actually overturned the convictions.'*

Protracted and expensive property settlements, ineligibility for *Legal Aid* and being unable to obtain even personal belongings from one's house after leaving were also a barrier to establishing a new life longer term.

*'I can't get 'Legal Aid' because there's the properties...I have a [solicitor's] bill of \$15,000 and they take a weekly amount out of my pension, to get this settlement because of the amount of property...We've had...three conciliation conferences and about twenty attempts at settling.'*

This current study also confirmed major concerns reported in the literature relating to custody and contact issues.

For example, in relation to the *Family Court* on custody and access: 'insufficient relevance is accorded to a history of domestic violence by many decision makers thus minimising issues of safety for women and their children' (Rendell et al 2000, 19). Women in the research who experienced violence from a male partner and made allegations of child abuse identified agencies as performing '...gatekeeping functions in terms of access and credibility in the *Family Court*' (p. 27). Similar to women in this study, for some women, rather than protecting their children from their ex-partner by leaving, access decisions had '...exposed them to it alone - without her potential protective presence' (p. 28).

Other research, also confirmed by this current study, has identified that ‘...violence against women and children is hidden in decisions about contact because of the pro-contact values in family law’ (Smart, cited in Rendell et al 2000 29). Contact arrangements have been identified as facilitating the continuation of violence and/or abuse where the arrangement allowed some level of access to the mother. Contact often ‘...entails a power relationship with the children’s mother, played out through the issues of custody and visitation’ (McMahon & Pence, cited in Rendell et al 2000, 37).

### **Ongoing financial difficulties**

Women identified financial difficulties as a barrier to longer term establishment including:

- ‘STDs’ or ‘sexually transmitted debt’, as several women called it;
- lost assets;
- the practices of lending institutions; and
- expensive legal bills.

One woman from interstate lost property and assets worth \$200,000 by being too afraid, even several years later, to make a claim in case her whereabouts became known. Another had to keep paying for her own car after her ex-partner stole it from her and she was unable to get it back from him. Women also reported negative responses from banks when they sought housing loans.

### **Loneliness**

For some women barriers to establishing a new life longer term related to the difficulties of bringing up children alone, loneliness and feeling unable to enter into new relationships.

*‘He was unemployed, so I offered to split the debts 60/40...The finance companies...knew what was going on...I got a phone call from one of them. [Ex-partner] hadn’t made any payments... [I ended up having to] pay the rest of the loans... [Any] tax returns, any bonuses, I’ve just put into [it].’*

*‘[My ex-partner took] my car off me... I had to continue paying the loan to the bank for the car for twelve months... [The police said they couldn’t act] on the grounds that it’s a civil matter.’*

*‘The questions that [the bank manager] asked I’m sure no man was ever asked... My income would have been higher than some of the men that they were lending money.’*

*‘I had \$46,000 cash [from the sale of my house] ... Because I was on a pension they wouldn’t give ... me [a loan] ... It was cheaper [to pay the loan than the cost of renting]... a pension is something that’s guaranteed money, a job isn’t.’*

*‘After I left...my self esteem really plummeted...You feel really alone...Even up to (three years after leaving), I was still like that...I had to give up work in the end, I [couldn’t face going to work].’*

# **RECOGNISING DIVERSITY: CULTURE, BACKGROUND, CIRCUMSTANCES AND NEEDS**

## **Introduction**

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This section identifies the pathways and barriers reported by specific and diverse groups of women:

- Aboriginal women;
- women from a culturally and linguistically diverse background (*CALD*);
- women who identified as having a disability;
- women with a health issue (particularly depression);
- women with children;
- women with children who have a disability or health issues; and
- women living in a rural or isolated area.

Issues of confidentiality can arise when focusing on recognisable groups particularly in smaller communities, so in this section, women's quotes are not accompanied by descriptions.

As in all qualitative research, the findings are not generalisable to whole population groups. However, whilst the women in each of these groups are not representative of all women in those groups, their stories do reflect their individual experiences of being a part of that group. As such, they contribute to our understanding of the issues involved in experiencing violence from a male partner and being able to leave and establish a new life.

The past decade has seen improvements in the provision of support for women experiencing violence from a male partner. However, as Stubbs indicated, it is less readily accessed by particular groups. For example, Indigenous women, women from a *CALD* background and women identifying as having a disability '...remain the least protected' (Stubbs 1994 4). Women experiencing ill health, caring for children or living in rural or isolated areas also experience access barriers. While all the groups considered in this chapter reported the same key barriers to leaving and establishing a new life as other women in this study, each group also identified other specific barriers and their experiences further inform community and formal responses and contribute to government policy and practice.

## **Aboriginal women**

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### **Introduction**

According to the 1996 Census (*ABS, 2000*) 13,873 people in Tasmania identified as Aboriginal—approximately 3% of the population. Research into family violence within the Aboriginal

community in Tasmania was the focus of a recent project funded by *PADV* and managed by the Office of Aboriginal Affairs, Department of Premier and Cabinet, Tasmania.

Until recently, the Aboriginal community has found it difficult to give priority to the needs of women experiencing violence from their male partner, given the need to strive continuously for racial equality and to address the effects of colonisation, the ‘stolen generation’, the issues of land rights and reconciliation. However recent developments have put the issue of domestic violence firmly on the national agenda, requiring a response from influential national bodies such as the Aboriginal and Torres Strait Islander Commission (ATSIC) (Hansen 2001).

International writer Valli Kanuha suggests that a wariness of contributing to degrading stereotypes may have contributed to community collusion with Indigenous men’s gendered violence, through attempts to protect them from further racial discrimination and stigmatisation when they assault their female partners (Kanuha in Edleson & Eisikovits 1996, 44). Her comments may have relevance for Indigenous women when she states:

Somehow both the anti-violence movement and communities of colour have claimed through default, that it is more important for men of colour to be protected in all aspects of their lives than it is for women of colour to be protected in the most intimate and private aspects of their lives (Kanuha in Edleson & Eisikovits 1996, 44).

For Indigenous women, this could mean that while all women can experience violence from a male partner, only some are protected; and while all men can assault their partners, only some will be held accountable.

Six women in this study (11%) identified as Aboriginal. They lived in each of the three regions of Tasmania and all had children. Whilst not generalisable to all Aboriginal women in Tasmania, the research findings have provided information on Aboriginal women’s experiences of leaving and/or establishing a new life.

## Pathways

Most of the pathways identified by Aboriginal women were similar to those identified by other women in this study. Aboriginal women identified domestic violence-specific services, adult educational institutions and employment as key pathways. They accessed general practitioners and counsellors at similar levels to other women, and had a similar reported rate of supportive responses. A similar number of Aboriginal women accessed the police, albeit only after leaving (although fewer identified them as a key pathway).

In addition Aboriginal women identified as key pathways:

1. **Aboriginal-specific formal supports**, in particular the University of Tasmania’s Aboriginal Education Centre, *Riawunna*— identified by two of the six Aboriginal women in the study;
2. **adult education institutions** (TAFE and/or universities): identified by four of Aboriginal women as a key pathway; and

*‘[Starting university], that was the big one, having this education. Thinking well, I can get what I want, in life, I don’t need him...I can do it on my own... I’m capable of that. I had that confidence.’*

3. **cultural identity and a sense of community** and support from community (including that generated by *Riawunna*): through their contribution to enhancing the women's sense of self and sense of agency.

The significant factors in these key pathways included:

cultural sensitivity and non-discrimination;  
affirmative action;  
information and referrals;  
education;  
the enhancing of cultural identity and sense of community; and  
the enhancing of a sense of self and sense of agency.

Aboriginal agencies and Aboriginal service providers identified as pathways included:

*Riawunna*—providing education, support from Aboriginal social workers;  
Aboriginal child care centres—providing affordable and culturally appropriate childcare;  
Aboriginal Liaison Officers at *Centrelink*—providing support to negotiate the system;  
*Indigenous Tasmanian Aboriginal Corporation*—providing access to affordable housing; and  
*Tasmanian Aboriginal Centres*—providing support and information.

*Riawunna* was identified as a key pathway through the support provided by various staff, including Aboriginal social workers, and the sense of community. A significant factor in this pathway was the enhancement of Aboriginal women's sense of self and their sense of agency.

*'It was a whole social [and] support network...It was like you could stand on Riawunna and say "Look there's something else out there...this is the stepping stone". It gave me the ability to think I could...do it. All my support at that time came from Riawunna.'*

*'At 'Riawunna' I felt at home...I didn't know they knew [about the domestic violence] but...they knew...There was some spiritual connection, without me saying anything. The other thing was knowing...I had someone to turn to once I decided I'd have to leave.'*

## Barriers

Whilst Aboriginal women were as likely as other women to access police *after* leaving a violent relationship, only one of the six women contacted police for support before leaving, and only one identified police as a key pathway. Contact with police after leaving was mostly related to applying for and reporting breaches of a Restraint Order.

One of the six women identified formal and informal responses to her Aboriginality as a key barrier to leaving and establishing a new life. This involved discrimination from a non-Aboriginal partner and his family, who alienated her from her community so that she felt isolated culturally. She identified as a key barrier her belief that

*'In the Aboriginal community there is a perspective that the courts are unfair to Aboriginal parents...My ex used to tell me that courts don't give young Aboriginal women custody. I believed that and I couldn't bear to leave them with him, so I stayed...Perhaps the justice system has changed but most of the stereotypes about Aboriginal people are entrenched.'*

the legal and welfare systems would discriminate against her for being Aboriginal and a young mother, preventing her from seeking their help sooner. She also identified a ‘double whammy’ of inequities relating to both race and gender as a barrier in relation to the response of police.

This woman’s inability to trust non-Aboriginal formal supports in light of discrimination and the ‘stolen generation’ were a key barrier to her leaving and establishing a new life.

She also identified a lack of awareness, in shelters, of cultural needs and access barriers. She identified as a gap in service, the need for an Aboriginal women’s safe place.

The significant factors in these barriers included:

- cultural insensitivity and discrimination;
- the diminishing of cultural identity and sense of community; and
- the diminishing of a sense of self and sense of agency.

*‘[Whilst] I’ve met a lot of wonderful police officers that have been very supportive...when it comes to domestic [violence] issues between non-Aboriginal people and Aboriginal people, it is usually the Aboriginal person who is listened to less.’.*

*‘The social work help outside the community can be a big issue, as well as asking the police to attend...When we were growing up...my Dad [and Mum were] always talking about [their] fear of welfare... Even to this day (Mum) thinks... my eldest brother could have been stolen instead of dying... I [also] think my socio economic status is a huge [issue]... Never being good enough... remains a real fear... probably one of the biggest issues. As well as being an Aboriginal person and thinking that I have to [leave and] start a new life, you think you’re equal and then you find that you never do get equal treatment, yet again’.*

## **Future research**

There is a dearth of research into Aboriginal women’s experience of trying to leave a violent relationship with an Aboriginal male partner—something that this project has also not contributed to, as none of the Aboriginal women who participated had Aboriginal partners. While several non-Aboriginal women who participated had left Aboriginal male partners, the issue of further discrimination of their partner, as a key barrier to help seeking, did not arise.

## **Women from culturally and linguistically diverse backgrounds**

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### **Introduction**

Most of Tasmania’s immigrant communities are small in number. Most have come from Europe, from countries such as Holland, Germany and Italy, with smaller numbers from the former Soviet Union, Poland, Malaysia, South Africa, Zimbabwe, Ethiopia and Nigeria (ABS 2000). There are also small communities of El Salvadorans, Filipinos, Hmong and Bosnians and immigrants from India, Sri Lanka, Egypt, Turkey, the Middle East, South East and East Asia.

In this study, there were eight women with a culturally and linguistically diverse (CALD) background—15% of the total number of women. Of these eight, four were born overseas and the

other four had parents born overseas. They came from Europe, South America, Greece and Russia.

Four of the eight women did not identify their CALD background as a significant issue in their story of leaving and establishing a new life. Three of these were born in Australia to European parents. Two of the women born overseas found that their CALD background did contribute to them being able to leave and establish a new life. Two of the women's ex-partners were from the same ethnic background as they were (one of these women and her ex-partner were both born in Australia, the other woman and ex-partner both born overseas).

## Pathways

The CALD women accessed general practitioners and lawyers at similar levels to other women in the study and had a similar reported rate of supportive responses. A similar proportion of these women accessed the police, although they were less likely to identify police as a key pathway.

In addition:

1. two of the CALD women identified their **cultural identity** as a key pathway;
2. for six CALD women, **adult educational institutions** (TAFE and/or universities) were identified as key pathways;
3. six of the CALD women identified **domestic violence-specific services** as key pathways, a higher proportion than for other women. Only domestic violence-specific services offered interpreter services to the CALD women in this study;
4. three CALD women also identified as pathways: **CALD-specific formal supports**, agencies and service providers, including *Migrant Resource Centre* social workers, bi-cultural workers in domestic violence services and general practitioners from the same CALD background; and
5. like other women in this study, CALD women identified **information** as a key pathway. In addition, some CALD women identified as an important pathway, domestic violence information that took account of diverse cultures, languages and education levels.

*'[My birthplace overseas] is a lot tougher on [domestic violence]...They have a very good social security system...[My cultural background] assisted [me to leave] because...I believed that it was my right to have access to services.'*

*'The only places [that being from a CALD background] didn't matter...I come back to the [women's and domestic violence] services... where services are provided for all women, full stop. Be that black, white, Indigenous, it wouldn't matter.'*

*'[The 'CALD' general practitioner] listened...he believed me ...[It mattered]...especially him being a male, to be supportive of me...[and] being (from a CALD background), anyone professional is right... So ...what he would say to me would make sense ... I think I got through [it] because of the doctor.'*

The significant factors of these pathways included:

cultural sensitivity and non-discrimination;  
 affirmative action;  
 accessible information and referrals;  
 education;  
 the enhancing of cultural identity and sense of community; and  
 the enhancing of a sense of self and sense of agency.

*'[The 'New Idea' article on domestic violence] ... was so useful to me. I'm probably better read than many of [my CALD group]...The women that are older ... that have experienced domestic violence... have [often] only achieved grade six level education in (their language). So you need to [aim information strategies]...so women at this level of education can actually understand it. Its no use using fancy [words] ... [This article] was very basic...I read it and I understood it and I read it again to make sure that what I was reading corresponded with what I was experiencing.'*

## Barriers

Half of the CALD women in this study identified barriers in relation to being from a CALD background, including barriers in relation to:

1. **Discrimination:** Three of the women who had been born overseas identified discrimination from informal and/or formal supports as a barrier to leaving. This included, for one woman, the negative reaction of smaller communities to cultural diversity and, for two other women, traumatic encounters with formal supports including police, Child Protection, Legal Aid, lawyers and the Family Court, trying to convince authorities their children were being sexually abused.
2. **Police:** A higher proportion of CALD women than other women (80%—that is, four of the five who identified police as a key barrier—compared to 67% of other women) identified contact with police as a barrier at some point in the process of leaving and establishing a new life.
3. **Cultural values held by informal supports:** This included a proportion of women being blamed for the violence, and barriers relating traditional family values and defined gender roles.
4. **Language:** Three of the women, all born overseas, identified barriers relating to language. Two spoke of having only a minimal capacity to understand and speak English when the violence began and both still had limited English when they

*'I...found a very noticeable difference in treatment [when] people realise I'm not Australian...but in smaller areas like Tassie...[it affected my ability to leave]...because I knew that I was going to be dependent on people in very small communities.'*

*'[When the sexual abuse occurred]...I didn't get any help, not from a doctor, the police, [or] 'Legal Aid'. I did give up...That's why [for] years and years [I] was stuck in that relationship.'*

*'People [think] its someone else's problem...They'd never knock on your door and say, I've come to offer some support... I'm really well known in [my ethnic] community [but] there was no support at all'.*

*'I couldn't go to someone from my own cultural background because a woman's role is seen to be different to that of the Anglo Saxon role...You're responsible for your children, for cooking tea on time, not nagging him and waiting on him hand and foot...that sort of thing.'*

*'In my culture if you marry a man you have to stay with him, for life.'*

left. A key barrier was the failure of services to provide interpreters. Except for domestic violence-specific services, none of the formal supports the women contacted (police, *Child Protection*, lawyers, *Legal Aid*, the courts) offered or provided an interpreter service.

5. **Immigration status:** Two of the eight women identified fears regarding their immigration status as a barrier to leaving. Exacerbating a language barrier for one woman was her fear of being deported if she left her partner before the time period stipulated by immigration policy at the time.

*[He said if I left] he'd kill me and kill my children too...I had to put up with him...all that time...because I didn't have any choice [as] I didn't want to leave [and be] on my own here, no speaking very well English. I was feeling trapped.'*

*'The fear in the beginning was I was not five years here. When you divorce him, you have to go back to your country. [I wanted to divorce him] much earlier.'*

The significant factors of these barriers included:

- cultural insensitivity and discrimination;
- inaccessible information;
- blaming the women for the violence;
- the diminishing of cultural identity and sense of community; and
- the diminishing of a sense of self and sense of agency.

The thought of leaving, for one CALD woman, brought back childhood memories of being a refugee, walking away from the comforts of her home toward an uncertain future. In the end, she did that literally, trudging kilometres through snow in isolated highland country to seek help after a severe assault:

*'[It was] facing up to the fact that I would be walking out with the clothes on my back. I had an enormous sense of *deja vu*, because I felt like a refugee, I thought will I ever get rid of my refugee mentality? We arrived here in Australia with the clothes on our back and one small suitcase and nothing and nowhere to go and I thought here we go again, full cycle. Although material things didn't matter to that extent, walking away from what I had was more a walking away from all my hopes, all my dreams. I took with me a big suitcase stuffed full of betrayal, a great stack of lies. You know, it was a pretty heavy suitcase.'*

## Future research

One of the women in this study arrived as a refugee and one on a bridal visa, both before the 1990s. Since that time there has been an increase in the number of women arriving in Tasmania who fall into these categories, and current global developments suggest the possibility of a further increase in refugees. Research is needed into the issues for women who have recently arrived as refugees or on a bridal visa, and have experienced violence from a male partner, in order to identify current barriers and pathways to leaving and establishing a new life.

## Women with a disability

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### Introduction

Whilst acknowledging definitions of disability are highly contested, for the purpose of this study, the term disability was defined as:

- physical, sensory, and/or mental impairment/s;
- physical disability resulting from injury or chronic disease;
- a congenital condition;
- sensory (hearing and/or visual) impairment/s; or
- mental impairment/s, comprising developmental conditions, cognitive impairment and/or mental illness ([www.vaw.umn.edu/Vawnet/disab.htm](http://www.vaw.umn.edu/Vawnet/disab.htm)).

Many women spoke of feelings of depression; however, it was decided to include only psychiatrically diagnosed clinical depression in the category of ‘disability’. The effects of labelling, differing definitions, and the risk of pathologising normal responses to violence and abuse were considerations in this decision. Depression is considered more broadly under ‘Women with a health issue’, page 116.

Of the thirteen women in this study (25% of the total) who identified as having a disability, seven reported a physical disability; five a psychiatric disability, and one had both a physical disability (musculo-skeletal injury) and post-traumatic stress disorder (PTSD) (see Table 8). Three had been in a psychiatric hospital as a consequence of their diagnosis, including one woman who was sectioned (committed against her will). None of the women identified as having intellectual disabilities.

**Table 8: The disabilities identified by women**

<b>Physical Disability</b>	
Chronic fatigue syndrome	1
Congenital disability of the hips	1
Visual disability	1
Severe juvenile arthritis	1
Musculo-skeletal injury	3
Cardiomyopathy	1
<b>TOTAL:</b>	<b>8</b>
<b>Mental Disability</b>	
PSTD	3
Schizophrenia	1
Agoraphobia	1
Clinical depression	1
<b>Total:</b>	<b>6</b>

### Pathways

Mostly, the pathways identified by women with a disability were similar to those identified by other women in this study.

Women with a disability accessed counsellors and the legal system at similar rates to other women, and the reported rate of supportive responses was also similar. Two of the women (15%) reported their disability was not a barrier to leaving and six (46%) reported it was not a barrier to establishing a new life.

In comparison to other women:

a higher proportion of women with a disability accessed domestic violence-specific services, and a higher proportion (70%) identified these services as a key pathway, primarily through the provision of emotional and practical support;

a higher proportion (78%, ten of the women) identified psychiatrists and general practitioners as a pathway;

a higher proportion identified a change in certain beliefs as a key pathway; and

a higher proportion accessed police (77% compared to 62%), and a lower proportion identified police as a barrier (40% compared to 67%), as a result of an enhanced sense of justice and safety.

*'I phoned the police and said, my ex-husband is here, I want him removed off the property [and] they came.'*

Women with a disability also identified disability-related services or service providers (eg. Centrelink, psychiatrists and general practitioners) as a pathway.

Five of the women (39%) with a disability identified *Centrelink* as a pathway through the provision of income security, mainly a disability pension. One woman identified the approach of a support group for overcoming addictions, the 12 STEP Programme as supporting her to leave and establish a new life.

*My doctor said "This is just not on anymore" and I was put onto a cardiologist...[He] put me on a disability pension.'*

*'The 12 STEP Programme' provided me with some very basic tools for dealing with day to day issues, and they were simple and they were manageable because I didn't have to do it all at once. It also gave me that twenty four hours support.'*

The significant factors of these pathways included:

- emotional and practical support;
- enhanced sense of justice and safety;
- a sensitivity to disability issues;
- clinical support;
- non-discrimination; and
- the enhancing of a sense of self, self rights and agency.

## Barriers

Of the 13 women in this study who identified as having a disability,

11 (85%) reported their disability as a key barrier (85%);

8 (62%) reported a higher level of access barriers than reported by the other women;

10 (77%) reported family as a barrier, a higher proportion than the other women; and

11 (85%) reported beliefs and feelings as a barrier, again a higher proportion than the other women. These included:

- > a fear of being unable to manage alone; and
- > a belief the violence would stop.

The significant factors of these barriers included:

- a lack of emotional and practical support;
- a diminished sense of justice and safety;
- an insensitivity to disability issues;

a lack of clinical support;  
discrimination; and  
the diminishing of a sense of self, self rights and agency.

### ***Disability***

Most of the women who identified as having a disability identified the effects of their disability on them physically and/or mentally as a key barrier to leaving. The majority (85%) identified their disability as a key barrier to leaving and just over half (54%) identified their disability as a barrier to establishing their new life.

The women reported that the difference between these two figures reflected, in part:

the improvement in their physical and mental health that followed their escape from the violence and abuse;  
the discovery that they were capable of caring for themselves and their children alone; or  
that they had obtained support to establish their new lives.

They reported their disability was a key barrier to leaving through:

being physically and/or mentally unable to care for their children alone (46%);  
being physically and /or mentally unable to care for themselves alone (31%);  
fearing they would lose custody of their children because of their illness (15%); and  
being unable to leave the house alone (8%).

*'Because I was born with a [physical disability] and...I knew eventually that (my body) would break down and at that stage nothing could be done about it, I thought...How am I going to support two kids?'*

*'Not only was I planning to leave a violent...relationship but...I had a range of anxiety disorders...which made thinking and functioning on a daily basis difficult at times.'*

When establishing a new life, women who identified as having a disability reported additional barriers because of their disability:

fear of being physically and/or mentally unable to negotiate the legal system;  
fear they would not be considered credible; and  
feeling overwhelmed by the combination of their disability with the violence and abuse (*the double jeopardy* previously referred to by Chenoweth (see page 18).

*'I never got to read a newspaper. Well, I wasn't really allowed to read anything. Often I wasn't allowed to watch TV sleep or eat. I didn't get much outside exposure.'*

*'People talk about what's going to happen in court and ... about safety but there wasn't enough information about how that was going to affect me on a daily basis.'*

*'I just can't afford [the extra help I need]...I'd like to have a ... trainer ... I've got a lot of muscle wastage and I need to build up .'*

*'We're made to live in poverty [on a disability pension].'*

### ***Access to resources***

The women identified a higher level of access barriers (62%), including access to

transport, money, affordable housing and information, particularly about domestic violence and support services. Lack of adequate income was a barrier for several women on a disability pension, due to the extra costs that some incur because of their disability. For one woman who had agoraphobia, her ex-partner almost totally prevented her from having access to information (including burning her books).

### ***Family responses***

A smaller proportion of women with a disability reported family support, or family as a key pathway. These women were more likely to report that they did not want their families to know about the violence, and a higher proportion reported that their families were unsupportive. More than three quarters of the women (77%, 10 of the women) identified family and friends as a barrier to leaving compared to 64% of other women.

*'My mother, when I first told her [about the violence] said "You've made your bed, lie in it" because she was ashamed of me. She didn't support me to leave...Now of course she's glad that I left, [but] the support wasn't there when I needed it.'*

### ***Fears and beliefs***

The women identified a high level of barriers (85%) relating to fears: particularly fear of being unable to manage on one's own; with the children or financially; and beliefs relating to hope the violence would stop.

*'[I hoped] things would change and I wondered...if I could cope on my own...I found [it] very hard. I was very muddled, for a long time'.*

*'Oh no I was too useless [to leave then]...I wasn't strong enough...I mean it sounds ridiculous, I was twenty eight...'*

*It took...about seven years to leave. [It was] having young children... not having any confidence, not knowing if I could cope. In the end I got sick...I got depressed.'*

### ***Discrimination***

Only one woman identified as a barrier to leaving, feeling discriminated against because of her disability. She had been sectioned under the *Mental Health Act* due to her attempted suicide and subsequent diagnosis of clinical depression. Although recommended for release she continued to be committed because her abusive partner, whom she identified as contributing to her mental state, deliberately delayed agreeing to her release into his care. She reported she had been alienated from seeking further help as a result of her experience of the system.

*'I had a breakdown. I took all these pills and ended up in (a psychiatric hospital)... I just couldn't cope any more and I felt so useless and worthless. I thought that the kids would be better off without me...I know ... for some people it's a chemical thing but ... mine was situational... he was making me depressed... [When I was in hospital] he brought my son in to show him how useless I was and what a bad mother I was [for] doing that ... he wouldn't sign for me to come home. He was punishing me ... If he'd said that he would look after me ... after I'd done it, I think I could have gone home but he wouldn't...I mean the reason that I took those pills I suppose was... about a cry for help... trying to escape from the situation that I got myself into... I was a really strong person and then suddenly... I'm not any more.'*

### ***Future research***

In gathering the sample of women, information on the study was distributed to disability forums, but the process did not

account for the more complex barriers to participation for women with severe disabilities. Consequently, none of the women in this study had intellectual disabilities or severe physical disabilities. This meant that the study did not include, or identify the issues for:

women with intellectual or severe physical disabilities who experience violence from their male partner; or

women with a disability who experienced intimate violence from a carer other than their male partner.

Tasmanian research into these areas is needed.

Abuse of women with a disability by someone other than a male partner is often related to the woman living with and/or being cared for by others. This may involve an intimacy and dependency that is generally uncommon outside a marriage-like situation. While both international and national research has looked at this issue, there has been no Tasmanian study into the effectiveness of responses to women with a disability in relation to leaving an abusive relationship with someone other than a male partner.

## **Women with a health issue**

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The stories of women in this study clearly indicated that the violence and abuse they experienced from their male partner often took a toll on their minds and bodies. The majority of the women (68%) experienced physical and/or mental health problems during the relationship with their ex-partner. Depression was by far the most common health problem, identified by over half the women in the study (57%).

### **Depression**

Depression (described by women as ‘feeling depressed’, ‘being depressed’ or ‘having depression’) was, for over half of the women in this study (57%), identified as an additional barrier to leaving and/or establishing a new life. Most women reported that their feelings of depression were caused by the violence and abuse they experienced.

Like other women in the study, women who experienced feelings of depression reported that as they gained insight (often facilitated by formal supports) into the violence and abuse they experienced, they changed constraining beliefs about their situation. For example, they came to realise that their partner was not going to change and the violence was unlikely to stop, and this then became a pathway to leaving. This realisation itself often produced feelings of depression and grief, before the women were able to regain a sense of hope for the future.

For some, grieving and regaining hope occurred while they were still in the relationship and became a pathway to leaving. For others, it occurred only after they had left, and was a pathway to establishing new lives for themselves and their children, if any. But whenever it occurred, women who were supported through the process identified it as a key pathway. Some identified, as pathways, the responses of clinical psychologists, psychiatrists and other counsellors; others identified the response of a general practitioner.

The significant factors in responses from formal supports that contributed to their responses being a key pathway, were:

emotional support;  
acknowledgment of the impact of domestic violence on the woman's health; and  
provision of relevant information and referrals to support services.

*'I went to the doctors... he put me on anti depressants and referred me to (a counsellor). It was like someone was actually listening and trying to help me.'*

These significant factors were particularly evident in the support provided by general practitioners.

The significant factors that contributed to depression being a barrier were:

a lack of energy;  
a loss of hope;  
a diminished ability to make decisions and plan;  
and  
a diminished sense of self, self rights and agency.

*'[He] made you feel like you're worthless...so you feel depressed and when you try and find the strength to get out of it [and can't], you just think, well, I'm everything he says I am'.*

Several women reported they began feeling depressed after leaving and this became a barrier to establishing a new life. They felt suicidal, lacking energy or hope for the future. A number of women referred to having, or being close to, 'a nervous breakdown', before and/or after leaving. They identified their responses as a consequence of the violence and abuse, the grief from the losses they had experienced and, often, their sense of being overwhelmed by the changes, responsibilities and issues (including financial, housing and legal) associated with leaving and establishing a new life.

*'When severe depression hits you it feels like you can't cope with anything at all...There were days when I couldn't even leave the house. Absolutely terrible.'*

*'It got worse after I left...my self esteem really plummeted...trying to cope with everything and you feel really alone. And in the end I got to the suicidal point'*

## General practitioner's responses

Whilst most women believed the violence and abuse from their male partner had caused their depression, previous research has indicated that sometimes this is ignored in medical responses, with doctors resorting instead to prescribing drugs. For example, research in the US found that:

Rather than exploring the stresses in women's roles, their rights and options and supporting women's efforts to change their situations, physicians prescribe drugs. (Mowbray et al cited in Hodges 1997 22)

This finding is echoed in other research:

Doctors who feel unable to alter women's social situations may prescribe drugs for women in an attempt to alleviate the 'symptoms' that result from their experiences of violence. (Harper 1996 cited in Hodges 1997 23)

According to Hodges, women are often not provided with adequate information to support them in making informed decisions about their health (Hodges 1997 23).

Prescribing drugs was the most common medical response in this study: almost two thirds (63%) of the women who experienced depression were prescribed anti-depressants, mostly by a general practitioner. The effectiveness of this strategy varied. While it was described as a pathway by a third (32%) of women who reported experiencing depression, more (42%) identified it as a barrier.

In addition:

some women identified as pathways suggestions they come off anti depressants, and the provision of support without being prescribed anti-depressants;

almost half (47%) the women with depression reported that they did not receive any other support from the general practitioner and were not referred to other services;

only around one third (32%) of women who were prescribed anti-depressants were referred to support services, despite the general practitioner often being aware of the domestic violence;

several women reported the anti depressants had been of no benefit to them; and

others identified the drugs created further barriers by preventing them from thinking clearly or dealing with their situation effectively and for some it resulted in them believing they would need to 'take them for life'.

*'He foolishly offered me anti depressants...I looked at him and I burst into tears and I said, don't you offer me drugs, I don't want them! I went right off.'*

Most women experiencing depression reported responses from formal supports, mainly general practitioners, were a key barrier when they included the significant factors of:

- a lack of emotional support;
- a failure to acknowledge the impact of domestic violence on women's mental health;
- the pathologising of women's responses to domestic violence; and
- a failure to provide information and referrals for support.

One woman initially welcomed the cocooning and relaxing effects of the drugs but stopped taking them when she needed to address the problems she was facing:

*'I was feeling like [I was] inside an egg...[but I decided] I wanted to fix my problems. It was really painful for me. I'd lost my husband...Like I said, I have to cope now without him [and] I have to do things on my own'.*

## Other health issues

A quarter of women (25%) reported having a health problem other than or as well as depression, that they identified as a barrier to leaving and/or establishing a new life. These problems included:

- health problems as a direct result of the violence (spinal injuries, eye damage, organ damage);
- ailments attributed indirectly to the violence (including ulcers, angina, hypertension);
- existing physical health problems (including severe arthritis, migraines, a chronic back injury) which were exacerbated by the violence; and

cancer which had developed during the relationship.

Some of the health problems were exacerbated by the stress of leaving and/or establishing a new life. Like women with disabilities, these women's health problems affected their ability to care for themselves and/or their children.

The significant factors that contributed to health issues being a barrier were:

- reduced strength or energy;
- reduced ability to manage alone;
- a lack of financial independence; and
- a lack of practical support.

*'It was always...harder for me to cope as a Mum. That was one reason...why I had stayed as long when I think about it... With the arthritis... there was times when I couldn't do things and although he wouldn't really [do much to help], he would look after the kids. He wouldn't look after me but at least there was someone there to...[help].'*

## Future research

This research has raised issues regarding the impact of general practitioners' responses to women presenting with depression as a result of violence or assault by their male partner. Research to explore the impact of current education on medical students' and general practitioners' responses to domestic violence would assist in modifying their responses.

## Women with children

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### Introduction

Recent research has drawn attention to the effects of domestic violence on children and young people, and the potential to exacerbate or ameliorate these effects through the 'structures, policies and procedures of a broad range of social and legal systems including housing... health and social security' (Laing 2000 15). Further, recent research under PADV has found that: 'For most women with children, assistance with supporting their children to overcome the disadvantages of a violent early life is an important aspect of the long-term recovery period' (Dimopoulos et al 2000 67).

The majority of women in this study (79%) had children. In total, 42 women had 109 children, with families ranging from one to five children. Almost two thirds of these women (65%) reported that having children had affected their ability to leave and establish a new life.

Some reported that it was not harder to leave with children. These women identified two main pathways:

1. Concern for the children's wellbeing enabled them to leave.
2. Having children made it easier to obtain support.

Almost half of the women with children (49%) did not seek or want formal support for their children. Others, after realising that staying was not in their children's best

*'I had a supportive family. I didn't feel the need to look to other agencies and I didn't really have any problems with my children that made me think I should maybe get outside help.'*

interests, encountered other barriers relating to the children.

## Pathways

Among the women with children:

about half (49%) identified their families as a pathway to establishing a new life in relation to support for their children; and

about half (51%) wanted or sought help from formal supports to enable their children to establish new lives. (This included both women who had, and women who did not have, support from their families.)

Most women seeking help reported that families were much more supportive after the woman and children had finally left. The significant factors in the support provided by families were provision of:

care for the children;  
accommodation; and  
emotional and financial support.

Of those who wanted or sought help from formal supports to enable their children to establish new lives, 64% were successful in accessing this help.

*'Mum was so happy [I had left]...They were very supportive of me once I'd made the decision. They weren't going to try and influence me [but] they were waiting for me and they caught me [and the children] with both hands and said, You've done the right thing.'*

Structural support was identified as a general pathway. This included:

*Centrelink* payments;  
access to the legal system;  
housing loans; and  
affordable public and private housing as general pathways.

Women also identified a number of other formal supports as pathways in relation to their children, including:

counsellors, mainly social workers and psychologists;  
government-funded children's mental health services such as *Oakrise* and *Clare House*;  
parenting centres and Aboriginal children's centres; and  
church-funded counselling and support programmes, provided by *Anglicare* and *Centacare*, focusing on children who have witnessed domestic violence.

The significant factors of these pathways included:

emotional and practical support;  
a non-judgemental approach;  
free consultations;  
ready access;  
locating responsibility for the violence with the male partner; and  
well developed interpersonal skills.

*'[A social worker] helped me deal with the children's problems and it worked. I don't know what I would have done without it.'*

*'It was easy [to get the help that I needed] because we didn't have a man in the house, stopping us. The help is there, it's just being able to access it.'*

## Barriers

As already discussed (see page 89), women's fears for their children's future wellbeing was the second most common key barrier to leaving, reported by 38% of women with children. In addition, almost two thirds (65%) of women with children identified further child-related barriers and difficulties, both to leaving and to establishing a new life.

The significant factors in these barriers included:

- the physical demands of escaping with children;
- dealing with the emotional effects on the children of having lived with their father / stepfather assaulting their mother;
- dealing with the emotional effects on the children of separation from their father / stepfather;
- difficulties accessing support for the children;
- managing financially with children;
- difficulties accessing affordable housing with children;
- becoming ostracised from their children;
- losing custody of their children; and
- losing access to their children.

*'It's harder to get out with the children... You've got everything to gather... [I was] running across the paddock with a baby on each hip, my son in his pyjamas and my daughter... half dressed... to get a neighbour, to call the police, so I could get out... It scared the kids.'*

*'It was very difficult... coping with my problems and also trying to help these [two little girls]... understand what was going on... We were in a women's shelter and I just sat them down and said, look Mummy can't take it any more... her mind and heart and soul have just had enough... [But] no matter what I do in my future... no matter what happens... he's your Dad. No matter what he's done to me (and I mean he attacked those two once as well)... he is your Dad, and you are allowed to love him... No matter what I say or do... You can love him as much as you like, but God don't expect me to, you know, because I don't any more.'*

## Effects on the children

While the *majority* of women with children in this study did not report harmful effects on their children from living with domestic violence, over a third (40%) believed that, in the early months after leaving, their children's behaviour indicated they had been affected either by living with a father or stepfather who had assaulted their mother, and/or by the subsequent separation and all it entailed for the child. For example, women reported their children had, during these early months:

- self harmed;
- taken drugs;
- exhibited behavioural problems;
- mental health problems and/or offending behaviour;
- blamed the woman for leaving;

*'Although [my daughter] was happy the relationship was over, [she] did have some extreme reactions including one night... using scissors to cut off all the tops of her fingers. And she's a pianist. There was a very clear message in that.'*

*[My children] were very angry with me because they saw their father at his most unhappy and they blamed me. They couldn't remember the violent times... They just sort of blocked it out of their minds, I think... They knew it was there but they loved their father dearly.'*

performed poorly at school;  
developed an eating disorder; or  
become violent towards their mother.

While there are well documented methodological difficulties in identifying the long-term impact of domestic violence on children, research indicates ‘the majority of children exposed to domestic violence do not become either perpetrators or victims of domestic violence in their adult relationships (Humphreys & Mullender 2000 in Laing 2000 5).

The majority of women with children in this study identified that ‘life now’ was better for their children than either before they left, and/or in the initial establishment phase. One in four, however, reported longer-term or ongoing difficulties including:

teenage or adult sons exhibiting aggressive behaviour towards their mother and/or female partners;  
teenage or adult daughters having mental health problems or being in an abusive relationship; and  
younger children exhibiting behavioural problems, offending or not performing well at school.

One woman said her (now adult) daughter was sexually assaulted by her ex-partner—the child’s stepfather—and was now estranged from the mother and aligned with the stepfather. Her son had told her recently that he too had been sexually assaulted by his stepfather and has had to seek counselling after being suicidal.

*‘My son... I love him with all my heart, but [he] screams, yells, and stands over women...He’s going to be another replica of what I let him witness all those years.’*

*‘My daughter was...sixteen [and] into heavy drinking, smoking dope...and was bulimic and anorexic...She is a very intelligent girl...[but] she just dropped right out.’*

*‘My [adult] daughter recently told me that she used to lay awake...and listen to [the] violence...She [recently] had night terrors and...saw a psychologist...and this is what it all came back down to, this [memory] of her father being like that.’*

### ***Lack of effective support***

When asked about seeking help in relation to their children after leaving the relationship, almost half of the women (49%) reported that they did not seek or want formal support.

Of those who sought or wanted help from informal or formal supports, many identified barriers. Of the 51% of women who wanted or sought help for their children over a third (36%) did not receive the help they wanted or were dissatisfied with the support received.

Significant factors in this lack of effective support for children were:

a lack of family support with the children, particularly practical support;  
a lack of information about services for children;  
no services for children available in rural and isolated areas;  
access barriers due to a lack of transport;

a lack of formal respite care or home help with the children, particularly immediately after leaving when women often felt physically and emotionally exhausted;  
being unable to obtain crisis appointments with children's support services;  
a lack of liaison between agencies (eg schools and children's mental health services);

an ineffective response by welfare services when children displayed challenging behaviours;  
an ineffective response by services to alleged sexual abuse of children;  
a lack of social workers in schools; and  
the need for a choice of gender and cultural sensitivity in relation to social workers in schools.

*'[My teenage daughter] asked to leave [home]... She got special dispensation to be supported in a flat... [It] was just a big drunken place [with] lots of kids there, in the middle of town.'*

*'You had a male social worker and a male guidance officer... this is not appropriate. There's still this cultural barrier there, that says [concerns regarding my daughter] is women's business. Men don't go there.'*

## **Women with children who had a disability or health issue**

Almost a quarter of women in this study (24%) reported having children with a disability and/or health issue/s. The twelve children involved had one or more of the following problems:

asthma;  
eczema;  
a congenital disability;  
mental health problems;  
internal injuries from a car accident; and  
a brain tumour resulting in a severe disability.

### **Pathways**

Approximately half of these women sought help and two thirds (67%) eventually obtained support for their children's disability or health problem. The women identified changed beliefs and informal and formal support as key pathways; but several also identified ongoing difficulties in caring for their child. The pathways women identified included:

family and new partners who helped with caring for the children and financially;  
obtaining assistance from formal supports including special schools, physiotherapists,

*'[My new partner] just did everything for me and... for my daughter and they had a wonderful relationship together and [he] basically took over... the father's role.'*

*'I got help for [my daughter with a disability] through a disability pension and she had to go to a special school...where they [did] a lot of physio and she had transport...I [also] got help for her through social welfare.'*

*'The situation had exacerbated their asthma enormously...[now] none of them are on preventative medicine... leaving allowed them to get better...and I saw that I was capable.'*

respite care, child disability payments from *Centrelink*;  
support and transport from government welfare services;  
discovering the health problem was reduced after leaving the stressful environment; and  
realising they could manage the child/children alone.

The significant factors in these pathways included:

emotional and practical support;  
financial support;  
shared responsibility;  
respite; and  
an enhancing of a sense of self and agency.

## Barriers

All of the women who had a child with a disability or health issue identified that disability or health problem as a barrier to leaving and/or establishing a new life. In addition to the barriers identified by other women, these women identified additional barriers relating to:

the child's illness;  
not knowing what support services were available; and  
ineffective informal or formal responses—a lack of support, and a lack of access to formal supports, particularly in rural areas.

The significant factors contributing to these barriers included:

the extra costs incurred for medication, special dietary requirements and caring for the children;  
not wanting to expose the children to further stress by leaving; and  
fear of being unable to manage the disability or health problem outside their familiar environment.

*'[My daughter] was in a wheelchair...I didn't know about special care, respite. It was a financial drain too, in and out of hospitals for two years.'*

*'I had a daughter who was so sick [with a tumour]... and then the added stress [of the violence]... I just... couldn't see any way out. It was like I was just in a vicious circle.'*

## Future research

A key barrier raised by several women in this study was the response of statutory authorities to allegations by women of sexual assault of their children by their father or stepfather, when domestic violence was also involved. A Family Court Chief Justice recently called for a national scheme to help children whose parents allege child abuse during custody disputes, prompted by his concern about what he saw as a common and erroneous perception that such allegations are 'concocted by vengeful parents' (Nicholson, *The Examiner*, 2002). Research with women in this situation is needed to examine the efficacy of agency responses in achieving positive outcomes for children.

The education system has a potentially very important role to play in the lives of children who live with domestic violence and who establish a new life after leaving. While few women identified the education system as a barrier, none identified it as a key pathway. Research by the Department for Education into its responses, including those of teachers, school social workers and guidance officers, has the potential to enhance responses to children living with domestic violence.

## **Women living in a rural or isolated area**

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### **Introduction**

Almost three in every ten Australians (29%) live outside metropolitan areas (ABS 1999). In comparison to urban settings, there is a higher reported incidence of domestic violence in rural and isolated communities, and the prevalence of firearms has been identified as restraining women's ability to leave, as well as being linked to the higher level of homicides related to domestic violence (Coorey 1988). Western Australian research found a greater proportion of homicide victims were women murdered by their male partners and, disturbingly, that Indigenous women living in rural and isolated areas were 45 times more likely to be a victim of domestic violence than non-Indigenous women (Ferrante et al 1996 37).

Other research has shown that women in rural and isolated areas are potentially subject to a number of constraints, including:

- a lack of access to child care and transport and few jobs available, resulting in limited employment opportunities for women and an increased likelihood of being financially dependent on male partners (Gibson et al 1990, Hornosty 1995 cited in Wesnet 2000 14);

- limited or no access to money (Coorey 1988);

- limited access to formal supports and fewer housing options (Dimopoulos et al 1999 64–66);

- the often conservative nature of rural communities, so that a woman disclosing domestic violence may be viewed as failing to meet 'community and family expectations' (Coorey 1988 cited in Wesnet 2000 15). Women who leave and break up the family unit may be 'ostracised or condemned by the wider community' (Brownless & Stevenson 1994 cited in Wesnet 2000 15); and

- an increased likelihood that police will '...handle domestic violence in a lenient fashion' due to beliefs that they 'need to maintain a good relationship with community members' (Knowles 1996 153). In reality, this usually meant the male perpetrators.

Tasmania is predominantly a regional and rural population. Thirteen women in this study (25%) lived in rural or isolated areas within Tasmania during the time they experienced violence from their male partner. The areas included isolated farming communities, hydro towns, the Central Plateau, an island of the coast of Tasmania, and small country and seaside towns and villages. At the actual point of leaving, a large majority of these women (85%) were still living in rural or isolated areas. The average length of time in the relationship was 40% higher than that of the

other women—fourteen years compared to ten years. After leaving, a minority of the women (22%) remained in the same rural or isolated area where they had experienced the violence, while over a third moved to the city and another 39% moved from an isolated area to a larger rural area.

## Pathways

While pathways reported by women in rural and isolated areas were similar to those reported by other women in this study, women in rural and isolated areas reported fewer pathways overall. Isolation and/or a lack of services contributed, in part, to fewer reporting formal supports as a key pathway:

1. only two women (15%) identified **counsellors, adult educational institutions and hospital medical staff** as key pathways;
2. one woman identified **police** and another **a general practitioner** as key pathways;
3. only one woman had contact with **the DVCS** before leaving. She identified them as a key pathway both to leaving and establishing a new life;
4. of the eleven women living in rural or isolated areas at the point of leaving, four (36%) identified contact with **domestic violence specific services** in nearby cities as a key pathway to actually leaving and/or immediately after leaving; and
5. of the eight women still living in rural areas at the time of the study, five made contact with **domestic violence specific services** after leaving, two of whom identified them as a key pathway to establishing a new life.

*'My general practitioner said you can't allow this to go...[that] I needed to get out...and to report [it]...because it would only keep happening'.*

*'Without (DVCS) I would be dead...(The DVCS worker)...came to the police station with me and we had him charged with one [count] of common and one of criminal assault'.*

*'When we went to [a country town] it was the first time I'd lived in and been part of that community and it did help. People knew who I was...not to say that [they're] stickybeaks. A lot of people might find that a bit invasive but it also acts as a safety net...[My ex-partner] used to turn up at all odd hours of the day and the neighbours would tell us.'*

While almost half (46%) of the 13 women in rural and isolated areas identified family as supportive through helping them to move, caring for their children, providing emotional support or accommodation, only two women (15%) identified family as a key pathway;

Two women (15%) reported that the caring and protective nature of their close knit, rural community was a pathway in establishing a new life after leaving.

Two women (15%) reported that the caring and protective nature of their close knit, rural community was a pathway in establishing a new life after leaving.

## Barriers

Whilst women living in a rural or isolated area identified similar barriers to other women in this study:

- a smaller proportion of rural women reported family as supportive (46% compared to 77%);
- a smaller proportion reported family as a key pathway (15% compared to 25%);

a smaller proportion reported contact with domestic violence-specific services and counsellors before leaving;  
 a smaller proportion reported contact with most formal supports and thus a smaller proportion identified them as key pathways; and  
 rural women also reported the rural community as a barrier.

Most of the thirteen women identified a number of significant factors in the barriers they faced:

the additional difficulties and costs of packing up and moving;  
 the additional cost of physically leaving (eg plane fares, extra distance to travel);  
 lack of access to transport;  
 being unable to leave for geographic or climatic reasons (on an island or snowed in);  
 the distance from family, friends and neighbours;  
 no existing support services or no access to support services;  
 the need to move outside the community to access women's shelters;  
 limited or no access to information;  
 limited or no access to outside communication;  
 the conservatism of rural communities;  
 limited or no capacity to develop an escape plan;  
 no access to emergency cash due to no banking services, or no access to banking services;  
 the need to leave one's livelihood or employment (eg a farm) if leaving home;  
 a lack of confidentiality;  
 police taking a conciliatory approach; and  
 key support services' workers, including police, more likely to be known to friends or colleagues of the woman and/or be known to friends or colleagues of male partners.

*'The [farm] was my whole work and my life...I didn't have anywhere to go or any other independent means...So I [thought] you've got to hang in and try and make things better.'*

*'I just wasn't prepared to report [the assault] because of the impact it would of have on his job [and reputation].'*

*'I couldn't pop over to the neighbours for a cup of coffee and a chat...the psychological isolation is 'I'm on my own in this.' The fact that you know your neighbours are two acres away added to that isolation.'*

***Formal supports***

Isolation was the main reason that informal or formal supports were less likely to be identified as pathways. The usual key formal supports were often non-existent in rural or isolated areas:

1. only one woman still living in a rural or isolated area had contact with domestic violence-specific services early in the process of leaving, and that was due to her hospitalisation in the city after a severe assault;
2. five of the thirteen women (39%) had no contact at all with domestic violence-specific services compared to only 26% of other women in this study—due, at least in part, to the fact that no domestic violence-specific support services were available within an hour or more of the women's residences;

3. there were often no other formal supports available—no counsellors, legal services, adult education institutions or access to employment; and
4. women had the additional barrier to establishing a new life of having to adapt to living in a city after leaving a rural or isolated area to escape their partner.

*'If I'd known how difficult it was I may not have left, because it really is very difficult to move to a new place and to meet new people...Its a very slow process.'*

### ***Rural communities***

Several women identified as a key barrier to leaving the conservative values of their small, rural community, its judgemental approach, narrow vision, tendency to gossip, and need to 'maintain standards'. One woman who reported her family had 'standing' in the community felt unable to leave due to such attitudes.

*'Those sort of values...kept me there...The community obviously blamed me...I think...[it's] still the attitude of small towns.'*

### ***Isolated communities***

Women for whom geographical isolation was a key barrier identified a number of contributing factors including literally, having nowhere to go, no informal or formal supports, no transport and significant difficulties moving out of the house.

### ***General practitioners***

Whilst the responses of general practitioners were identified as a barrier by 26% of all women in this study, their responses were of particular significance for isolated women. Most women identified their only contact with a formal support, before leaving, was a general practitioner. Several women reported this contact as a barrier to leaving with factors similar to those identified by other women, including:

- seeing the woman with her partner present;
- not querying the cause of injuries;
- not offering information on domestic violence;
- prescribing anti-depressants; or
- minimising the woman's situation.

*'He kicked me out of the house... then I had nowhere to go. I'd just go back in, in a couple of hours...No, I didn't [get help], I didn't have a phone...But there was nothing [anyway], only the police.'*

*'I'd lived in a tiny [remote] village all them years and I was just way too scared to come down to the city by myself...I had no-one, no friends down (in the city)...I didn't have any options. I had to stay.'*

*'It made it harder to pack up and go because there's so much more to do...You do have to be organised and...plan. You can't just decide I'm going to go.'*

## **Implications**

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### **Pathways**

Aboriginal and CALD women, women who identified as having a disability or health issues, women with children, and women living in rural or isolated areas, all reported both similar and

additional pathways to other women in this study, with the additional pathways including cultural and access factors. This implies the need for:

*the ongoing resourcing of adult education strategies that recognise the diversity of women and facilitate their access to education;*

*community development strategies that build on the strengths of Aboriginal and CALD women's cultural identity and sense of community;*

*domestic violence information strategies that take into account diverse cultures, languages, education, abilities and locations;*

*general practitioners, psychiatrists, and other mental health service providers to respond to domestic violence within contemporary frameworks;*

*a recognition of the grief process women may experience before and/or after leaving a violent male partner;*

*the resourcing of relevant services to assist women seeking support for their children as a consequence of having lived with domestic violence;*

*domestic violence community education strategies to include initiatives that recognise the diversity of women and particularly, focus on constraining beliefs; and*

*research that takes account of the diversity of women and the current gaps in knowledge.*

The significant factors identified suggest a basis for the development of a basic generic model of response for formal and informal supports, to assist them in developing an effective and appropriate intervention when a woman, assaulted by a male partner, seeks support. This is examined further in the chapter 'Defining a Framework for Practice', page 130.

## **Barriers**

Aboriginal and CALD women, women who identified as having a disability or health issues, women with children and women living in rural or isolated areas reported both similar and additional barriers to other women in this study, including cultural and access factors. This implies the need to:

*address the ineffectiveness or inappropriateness of informal responses to the diversity of women which fail to take account of diverse cultures, languages, education, abilities and locations;*

*address the ineffectiveness of formal responses that fail to take account of diverse cultures, languages, education, abilities and locations;*

*develop strategies to provide supports to women in rural and isolated areas;*

*develop strategies to ensure service providers, including the education system, can respond effectively to women and their children who are living with domestic violence; and*

*develop community education strategies that raise awareness of the issues for children both living with and after leaving a father/stepfather who assaults their mother.*

## **Recommendations: recognising diversity**

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### **Aboriginal women**

- 7.1 That the Tasmanian Government assist, support and resource the Aboriginal community to explore and develop culturally appropriate options for addressing violence, including:
- a) culturally appropriate safe havens for Aboriginal women experiencing domestic violence;
  - b) community development strategies aimed at enhancing Aboriginal women's sense of self, agency, community and cultural identity;
  - c) culturally appropriate domestic violence community education strategies, including 'claim making' activities in the public sphere through Aboriginal writing, speaking, theatre and other media (adapted from Kanahu in Eldon & Eisikovits 1996);
  - e) culturally competent research into family violence in Tasmania Aboriginal communities; and
  - f) improving Aboriginal access to welfare services.

### **Women from culturally and linguistically diverse backgrounds**

- 7.2 That the Tasmanian Government require its agencies to review usage of interpreting services and ensure that staff responsible for responding to domestic violence, particularly in the criminal justice system, are trained and required to use interpreting services.
- 7.3 That the Commonwealth Government:
- a) increase the resources available to Migrant Resource Centres to provide support and interpreting services to CALD women experiencing violence from a male partner, particularly immigrant and refugee women;
  - b) ensure that the staff of interpreting services receive domestic violence training and that female interpreters are available when requested; and
  - c) review the impact of immigration policies and practices on women immigrants and refugees seeking to leave a violent partner.
- 7.4 That all domestic violence-specific support services and key agencies involved in the area of domestic violence train and require staff to use interpreting services and develop culturally appropriate community development strategies aimed at enhancing CALD women's sense of self, agency, cultural identity and community.

### **Women with a disability**

- 7.5 That the Tasmanian Government resource and require the Domestic Violence Crisis Service, Mental Health Services including psychiatric hospital units, and Disability Services to develop formal liaison and referral protocols.

### **Women with a health issue**

- 7.6 That the School of Medicine, University of Tasmania, undertake research aimed at improving the effectiveness of general practitioner identification of and responses to domestic violence.

### **Women with children**

- 7.7 That the Tasmanian Government resource and develop specialist services within the Department of Health and Human Services and the Department of Education to:
- a) work with children affected by and/or living with domestic violence with the aim of assisting them to recover from the impact of domestic violence;
  - b) work with parents, particularly custodial parents, to support and assist them to help their children recover from the impact of domestic violence;
  - c) provide an advisory service to work with services responsible for responding to domestic violence, including primary schools, high schools and colleges;
  - d) provide long-term family support services aimed at assisting women escaping violent partners to establish a new life for themselves and their children;
  - e) assist the linkage and coordination of key services (eg child protection services, the Domestic Violence Crisis Service, and family support services); and
  - f) review the response of statutory authorities to allegations of abuse and sexual assault made by women escaping violent partners to improve the efficacy of responses regarding child protection and positive outcomes for children living with and affected by domestic violence.

### ***Women living in a rural or isolated area***

Recommendations relating to women in rural and isolated areas are contained within a number of other recommendations, including 1.1(a), 2.1(e), 2.5(a), 5.1, 6.4, and 6.5 (see the Summary of Recommendations, brought together on page xxx).

## ***DEFINING A FRAMEWORK FOR PRACTICE***

The State Government's recent commitment 'To reduce the level of family violence by one third by 2020' (*Tasmania Together 2001*) will require a diverse range of strategies in order to progress towards this benchmark, many of which can be informed by strategies identified in other international, national and local research (see chapter on 'Current Thinking and Knowledge', page 9).

While many of these strategies include essential *preventative* measures at both a structural and an individual level, any strategy supporting women at a structural and individual level *to leave* a violent relationship with a male partner and establish a violence-free life is contributing to progress towards this benchmark. Similarly, understanding the barriers that women encounter in this process can enhance government and community responses through informing policies, strategies, service delivery, laws and community attitudes.

The substantial impact of men's violence on women and children highlights the importance of developing strategies that focus on:

- the men taking responsibility for their use of violence;
- effective government and community responses to domestic violence; and
- societal attitudes to domestic violence.

This chapter summarises the pathways, barriers and significant factors identified, analyses the nature of the violence and its implications for policy and practice, identifies the phases women go through in leaving a violent relationship and establishing a new life, and, based on all this information, proposes a framework for practice. It then considers DVCS as a model for effective service delivery; identifies two issues that urgently require further exploration—women's homelessness after leaving, and their impoverishment; discusses the crucial importance of a coordinated response across services and service systems, and how this might be achieved; and looks at the broad implications of the study for future directions in responding to domestic violence.

### **Pathways, barriers and significant factors: a summary**

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#### **Pathways**

Women in this study identified the following key pathways to leaving a violent relationship and / or establishing a new life:

1. intervention from **formal supports**, primarily domestic violence-specific services and counsellors (mostly social workers);
2. intervention from **informal supports**, primarily female friends;
3. underpinning **structural supports**, mostly access to resources;

4. access to **information**, primarily the media and books; and
5. **enabling fears, beliefs and feelings**, primarily regarding safety, the children, and a sense of hope—that is, giving up hope the violence would stop and regaining hope for a safer future).

## Barriers

The women also identified the following key barriers to leaving and/ or establishing a new life:

1. **constraining beliefs and feelings, primarily** fear of being killed if she left, fear of the impact on the children of leaving and hope the violence would stop;
2. **structural barriers** - a lack of access to resources;
3. **the ineffective response of informal supports**, primarily family; and
4. **the ineffective response of formal supports**, primarily the police and general practitioners.

## Significant factors

Women identified a range of significant factors that characterised these key pathways and barriers. These are summarised in Table 9.

**Table 9: Significant factors of key pathways and barriers**

<b>Key Pathways: Significant factors – a response that:</b>	<b>Key Barriers: Significant factors – a response that:</b>
<p>focused on women’s safety whilst respectful of women’s choices;</p> <p>provided women with information about the impact of domestic violence on children whilst cognisant of the limits of women’s agency and the need for support;</p> <p>was non-judgemental, culturally sensitive, non-discriminatory and believed women’s accounts of the violence and abuse;</p> <p>was non-directive, being action-focused only when strongly indicated (eg severe crisis) and guided by previous principles;</p> <p>was emotionally and practically supportive;</p>	<p>did not focus on women’s safety;</p> <p>was disrespectful of women’s choices;</p> <p>did not provide women with information about the impact of domestic violence on children;</p> <p>was not cognisant of the limits of women’s agency and the need for support;</p> <p>was judgemental, culturally insensitive, discriminatory and did not believe women’s accounts of the violence and abuse;</p> <p>was overly directive;</p> <p>was emotionally and practically unsupportive;</p>

<p>was active in information provision; referred women to, and actively supported women to access, formal supports; enhanced women’s insight into their situation and enhanced their sense of agency; responded from a perspective or practice model informed by contemporary frameworks of domestic violence (including a feminist analysis); located responsibility for the violence and abuse with the male partner; and</p> <p>was cognisant of the need to support women through the process of giving up hope, grieving and regaining hope.</p>	<p>was inactive in information provision; did not refer women to, and did not actively support women to access, formal supports; did not enhance women’s insight into their situation nor enhance their sense of agency;  responded from a perspective or practice model that was not informed by contemporary frameworks of domestic violence; failed to locate responsibility for the violence and abuse with the male partner; and  was not cognisant of the need to support women through the process of giving up hope, grieving and regaining hope</p>
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## Violence: a choice

The men’s violence was, almost always, only aimed at the woman and sometimes the children as well – but not outsiders. This is despite perceived ‘causes’ of the violence—such as substance abuse, mental illness, a traumatic background—being an equal influence on all other aspects of the man’s social encounters.

Any analysis of the violence therefore needs to incorporate an understanding of male power and entitlement within a patriarchal society, particularly as it is played out in male/female intimate relationships.

Many of the women in the study tried to make sense of the violence they experienced, seeking causes and explanations and trying to manage it by developing strategies to make the violence stop. The ways they found were as varied as the women themselves. What they had most in common, however, was that, invariably, *nothing they tried stopped the violence*.

There was a consistent sense, in the women’s accounts, that their male partners felt entitled to use violence and abuse to intimidate and coerce them, and that this was *not* apparent in the men’s other social relationships. This has significance for individual and group strategies as well as short-term and long-term social change strategies focusing on behavioural and attitudinal change in men who assault their female partners, and on those social structures that support and/or fail to challenge oppressive male behaviour. There is, for example, the need for state support for social change strategies, including campaigns such as the British *Zero Tolerance* campaign. The 1992 Edinburgh campaign ‘specifically challenged the myth that women were responsible for male violence and sought to put responsibility onto men’ and, by putting the issue of male violence into the public arena, the campaign ‘created a consensus for change’ (Gillan & Samson in

Hanmer & Itzin 340-355 2000). Strategies are also required that support men to publicly challenge male entitlement and the structures and practices that maintain male oppression of women. One approach to this, suggested by Laing, could be for providers of perpetrator programs (both voluntary and mandatory) to develop strategies that articulate ‘the connections of this work at the individual level with efforts at the institutional and social levels’ (Laing 23 2002).

## **A framework for practice**

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The study has provided examples of individual good practice in the responses of a range of workers, including domestic violence-specific service workers, social workers, psychologists, police, general practitioners, nurses, lawyers, friends, family and new partners. The significant factors of these responses identify a number of characteristics of good practice, as set out below.

### **Characteristics of good practice**

Good practice:

is non-judgemental;

believes the woman;

is action-focussed during a crisis;

is non-directive at all other times;

locates the blame for domestic violence with the male partner whilst still respecting the women’s choices and feelings for her partner;

understands unconditionally when a woman chooses to return, perhaps many times or is unable to leave for many years;

supports women through the grief process of losing hope for change to regaining hope for the future;

provides relevant information and referrals; and

recognises that assault is a crime.

These characteristics can be readily adopted by both informal and formal supports.

The response of family, friends and the community, as well as formal supports, is of vital importance. This study has confirmed the findings of other research that women are most likely to approach friends and family first, either to talk about the violence and/or seek help:

...domestic violence occurs within communities where members of neighbourhoods, kinship networks and friendship networks know about domestic violence long before any outside agency is approached...women and children who are escaping violence either relocate to new neighbourhoods or are attempting to secure safety in their current ones...the prevalence of domestic violence means that we will never create enough specialist services to cope with the actual let alone potential demand. (Kelly 1996 68 in Holder 1998 3)

Holder suggested the need for informal supporters to ‘...acknowledge and begin to work with the very early strategies that (women) adopt to “manage” the violence in their lives’ (Holder 1998 3). The findings of this current study suggest that informal and formal responses should support each woman’s individual response to trying to deal with violence from a male partner whilst understanding the structural constraints most women are likely to encounter.

Table 10 sets out how the framework for practice can be implemented by both informal and formal supports, at each of the five phases in the process of leaving (set out on page 41). As this framework makes clear, an understanding of the phase a woman is up to underpins any effective response, from either formal or informal supports.

### **Joint meetings**

The study findings indicate that providing ‘couple counselling’ when a man had assaulted his female partner was not a significant factor of effective responses. This did not mean that meetings with the couple were always inappropriate, and in some formal support services such meetings may have been unavoidable or necessary.

Where this is the case, a possible guideline to practice could be:

1. Does the meeting require equal participation?
2. Does the meeting require decisions to be made based on freedom to choose?
3. Does it involve issues of possible conflict?

If the answer to any of these is yes, a joint meeting is inappropriate as the findings indicated a woman was less likely to have the freedom to make choices in her own best interests when the person who is violent towards her is in the same room. Women were aware their responses could place them in danger, particularly if they challenged or disagreed with their male partner, demonstrated their own power or were supported to have power in front of others.

**Table 10: A framework for good practice**

Phase 1: Pre-contemplation	Good Practice
<p>Women are managing and/or resisting the violence but not generally thinking about leaving.</p> <p>Many seek help for the first time, to manage the violence, mostly from informal supports.</p> <p>Women may remain in this phase for years.</p>	<p>Women are often seeking emotional support to ‘deal with’ or manage’ the violence. Even when police are called (usually by someone else), women are seeking action to stop the violence rather than removing the man or ending the relationship.</p> <p>Effective responses, both formal and informal, will:</p> <ul style="list-style-type: none"> <li>be non-judgemental and involve listening and understanding; support the woman to explore her feelings, options and relationship;</li> <li>be non-directive and enhance a woman’s sense of self and her sense of agency, whilst recognising the possible limits of her agency; and</li> <li>ask the woman how they can help and what it is that the woman needs from them, right now.</li> </ul> <p>Information can be provided on:</p> <p><b>domestic violence:</b></p> <ul style="list-style-type: none"> <li>&gt; the risks;</li> <li>&gt; that it is unacceptable, a crime, not the woman’s fault;</li> <li>&gt; that it rarely stops, and is likely to escalate;</li> <li>&gt; the possible impact on children; and</li> <li>&gt; about support services.</li> </ul> <p><b>respectful relationships</b> and women’s <b>rights</b> including their legal rights.</p> <p>Informal supports can only do what they feel able to– nothing is more important than listening respectfully, not judging, and affirming that violence is unacceptable and not the woman’s fault.</p> <p>Formal supports will ideally provide all the components of the basic good practice response in addition to the support provided through their own individual or agency mandate.</p> <p>Responses should <b>not</b> be directive, tell the woman what she must do, or tell her she should leave. This is likely to result in her being less willing to seek further help as she may feel she has failed to do the right thing if she does not leave. She may be resistant to suggestions or agree with what is suggested rather than offend, but take none of the agreed action and/or feel unable to return for support in the future.</p> <p>An effective response will support a woman to manage the violence whilst contributing to her eventually leaving. It is essential not to make decisions for women at this stage. Women will introduce the possibility of leaving when they are ready to contemplate such action.</p>

<b>Phase 2: Contemplation</b>	<b>Good Practice</b>
<p>Women begin to think about leaving, though often they just want the violence to stop.</p> <p>They are acutely aware of the barriers to leaving.</p> <p>Many want to discuss their options with informal and/or formal supports, but are often ambivalent, maintaining hope for change.</p> <p>This phase can last for years.</p>	<p>The first step is to establish whether the woman is actually in Phase 2. A Phase 1 response may need to occur on many occasions before she begins to seek a response that assists her with thinking about leaving. She may have reached a turning point; this may be one of many or the final one. If it is the final one, she has moved beyond contemplation and is ready to leave. It is important to listen to what she is saying. Is she talking about:</p> <ul style="list-style-type: none"> <li>managing the violence?</li> <li>being unable to manage the violence any longer?</li> <li>seeking other solutions?</li> <li>the possibility of leaving?</li> </ul> <p>Effective intervention is non-directive but does not feed hope the violence would stop. If she is in Phase 2, it is appropriate to</p> <ul style="list-style-type: none"> <li>use all the Phase 1 steps and approaches;</li> <li>respectfully explore the woman’s beliefs and feelings about her partner and the relationship and some of the barrier beliefs she may hold as a result of her experiences;</li> <li>present information on supports and her legal rights, to remind her of the risks to herself and to her children and to inform her of legal action available for her safety; and</li> <li>talk about a safety plan and to explore planning for the future.</li> </ul> <p>This discussion may occur many times before a woman is ready to plan leaving or actually leave. During this time she may be giving up hope the violence will stop and can be experiencing grief and loss which may affect her levels of energy. This may be counter-balanced by a growing sense of agency and sense of self.</p>

<b>Phase 3: Deciding to leave</b>	<b>Good Practice</b>
<p>Women decide or plan to leave often after a severe incident of violence and/or the children witnessing or experiencing violence.</p> <p>Women often seek information about leaving from formal and informal supports, including specialist services.</p> <p>Many have already disengaged from the relationship emotionally and/or sexually.</p> <p>Most have given up hope the violence would stop and may be experiencing grief.</p> <p>Depending on the barriers and pathways, this phase can last anything from hours to years.</p>	<p>This stage is the final turning point. Being actually able to leave may take time and responses may still need to be about planning and encouragement, validation and information provision.</p> <p>Often, however, this is a crisis point and a woman is ready for action. Sometimes at a point of crisis, needs can be confused and the situation can be chaotic. In this situation, women are seeking more action-focused support aimed at addressing their expressed needs.</p> <p>Often the final turning point is a violent incident. It is essential that support provided at this point has a woman's safety as the first priority. Consideration also needs to be given to the supporter's safety.</p> <p>Effective responses also take account of the grieving process that many women are experiencing.</p>

<b>Phase 4: Actually leaving</b>	<b>Good Practice</b>
<p>Women often leave after a turning point, a severe incident of violence and/or the children witnessing or experiencing violence.</p> <p>The woman may remain in her home and her male partner leaves of his own accord or because of outside intervention, such as police removing him from the home.</p> <p>Alternatively, the woman may leave her home temporarily or permanently, primarily to access safety.</p> <p>Women often feel ‘in crisis’ and seek action-focused, practical and emotional support from formal and/or informal supports, particularly police and domestic violence-specific services.</p> <p>The phase is usually completed within days.</p>	<p>Again, this often occurs at a turning point – often a severe incident of violence and/or the children witnessing or also experiencing violence.</p> <p>A crisis response needs to be action focused, but must still respect, and occur within the context of, a women’s expressed needs. Failure in this can result in women later overturning the decisions made at this crisis point.</p> <p>An effective response includes providing information about and facilitating access to available resources and supports, including specialist services. It also includes facilitating a woman’s access to safety through available legal action. Again, the woman's and any children’s safety is a priority.</p>

<b>Phase 5: Establishing a new, violence-free life</b>	<b>Good Practice</b>
<p>This phase is often particularly challenging.</p> <p>Women usually seek non-directive practical and emotional support, and require a higher level of contact with informal and/or formal supports.</p> <p>Access to resources is crucial, as women are often having to move to different towns, regions or states.</p> <p>Many barriers are often encountered which, if not overcome, may result in the woman returning to her male partner.</p>	<p>An effective response takes account of the grieving process women often experience as a result of leaving their male partner, providing emotional support as women seek to regain hope for the future.</p> <p>Respondents need to listen to what help a woman is asking for and avoid making decisions for her. A woman may feel vulnerable and anxious after leaving and may seek emotional and practical support to sustain her decision. She may also need support to address ongoing concerns for safety.</p> <p>Respondents need to be aware of, and support women's access to, available support services.</p> <p>If the woman returns to her male partner, an effective response assures her she will again be supported if and when she seeks help to 'manage the violence' or leave in the future.</p>

## **The DVCS: a model for effective service delivery**

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This study has refined the findings of recent national research which found that most women did not contact domestic violence-specific services when they experienced domestic violence, but first contacted family and friends (ABS 1996; Keys Young 1998). The study has found that women generally contacted family and friends when they were in the *pre-contemplation* and *contemplation phases* of the process of leaving. However, when they entered the active phases of the leaving process, most women contacted domestic violence-specific services, predominantly the Tasmanian government's regional *Domestic Violence Crisis Service* (DVCS), and over half the women in this study identified it as a key pathway. The findings highlight the importance of specialist services for domestic violence.

The percentage of women in this study who had contacted domestic violence-specific services was almost twice that found in previous national research – 74% versus 39% (Keys Young 1998 8-9). The 74% included 53% of women accessing the DVCS. Possible explanations for this difference include:

- the service delivery model of the DVCS;
- formal liaison with police; and
- the enhanced capacity in regional centres, for effective service linkages.

The study also made clear that safety issues, access to resources and the concepts of hope and women's agency were central to women's ability to move through the five phases in the process of leaving; and responses that understood these key factors were identified as the most effective. The DVCS satisfied this criterion, and was identified by women as a key pathway, both to leaving and to establishing a new, violence-free life.

The DVCS thus provides a model for effective service delivery and practice. As identified in the study, it:

- provides a mobile crisis response, day and night, out of three regional centres;
- plays a pivotal co-ordination role in facilitating women's access to other key pathways, supporting women's access to other domestic violence-specific services; counselling services such as sexual assault support services; police and other parts of the criminal justice system; lawyers; and access to resources such as income security (through *Centrelink*), housing, transport, removals, emergency assistance and security; and
- is cognisant, as a regionally located service, of local networks, providing for effective referrals and liaison.

Integral to the effectiveness of the DVCS is its formal contract with the Department of Police through police Standing Orders which provides for:

- formal liaison between the two agencies;
- police attendance with DVCS workers at domestic violence call outs;
- police provision of information about, and referrals to, the DVCS when women report domestic violence; and

police providing to the DVCS, domestic violence incident reports that outline a woman's contact details, police action taken and any DVCS contact requested by a woman, following a report to police of domestic violence.

Significantly, the DVCS was included in the pathways identified by Aboriginal women, women from a culturally and linguistic background and women who identified as having a disability.

## **Education, training and practice guidelines**

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Good practice is dependent not only on a coherent and appropriate policy framework, but also on appropriate undergraduate, post-graduate and ongoing professional education for all those involved in responding to women in domestic violence situations. Currently very little domestic violence education and training is provided at an undergraduate and post-graduate level. Mostly it consists of minimal, introductory or non-compulsory components within curricula. Ongoing professional education within government and community agencies involved in responding to women in domestic violence situations needs to be routinely provided and adequately resourced. To enhance the response of key service providers, education and training that addresses knowledge, skills *and* attitudes is required, based on an understanding of domestic violence within contemporary frameworks.

## **Homelessness and impoverishment**

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Most of the barriers identified by women in this study – constraining beliefs, structural barriers (including a lack of access to resources), and ineffective responses – repeated the findings of previous research. However, the dire consequences for women of being forced to leave their home is an issue that urgently requires further exploration. It highlights the importance of provisions for removal of perpetrators from the home. Often called 'exclusion' or 'sole occupancy' orders, they 'address in a pre-emptive way the homelessness of those subjected to violence should the perpetrator not be removed' (Southwell 2002). This issue needs to be informed by the recent research report *Home Safe Home* (Chung et al 2000), current DVIRC research on removing the perpetrator from the home (forthcoming) and current *PADV* funded national research 'exploring ways of enabling women and children experiencing domestic violence to remain safely in their homes' (Health Outcomes International Pty Ltd, forthcoming).

The process of leaving a relationship with a violent male partner most often meant women *literally* leaving their homes, towns, regions and even their States. Mostly, women left their home to seek safety following an assault. It was often the only action they could take to end the relationship and be safe, as they were rarely able to persuade their male partner to vacate the home. This highlights the contribution police can make to a woman feeling able to remain in her home, through their legal response to an assault or a breach of a Restraint Order.

Leaving their home had dire economic consequences for women, both in the short and long term, not only for the women but in the majority of cases, for their children as well. Before leaving, the women were spread fairly evenly across all socio-economic groups. After leaving, over half (56%) were in receipt of incomes (joint or partner only) lower than \$20,000 – triple the number

in this income group before leaving. Home ownership dropped by 14%. Only a third of women eligible for maintenance were receiving any child support payments. This requires government action to increase the access of women in this situation to affordable housing and childcare as well as employment and to review the processes that currently prevent them from receiving child maintenance.

## **Achieving a consistent and integrated response**

Research has indicated that the key to effective service delivery for responding to domestic violence is a coordinated, consistent and integrated service response. This study supports those findings. At what was very often a time of crisis, women in the study clearly needed a consistency of response; furthermore, they have a right to expect consistency from formal systems responsible for the delivery of services to the public.

In particular, whilst women were enabled to leave through the responses of formal and/or informal supports, responses from the same supports were identified as barriers when they reflected a climate of tolerance towards domestic violence.

The inequalities between men and women in society underpinned the oppressive relationships, maintained by the use of violence, that were identified by women in this study. Violence is a:

...logical outcome of relationships of dominance and inequality – relationships shaped not only by the personal choices or desires of some men to dominate their wives but by how we, as a society, construct social and economic relationships between men and women and within marriage (or intimate domestic relationships) and families. Our task is to understand how our response to violence creates a climate of intolerance or acceptance to the force used in intimate relationships. (Shepard & Pence 1999 29-30)

Women reported consistently enabling and integrated responses from domestic violence-specific services and *Centrelink*. Both have clear guidelines to practice in relation to domestic violence, either through their organisational mandate and/or clear policies that are accountable and monitored.

There was, however, little consistency of response or approach from other supports, both formal and informal. Previous research found that responses from formal supports (police, judges, doctors, lawyers, clergy and other service providers) often reflect the beliefs of many in Australia, and argued that criminal justice practitioners' willingness or resistance to implementing reform is also influenced by current attitudes towards violence against women (Easteal 1994 88).

It is unacceptable and inequitable for individual choice and discretion in formal systems to result in a system delivering an inconsistent and at times ineffective response to women who are assaulted by their male partner. For women, the most serious potential consequence is murder. Experience overseas and, more recently in Australia, indicated consistency can be enhanced through the development of mechanisms for monitoring and accountability (Shepard & Pence 1999; Holder & Munstermann 2002).

Whilst the Tasmanian DVCS and Department of Police have developed formal linkages, this study supports the integrated response established in numerous regions in America, in New Zealand (the Hamilton model) and recently in Australia—for example, the Family Violence Intervention Programme in the ACT.

A coordinated/integrated response entails eight key activities:

1. Develop a common philosophical framework that guides the intervention process.
2. Create consistent policies and procedures that coordinate and standardise the intervention actions of practitioners involved in a coordinated community response.
3. Monitor/track cases from initial contact through case disposition to ensure practitioner and offender accountability.
4. Co-ordinate the exchange of information, interagency communication on a need-to-know basis and interagency decisions on individual cases.
5. Provide resources and services to victims and at risk family members to protect them from further abuse.
6. Utilise a combination of sanctions, restrictions and rehabilitation services to hold the offender accountable and to protect victims from further abuse.
7. Work to undo harm to children.
8. Evaluate the coordinated community response from the standpoint of victim safety and the goals of the intervening agencies. (Holder 2001 20)

In the Tasmanian context, such an integrated response needs to be located within a whole-of-government approach. Currently the Tasmanian Government is developing an advisory / consultation structure that will monitor implementation of government domestic violence and sexual assault policy and develop and support joint responsibility for coordinated policy development and integrated service delivery across the government and non-government sectors. The findings of this study support the establishment of such an advisory/consultation structure and its stated focus.

## **Implications: future directions**

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Government and community responses to violence against women by their male partners need to include strategies, often long term, that have an impact on gendered social and economic relationships. Recent international and national research has suggested relevant macro (structural) strategies, and the outcomes of this study indicate that many of those strategies are applicable to the Tasmanian context. Indeed, many of the strategies have been specifically suggested by the women themselves (see Appendix 2: Women's Recommendations – Their Suggestions for Improving Services, page 164), a powerful endorsement coming as they do out of their personal experiences of the trauma of violence from a male partner.

The findings of this study, including the women's own recommendations, are consistent with the key implications already identified from the literature for informing future directions. Together they clearly indicate the need for:

*the development of strategies aimed at strengthening and supporting the responses of the informal supports with whom women first make contact;*

*information strategies that are better targeted to women, about domestic violence and the availability of domestic violence-specific supports aimed at reaching women while they are still trying to 'manage the violence'. These would need to take into account the stigma some women perceive is attached to using domestic violence-specific services;*

*the provision of education and training about domestic violence (with a particular focus on attitudinal change), to non-domestic violence-specific professionals (particularly the medical profession) and the development and monitoring of guidelines to practice, in all formal support agencies;*

*improvement in the criminal justice response with a particular focus on consistent and predictable police intervention, including domestic violence training (with a focus on attitudes), a pro-arrest approach, a 'no drop policy' and effective internal monitoring systems;*

*a feminist analysis of domestic violence to inform effective responses;*

*an integrated community response to domestic violence which has a local focus, using local networks, but informed by the broader context.*

## **Recommendations**

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### **Education and training for professionals and service providers**

#### ***Key service providers***

8.1 That the Tasmanian Government ensure that key service providers (eg social workers, psychologists, psychiatrists, welfare workers, nurses, doctors, lawyers, police and teachers) receive domestic violence education and training that provides a contemporary understanding of the issue and develops and maintains skills that ensure the ability to respond effectively to women, children and men affected by domestic violence.

#### ***Tertiary and continuing professional education***

8.2 That the University of Tasmania continues to resource and/or provide access to:

- a) policies and strategies that encourage adult women to undertake tertiary education;
- b) a culturally supportive environment for Aboriginal Women in education;
- c) counsellors skilled in addressing issues of violence against women; and
- d) affordable and accessible childcare.

- 8.3 That the University of Tasmania ensure that comprehensive domestic violence education that meets national standards and guidelines is included as a core component of the undergraduate courses offered by the Schools of Sociology and Social Work, Psychology, Medicine, Nursing and Law.
- 8.4 That the School of Sociology and Social Work, University of Tasmania, in collaboration with other relevant disciplines, develop and deliver a practice unit on domestic violence at undergraduate and post-graduate levels for students across all ‘human service’ disciplines.
- 8.5 That the Faculty of Law, University of Tasmania, include, as a core component of its undergraduate courses, domestic violence education that provides a contemporary understanding of the interpersonal and legal aspects of the issue and develops/maintains skills to enhance and ensure the ability of lawyers to respond effectively to women, children and men affected by domestic violence.
- 8.6 That the School of Medicine, University of Tasmania, undertake research aimed at improving the effectiveness of general practitioner identification of and responses to domestic violence.
- 8.7 That current mechanisms for providing continuing education to general practitioners include training aimed at improving the response of general practitioners to people affected by domestic violence, particularly women who present as having depression.

## **Domestic violence practice guidelines**

### ***All domestic violence services and generic supports***

- 9.1 That all services and supports offering information and support to victims of domestic violence (including religious institutions):
  - a) review and upgrade their policies and practices to ensure that their employees or representatives do not deliberately or inadvertently maintain hope that the violence will stop or prioritise maintenance of the marriage or family unit over the immediate and long-term safety and wellbeing of women and children;
  - b) acknowledge and support women through grieving processes that may occur before and after leaving a violent partner; and
  - c) ensure that they provide victims of DV with information, support and referrals that support and assist them to help their children recover from the impact of domestic violence.

### ***Government and community sector agencies***

- 9.2 That the Tasmanian Government ensure that all relevant government and community sector agencies have or develop appropriate policies and accountability mechanisms, adhere to national good practice guidelines and standards, and take account of diverse cultures, languages, education, abilities and locations.

### ***Professional bodies and associations***

- 9.3 That the professional bodies and associations of professional counsellors such as the Australian Association of Social Work and the Australian Psychological Society develop guidelines in relation to ethical practice that (a) clarify that couple counselling is not appropriate if violence has/is occurring and (b) identify screening tools that can be used to detect domestic violence.

### ***Religious leaders***

- 9.4 That religious leaders in Tasmania jointly convene a conference to examine the response of the churches to women experiencing violence from a male partner and identify training needs for church leaders and information strategies for congregations.

### **An integrated response to domestic violence**

- 10.1 That the Tasmanian Government develop and establish a whole-of-government *and* community mechanism to integrate and coordinate all domestic violence service delivery responses including the courts and the police and address service delivery gaps; and that this mechanism be based on the following eight key activities of existing integrated / coordinated responses:
1. Develop a common philosophical framework that guides the intervention process.
  2. Create consistent policies and procedures that coordinate and standardise the intervention actions of practitioners involved in a coordinated community response.
  3. Monitor/track cases from initial contact through case disposition to ensure practitioner and offender accountability.
  4. Coordinate the exchange of information, interagency communication on a need-to-know basis and interagency decisions on individual cases.
  5. Provide resources and services to victims and at-risk family members to protect them from further abuse.
  6. Utilise a combination of sanctions, restrictions and rehabilitation services to hold the offender accountable and to protect victims from further abuse.
  7. Work to undo harm to children.
  8. Evaluate the coordinated community response from the standpoint of victim safety and the goals of the intervening agencies. (Holder 2001 20)

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## **APPENDIX 1: WOMEN SHARING WITH OTHER WOMEN – WHAT THEY LEARNT**

Women were invited to share with other women (who were currently experiencing violence from a male partner), what they had learnt from their experience of leaving and establishing a new life. This section consists of the women's responses, mostly in their own words. Several women who are currently encountering difficulties shared negative experiences. Almost all of the women wanted to encourage other women to leave and/or to seek help to leave, with a number of women echoing the words of an internationally renowned advertising jingle - '*Just do it*'.

**Abby:** Wanted to encourage women to leave and if a woman feels she can't do it by herself suggested she get help from services because she believes no woman should ever have to put up with violence from her partner.

**Angelina:** Said, if speaking to a woman experiencing violence, she would 'First [try] to convince them that he's a violent partner...it's knowing you're not alone, knowing there are plenty of people out there'.

**Anita:** Wanted to warn women that with some men '...they become more violent when you leave'.

**Anya:** Has learnt that: 'It's very important that you think of yourself as being important and...to get help, professional help...Not just from your friends...I don't think friends know enough about the whole domestic violence thing...Get some counselling, a psychologist or a social worker...you need someone to talk to...who can advise you on what's available...you need to know that it's confidential...that you're getting good advice that's based on lots of research.'

**Audrey:** Encouraged women to leave: 'Get out. Don't matter how long it takes, just get out because your life is ruined if you don't. It's not living, it's just not. It's like a limbo, it's a living hell'.

**Campbell:** Her message for women was to encourage them to '*Just do it*'.

**Catriona:** Has learnt that women need to get the right advice from people they feel comfortable with, people they can trust who will believe her. She feels it is important for women 'To stop being a victim and become a survivor' and to seek out supportive people who promote that message. She wanted to encourage women to get past feeling ashamed and to know that it's not their fault but rather it's the man's problem.

**Cecilia:** Said: 'When you've had enough, you've had enough and you'll leave then' and that she would then '...probably advise them on other [support] facilities and that they're not alone'.

**Chrissy:** Encouraged women to leave: 'Yes, do it. Go ahead and do it because there's life after that sort of rubbish...You are a worthwhile person and that your thoughts and your opinions and your beliefs do count. Get out there and just go for it! Make a decision! Set yourself a goal. Get

yourself strong enough'. She also suggests women do an assertiveness course to help them to be strong.

**Colleen:** Wanted to encourage women: 'To get out, or they will regret it the rest of their lives. I look back and I wonder why I didn't leave earlier but my time mustn't have been right'.

**Coral:** Had a number of suggestions she would like to share with women: To leave after the first assault as it escalates and they lose respect for you. Staying affects your self-esteem. If thinking of leaving, plan. Start putting money away; get everything in order and have a prenuptial agreement.

**Diana:** Said she often shares everything about her experiences with other women: '... I do, with gay abandon, at work, at home, over dinner...in fact I have to pull back on that more...I can be very obsessive about helping, and that goes back to ...my need to enable people and I was doing that for him too and I struggled with it. One of the things that *12 STEPS* says in order to "get well"...you need to really look at that enabling, that need to mother the world...although I'm telling everybody everything I've said on these tapes and a whole lot more besides, it's stuff that I tell people all the time, and I'd love to be telling it more'.

**Erin:** Wanted to share this with other women: 'To think that she can do it... there's nothing worse than being trapped in that relationship...take out everything this person has told her she is, that is negative, and look at what she really is and the person she was before all this happened. And to just take that step...because there can't be anything worse out there. What can be worse than what you're in? Finding that support ... have something outside of that relationship...that's going to be there when he's gone...that is completely out of the reach of that relationship, and a *circle of influence* that cannot be penetrated by the person that is doing this to you.'

**Grace:** Encouraged women to leave: 'Don't stop with them...Leave, because they never change...they can really have you thinking that you're silly in the end...Go, and get support from women's shelters or counselling and start a new life because they don't change, [they] never change'.

**Gwenda:** Said: 'If I had my time over again, to seek help. Don't try and hide it. Go to *DVCS* or *Victims of Crime*. Speak to the counsellors there. I wouldn't involve [mutual] friends... they only take sides'.

**Hazel:** Has learnt that: 'You can do anything if you try hard enough'. She suggests women keep a journal of the violence and abuse when still in the relationship, to help them remember what it was like when things were bad. She said: Write it all down'.

**Helena:** Said: 'I believe that I had to go through it, this journey to be who I am today and to have this strength... you have to boost your own sort of confidence and morale up...just so you can get through...when you have a low down day. I do get lonely, I mean that's normal, but the thing is I would never ever put up with what I put up with before'.

**Jane:** Said: 'I've learnt that if it happened again, I'd say something so much sooner because I'd know that my friends and family will support me and that there are services out there that will support you...It took me 3 or 4 years to find those services but...now I know they're there, I'd

use them straight away'. She encouraged women to find out about support services and to go and speak to them.

**Julie:** Suggested that even if a woman stays, she needs to let someone know she is experiencing abuse, someone who will understand. She believes it is important that 'No one should ever be isolated. Someone has got to know what's going on'. She recommended women keep a journal because 'The memory lapses and you don't want to remember the past'. She encouraged women to think of the impact of the violence on the children when trying to decide whether to leave. She also suggested if the man is from a different culture, a woman should learn about the man's cultural background before deciding to marry him.

**June:** Suggested women '...make sure that when they take action they keep the details of their intentions as private as possible' and ensure those they do tell do not reveal any information to anyone else because people's lives are at stake. 'Don't be afraid to stand firm re not telling people your address'. She also suggested as a confidence booster, for women to go to their local library and borrow an inspiring book of quotes or a true life story because if a woman can see other people overcome adversity in their lives, it can help her believe she can do it too.

**Karen:** Suggested women plan the leaving thoroughly and to not go back, because their partner will not change: 'Its not so much the person you're leaving, it's the situation. And if you can't fix the situation, you have to create a new one for yourself'.

**Katerina:** Wanted to say to women currently experiencing violence: 'I understand how terribly, terribly difficult, how heart wrenching it is, yet, please, please, please do it because you'll find a part of you that has been squashed for so long. You'll find the you that you never believed existed...been minimised into non-existence. It just sort of fades like a puff of smoke...like mist in the morning, like river mist and it's gone. No! *There* is you. Have a look, that great big thunder cloud up there is you...go and rain all over the rest of the world! And, if you have children...for the sake of the children, let them see what a strong woman you are... Get in touch with places like *Women Tasmania*, for a start. If there's any way to, access the *Internet*, there is the *Older Women's Network*.'

**Kaycee:** Said: 'You can do it! Believe in yourself, trust yourself. No matter how hard it seems to get, there are people out there. You *can* do it, you *can* get out of it. It's not easy... but it's worth it. *You're* worth it and that's what I think you've got to say to yourself'.

**Kelly:** Encouraged women to plan their leaving: '...gather your resources, your strength - like friends...money...[it's] expensive to leave home and set yourself up...(women) need to talk to people and work things out'.

**Kim:** Wanted women to know she understood the shame and fear that are barriers to women seeking help from the people who care about them, but encouraged women to be honest with the people who love them and with themselves, and to know that they don't have to do it by themselves.

**Kristy:** Said it was important for women to be aware that after leaving there will be good days and bad days: 'It's like going on a roller coaster ride...There's light at the end of the tunnel. You do come out of the tunnel and that's when you start living again'. She recommends 'If they do

assault you, charge them, they've got no right' and warns women against forgiving their partner for the violence as he will think she will never stand up to him.

**Lara:** Felt it was important to acknowledge the woman may still love the man whilst at the same time confronting what is happening to her. She also believes a woman will only be able to leave/will only hear advice/will only accept support and use services when she has reached her turning point.

**Lisa:** Wanted to acknowledge the importance of a woman needing to look after herself but didn't feel she could tell any woman what she *should* do as she believed women have to do what's right for them at any given time: 'You've just got to take one step at a time and go at your own pace'.

**Liz:** Said: 'I would advise them not to stay in it and not to think that things might change because they never really do. Go and see a psychologist or a counsellor or something... if they need that extra courage or incentive to do it or they can't see clear'. She encouraged women to think about the risks of staying such as depression, resorting to violence herself and the effects on children: 'Seek services that will help them, seek support of friends...things just don't get better, they just seem to get worse... they (women) are more valuable than that, we don't deserve to be treated like that...I just hope women don't make the same mistake as me and stay there too long and suffer the abuse because they don't need to. Things do get better and they *can* do it'.

**Lois:** Suggested that women: 'Get some good girl friends... I think that every woman should have a qualification (so) she can be independent financially and, once you've got financial independence, you've got power to make decisions and choices'.

**Louise:** Said: 'I tell her leave him straight away, yes, not worth it. If he's treating you...bad, is better to leave him. It's hard in the beginning but...I will tell her "What you want, live in peace or live like a cat and dog, fight all the time?" I know...it's painful, but you have to look to the better side, brighter side. You have to focus for the children'.

**Lyn:** Suggested women be wary if, in the beginning of the relationship, several of their family and/or friends don't like their partner. Wanted women to know 'That life gets better without (partner)'.

**Mara:** Said: 'The longer you leave it, the harder it is...You dismiss the bad, you rationalise the good...you convince yourself that the good is happening but it will happen again' She encouraged women to: '*Just do it*'.

**Marnie:** Shared three don'ts: Don't believe men regarding threats over custody of children. Don't stay in the same area as the man. Don't feel you have to give him access. She encouraged women to: 'Be really brave and get out of there because it's so good on your own with your children'.

**Melissa:** Said that the people women trust are the ones that are really important for them to draw on, because they will take pleasure in the woman having asked them for help. "You can only leave when it's right for you and you're the only one who can make that decision. Take on board that you are important, special and that you don't have to put up with being treated in a way that is negative to that'.

**Melody:** Wanted women to know there is “Light at the end of the tunnel”.

**Nadia:** Said: ‘Fight for your house, get him out. Don’t go back. Say to themselves there is light out from the tunnel. Don’t look back, look forward. It’s hard in the beginning but you get there.’

**Nyree:** Wanted to reassure women to not be influenced by media reports of women being murdered by their ex-partner after leaving: ‘You can do it, not to be scared... You hear about that... but look at all the women who have left and stayed away. Don’t go back, don’t listen to their sob stories. The more you ignore them, the more you stay away from them, the easier it is and the more help you get, especially ringing DVCS, the more help you get, to get on(to) the right people... Don’t involve family and friends because they feel obligated... all you get is “I told you so”... You *can* do it. It’s not as scary as you think. It is scary, but you get over it’

**Prue:** Encouraged women to: ‘Believe in yourself. Follow that feeling... women’s intuition... follow it. Don’t even think about. *Just do it*’.

**Sandi:** Reflecting her current difficult financial circumstances Sandi said: ‘Off the record, I’d say stay there and put up with it because it’s got to be better than living like this! On the record, leave. I would never encourage someone to stay in a violent relationship by any means... There’s got to be a happy medium, this is better than what I was in before but this is not ok!’

**Sharyn:** Wanted to say to women: ‘You are the person you need to take care of, not him. They’re not your responsibility. As much as you care for them, if they’re bad for you then... leave them... Care about yourself. Put yourself before him... Better to be on your own than with the wrong partner and, financially... better... on your own even with a smaller income than a partner who is... not being responsible with finances.’

**Shayla:** A young woman, said: ‘That you can do it. That it’s going to be scary and it’s going to be hard but it’s got to be... a lot better than it was, staying... and being tormented... every day of your life. It will get better... easier... you will get stronger and you will feel relieved, freedom and peace. And don’t be afraid to express yourself to the people you think you can trust for help. Don’t bottle it up because it’s the worst thing you can do. Have faith ... not to blame yourself and feel guilty... Just realise that all the behaviours and things that went on weren’t you. They were someone else thinking that they could dump their crap on you... when it’s not right... Yeah, that’s probably what I would say to them.’

**Shelley:** Who, at 63 years, was the most senior of the women in the study, said: ‘I think what I’ve learnt is that once you begin to realise that you’ve got to do something about it, don’t wait too long. *Do it!*... I know now I should have and that’s the thing I resent most, and I resent it as far as I’m concerned towards myself, not having left before I did. So I just think, it’s difficult, but find the courage to do it... access the services that are available, talk to friends if you need to... you’ll find they’re there, they are there to support you. But do it. Don’t, just *don’t* put your life on hold for any longer than you have to’.

**Shirlyn:** Wanted to share with other women that: ‘There is life outside of it. A much better life too. You can actually build up your own world and you can eventually go into partnerships later on and be your own self and have your independent life and dreams and ambitions without having to sacrifice that for another person.’

**Simone:** Said: ‘Get to know them before you move in with them...watch how they treat people...how they treat you...the way they talk about their friends’. She has also learnt ‘If you need another person to complete you, you are likely to make a horrible mistake’. And suggests women always ‘Keep an escape route open’.

**Skye:** Wanted to share with other women that ‘Women are beautiful people... beautiful inside and outside and they deserve to be free and light and happy and their children do. And just that they’re OK...Go for it and try to be brave’.

**Sonya:** Suggested that, initially, women try to ensure they know as much as they can about their partner before they become seriously involved with him. She wanted to let women know that they can get help, even when they are staying in the relationship and encouraged women to seek out information, learn what supports are available and find out what they can do for themselves.

**Suzanne:** Said: ‘You’ve got to go ahead and do it and it certainly isn’t easy and there were times when I thought I’d done the wrong thing and I even tried to talk about a reconciliation... But...I think you know inside yourself that something is so inherently wrong and I don’t think there’s any cure for it unless you do take the action and *just see it through and do it*. Believe that there’s light at the end of the tunnel.’

**Teena:** Despite being relieved that she was out of the relationship, Teena wanted to warn women that with some men: ‘Believe what they say. Everything he’s ever threatened you with through the relationship, he means it. That has been my experience. Everything he ever said he’d do, he’s doing it and I’m just waiting for the rest to happen. Don’t just leave on a whim, think about it’.

**Terri:** Wanted to say to women that they don’t have to live like this, there is support out there: ‘I just wish the women to be tough. To get out...you don’t have to put up with it and you can get help out there and that it’s not...something to be ashamed, yourself, about’.

**Yasmin:** If speaking with a woman experiencing violence: ‘I’d say I can’t tell you to leave. It’s up to them...Just to keep going and believe in yourself really, and be positive...You deserve the best...everyone deserves the best in life...So long as they believe that, they’ll get it’.

While each of the participants’ stories were unique there were some common themes that emerged from the women sharing their experience with other women. These included:

the encouragement of women to leave;

the benefit of planning in assisting a woman to leave;

the effectiveness of seeking help, before and after leaving, from domestic violence-specific services and other informal and formal supports;

the acknowledgment of the difficulty of the decision to leave and the potential for further difficulties after leaving, whilst at the same time emphasising it is worth it for a woman to be able to have control over her own life;

that while in the relationship the violence does not stop; and

that women have a right to a violence-free life.

## **APPENDIX 2: WOMEN'S RECOMMENDATIONS – THEIR SUGGESTIONS FOR IMPROVING SERVICES**

Recommendations for improving services were inferred from the women's stories and the emerging themes are reflected in the final recommendations of this report (see *Recommendations* section). They were also informed by women's specific suggestions for improving services and support for women who are either thinking about leaving, are in the process of leaving or have left a violent partner and are establishing new lives. This section consists of summaries of the women's specific suggestions and their related comments.

**Abbey:** **That** the Federal and State governments increase the financial assistance provided to women escaping violence from a male partner, to assist with the initial establishment phase eg special circumstances payments, rent assistance, payment of bonds.

**That** the government examine legal constraints to women accessing their belongings after they have been forced to flee their homes.

**Angelina:** **That** there be a culturally appropriate safe haven for Aboriginal women experiencing domestic violence.

**That** there be an increase in Aboriginal female community workers.

**That** police not 'gatekeep' women's access to justice/the legal system.

**That** police not advise women to drop charges against their male partner.

**That** police take legal action on breaches of *Restraint Orders*.

**That** there be an increased use of television to get domestic violence information to women, particularly women who are isolated by their partners from all other sources of information.

**That** domestic violence information be available at schools eg pamphlets that children and/or parents can pick up.

**Anita** **That** professional women experiencing domestic violence be able to access formal support locally that protects their anonymity eg visiting counsellors.

**That** the *Domestic Violence Crisis service (DVCS)* increase their outreach component and provide more detailed information to women, at the initial point of contact, about the services they offer.

**Anya:** **That** women's shelters should provide more one-to-one support through staff or bring in domestic violence counsellors or other external counsellors eg at set times so women can make appointments.

**That** information on domestic violence and support services be more widely disseminated.

**That** general practitioners be made more aware of the possibility of domestic violence regarding women presenting with illness/depression and to give out information on domestic violence and domestic violence supports.

**That** this current type of research be used to raise awareness.

**Audrey:** **That** *Restraint Orders* be renewable from interstate, if a legal representative is present in the court, without women needing to be present.

**That** a *Specialist Police Domestic Violence Hot-line and Unit* be established in Tasmania.

**That** there be an increase in community education and awareness about domestic violence to address attitudes and questions like ‘why do women stay/they must like it’.

**That** a realistic television documentary be made about domestic violence showing what it’s really like for women living with violence, that is graphic, depicts the torture/trauma and involves ‘normal’ women who have experienced it, telling their stories through re-enactments, so that people can relate to it.

**Campbell** **That** there be an increase in funding and resources for domestic violence-specific support services including *Survivors* and shelters.

**That** more domestic violence peer support groups should be established.

**That** *Vietnam Veteran Counselling Services* working with a man who is also a perpetrator be cognisant of the potential for confidentiality issues to conflict with a focus on women’s safety.

**That** a *Restraint Order Information Kit* be developed and provided to every woman applying for a *Restraint Order*.

**Catriona:** **That** Medicare rebates be available for consultations with counsellors and psychologists who charge fees.

**That** strategies be developed, aimed at training service providers to respond with greater empathy to women experiencing domestic violence: ‘Sympathy is the last thing I want, just a bit of compassion and empathy and time, so that you don’t feel like you’re intruding’.

**Cecilia:** **That** the government adequately resource women’s shelters.

**That** domestic violence-specific support services increase the promotion of their services including advertising on television and in the print media.

**That** the government increase community education about domestic violence to raise family and friends’ awareness regarding the gamut of abuse.

**Chrissy:** **That** there be an increase in available long term support for women after leaving domestic violence.

**That** there be an increase in funding for all domestic violence-specific services and the police to work with domestic violence.

**That** service providers use a non-directive approach to working with women and domestic violence.

**Colleen:** **That** *Child Contact Centres* be provided outside the metropolitan areas in Tasmania to meet the needs of women in country towns.

**That** resources be made available to women in country towns to enable women who lack other support, to access ‘home help/respite’ when first leaving and establishing a new life.

**That** the government undertake strategies to increase community awareness of domestic violence.

**That** there be an increase in support programmes for women experiencing domestic violence who live in country towns.

**That** domestic violence-specific services be better advertised in rural areas.

**Coral:** **That** there be an increase in the publicity/promotion of the range of supports available to women experiencing domestic violence.

**That** there be an increase in Federal government action regarding domestic violence.

**That** there be harsher penalties for men assaulting their female partners.

**Diana:** **That** domestic violence support services be available on a 24 hour basis.

**That** formal supports be aware of how their model for practice may be different from the woman’s understanding of her situation and the need for flexibility to ensure the woman does not feel disempowered.

**That** domestic violence support services provide women with information about the possible psychological and emotional effects of leaving.

**Erin:** **That** respite and practical support be made available to women when they first leave.

**That** the *Education Department* increase the provision of social work services in schools.

**That** access to children’s mental health services be improved.

**That** liaison between schools, children’s mental health services and welfare services be increased to improve management of children with challenging behaviours.

**Grace:** **That** governments take seriously the need to improve the service response to women experiencing domestic violence.

**That** governments increase their awareness of the domestic violence experiences of women.

**That** research about women's domestic violence experiences (including this current research) be made widely available to the public.

**That** public and government awareness of domestic violence be increased by supporting women to tell their stories through print and television media.

**That** there be increased resourcing of women's shelters to ensure women are not turned away.

**That** the police improve their response to women experiencing domestic violence.

**That** there be an increase in the compensation payments awarded to women assaulted by their male partner and improved rights of appeal.

**Gwenda:** **That** community women's support groups be established.

**Helena:** **That** basic level, empowerment focused, free courses/free sessions for women be widely available to enhance women's confidence and sense of self as well as making use of already available training such as computer courses provided for women only.

**That** children's education should include teaching about respectful relationships and that domestic violence is unacceptable.

**That** domestic violence support services such as *S.H.E* be adequately supported.

**That** there be an increased public focus on the issue of domestic violence and the reason for the existence of women's shelters so that it is not hidden and perpetrators cannot avoid being confronted with their use of violence – 'so that they can feel a little bit of guilt'.

**That** there be an advertising campaign on domestic violence that takes a confronting approach (such as the recent *Worksafe* advertisements and *Road Safety* campaigns) on billboards, posters and television commercials. It should be aimed at confronting men who assault their female partners whilst at the same time, imparting knowledge to those women who are not experiencing domestic violence, eg that it does happen and if they know someone experiencing domestic violence they can provide some sort of emotional support.

**Jane:** **That** domestic violence-specific support services such as the *DVCS* and *Survivors* be available on a twenty-four hour basis.

**That** domestic violence-specific support services increase the promotion of their services through the media ie television, radio and newspapers, including specific details of what their services actually provide, the practical support they offer and how they can assist with safety.

**That** all domestic violence-specific support services be resourced to provide emergency accommodation when women are escaping violence (other than a shelter).

**That** the government undertake strategies to increase community awareness of domestic violence, its impact on women and the difficulties some women may encounter when establishing a new life.

**Julie:** **That** police be required to remove from the house, a man who has assaulted his female partner, rather than the woman having to leave for safety reasons.

**That** domestic violence-specific services increase their focus on informing women of the impact of domestic violence on their children.

**That** domestic violence-specific services offering long term support are able to provide women with the option of individual sessions until they feel ready/decide to go to group sessions.

**That** domestic violence-specific services, where safe to do so, be able to provide the option of support in a woman's home environment.

**June:** **That** domestic violence-specific support services be resourced to provide a 24 hour service.

**That** *Survivors* be resourced to provide women's support groups for working women, outside business hours.

**That** all police, counsellors and ministers of religion receive compulsory training on how to protect and help victims of domestic violence to ensure a consistency of response.

**Karen:** **That** a mentoring service be developed under the auspices of domestic violence-specific support services for women who have indicated they are planning to leave but are not yet ready to do so. The service would provide women with someone to talk to regarding the process of leaving, information on what she needs to do and know before actually leaving, facilitate appropriate referrals and would provide a physical location for women to deposit essential documents and basic possessions as apart of the planning process. It would be a twenty four hour service employing skilled counsellors.

**Katerina:** **That** a legal information kit (including information on *Victims of Crime* and criminal compensation) be given to women who report domestic violence, particularly by the police when a woman lays charges and by the *D.P.P.*

**That** there be increased education for doctors regarding domestic violence and intervention with women.

**That** domestic violence information on posters, pamphlets and cards always include specific information on 'What do I do about it? Who can I go and see?' and phone numbers and names of organisations/support groups.

**That** in order to cover gaps in domestic violence services on weekends that peer support groups/phone trees provide support.

**That** radio and television be used to reach isolated women with information on domestic violence service.

**That** information on domestic violence and support services be placed where women can safely access it eg hairdressers/supermarkets.

**Kaycee:** **That** the government widely publicise the practical support available for women escaping violence eg. rent assistance, income security benefits, bond assistance, services that assist women to find rental accommodation, provide transport, telephones, security.

**That** all domestic violence-specific support services more widely publicise their services.

**That** the government increase their efforts to enhance community awareness and education about domestic violence and support services through all forms of media, including television and newspaper advertisements and women's magazines.

**Kelly:** **That** domestic violence support which does not necessitate a legal response be made available to women when their male partner is having a psychotic episode.

**Kim:** **That** domestic violence *Restraint Orders* be assigned a separate category to all other Restraint Orders as the former are being devalued by the granting of orders for less serious matters, such as neighbourhood disputes.

**Kristy:** **That** there be an increase in the number of female police responding to women being assaulted by their male partner.

**That** *Survivors* be adequately resourced to provide childcare, when required, to enable women to access the service.

**That** domestic violence-specific support services be resourced to provide greater levels of outreach support after women leave.

**Lara:** **That** those women's shelters whose physical environments are unsatisfactory be upgraded accordingly.

**That** the government provide permanent funding for all community based domestic violence-specific support services.

**That** police be required to take legal action and to also remove a man from the home after he has assaulted his female partner.

**That** a database be developed of male perpetrators of violence against their female partners, which women can access.

**That** the government address the gap for a support service for women before they leave (who are not yet ready to leave) which would support women contemplating leaving, (sometimes over many years), is cognisant of the barriers they face and of the need for support to build confidence and overcome the barriers.

**That** campaigns to raise community awareness about domestic violence identify it as a community problem not just a woman's problem: 'It has to be dealt with by everybody. We cannot see it as us and them. We are just ordinary people who are in a situation that we have absolutely no idea how we got in it'.

**That** the government undertake an advertising campaign regarding domestic violence education/awareness for the community like the confronting *Work Safety* campaign.

**That** community education strategies include regular (weekly/monthly) newspaper articles/features on domestic violence, including stalking.

**Lisa:** **That** whomever a woman first discloses to should know what is available to support a woman experiencing violence from a male partner and be able to refer appropriately.

**Liz:** **That** police be trained to increase their understanding of women experiencing domestic violence.

**That** television be used for domestic violence education/awareness/information campaigns.

**That** domestic violence information pamphlets be delivered by mail to households.

**That** there be an increase in the dissemination of information on domestic violence supports and on how to go about leaving.

**Lois:** **That** a retreat be available for women (and their children) when a woman is recovering from depression and abuse.

**That** there be education in schools regarding domestic violence issues.

**That** community awareness be increased using domestic violence information promoted through magazine articles (such as the *New Idea's* domestic violence story) and that this information be available in places women access eg doctors surgeries.

**That** domestic violence information be made available in school common rooms, at universities, in young women's magazines eg *Dolly*, on television and all forms of media.

**Louise:** **That** domestic violence pamphlets in other languages be readily available.

**That** all women's shelters have separate rooms for each woman.

**Lyn:** **That** research, like this, be undertaken and made public so that women know they can get help, to encourage them to leave and to assist women's friends to support her to leave.

**That** parents be encouraged to teach their children that domestic violence is not ok and that it is not ok to stay in a domestic violence situation.

**That** the police and the courts ensure that they do not place pressure on women to minimise the conditions of *Restraint Orders*.

- Mara:** **That** there be an increase in the number of women lawyers in the *Family Law* arena.
- That** the government increase community education regarding domestic violence, including debunking stereotypes and increasing awareness that domestic violence occurs at every level of society.
- That** any community education strategies include information assisting women to identify that before physical abuse begins, other forms of abuse may occur, i.e. financial, sexual and social control.
- That** there be an increase in publicising what each of the different services do to support women experiencing domestic violence.
- That** domestic violence-specific support services' promotion strategies address the access barrier experienced by those women experiencing domestic violence who do not feel they are 'needy' enough to access support services.
- Marnie:** **That** General Practitioners display and provide information on domestic violence and support services in their waiting rooms.
- Melissa:** **That** information on domestic violence support services be available in all workplaces.
- That** there be an increase in the accessibility of free counselling.
- Melody:** **That** the *DVCS* be available twenty four hours, including weekends.
- That** there be an increase in the number of female police involved in responding to domestic violence.
- That** police be better trained to ensure an effective response to domestic violence; to be respectful of women; and to legally respond to breaches of *Restraint Orders*.
- That** there be no requirement for women to have to pay process servers to serve *Restraint Orders*: 'The huge message was that it's back onto the responsibility of the women for the violence'.
- Nadia:** **That** a mechanism be put in place whereby women can do 'Police checks' on prospective partners regarding child abuse.
- That** women experiencing violence from their husbands be exempt from deportation when they separate prior to the legal length of time required.
- That** there be harsher sentences for domestic violence assaults.
- That** the government create more opportunities for women for work and education, particularly older, single women.
- That** the government create more affordable housing for women and provide in Launceston a similar model of communal/cooperative housing that was developed recently for women in Hobart.
- Nyree:** **That** the government increase community awareness about domestic violence.

**That** children be educated in schools about healthy relationships.

**Prue:** **That** a *Child Contact Centre* be established in the North West of Tasmania.

**That** a community based domestic violence support service such as *Survivor /S.H.E* be established in the North West of Tasmania.

**That** the government provide perpetrator programmes based on the *Duluth* type model (ie as part of an integrated criminal justice response).

**That** children be taught effective communication and conflict resolution skills in school.

**That** the government and community treat the issue of domestic violence more seriously.

**Sandi:** **That** there be an increase in financial support from *Centrelink* for women to re-establish themselves and their children when escaping domestic violence.

**That** there be an increase in funding available for fares to flee from interstate when domestic violence danger is high.

**That** funding priorities for domestic violence be on practical support to women before education and awareness campaigns.

**Sharyn** **That** a tenants' policy be developed which enables women who are assaulted/threatened with assault to use that as grounds for breaking a lease.

**That** women's shelters be acknowledged as a great service for women and that they should promote their services more widely.

**That** *Mental Health* services need to liaise with/inform women at possible risk from an ill male client when he is her partner, both for her safety and to enable her to support him.

**Shayla:** **That** there be increased promotion of domestic violence services and support for women.

**That** there be increased domestic violence education for police to improve response/attitudes to women experiencing domestic violence.

**That** doctor's surgeries have a counsellor on-site/available for women disclosing domestic violence/presenting with injuries.

**That** male politicians and high profile men speak up/out about domestic violence.

**That** domestic violence information stalls be set up in supermarkets/shopping centres.

**That** domestic violence information should be provided in schools.

**Shelley:** **That** there be an increase in the promotion to rural women of the availability of anonymous, free phone links to domestic violence services.

**That** domestic violence-specific support services develop strategies for visiting rural areas to enable women to make face to face contact without losing anonymity in small towns.

**That** domestic violence information campaigns use the local press and commercial radio which women in small towns read and listen to, in order to assist rural/isolated women access supports.

**Shirlyn:** **That** a women focused free legal information booklet be available on what women do legally, regarding leaving eg divorce, settlement, custody.

**That** information regarding legal advice and support services regarding separation be available in work places.

**That** community education campaigns should be run regularly ‘because it’s never going to go away’.

**Simone:** **That** the police actively promote the services they provide to support women assaulted by their male partner.

**That** the government promote and support the value of applications for *Restraint Orders* for women who have been assaulted by their male partner.

**That** the government undertake a domestic violence education campaign that enables women to identify domestic violence in their lives and to seek appropriate support.

**That** support groups be established for families of women who experience domestic violence: ‘...so they can get together and say ‘Why didn’t we see it, what could we have done, what can we do now?’... I mean there’s *Friends of the Mentally Ill*, *Friends of AIDS*...we could have *Friends of Domestic Violence Victims*’.

**Skye** **That** alternative style respite/safe places be developed for women escaping domestic violence which provide a healing opportunity for women and children, and includes ‘women’s circles’ where women tell their stories.

**That** there continue to be research about domestic violence and women’s experiences such as this, so women’s voices are heard.

**Sonya:** **That** domestic violence-specific support services enhance access by holding regular social conferences/forums or information nights at which the community/women can attend for information on domestic violence and available supports.

**Suzanne:** **That** a coordinated ‘one-stop shop’ incorporating domestic violence and legal services be established in the North West.

**That** a free legal telephone advisory service be established in the North West.

**That** there be an increase in family lawyers in Tasmania, particularly in the North West.

**That** a *Legal Aid* clinic be available in the North West.

- Teena:** **That** the government address the current gap in service regarding the need for Child Contact Centres outside of metropolitan areas in Tasmania.
- That** the government address the gap for an ‘in between’ domestic violence support service for women in the contemplative stage who are not yet ready to leave. It would have a mentoring, advisory, advocacy, information provision and referral role.
- That** the government increase publicity in rural and isolated country towns about the available supports for women experiencing domestic violence and their legal rights.
- That** there be improved access for rural and isolated women to the available supports for women experiencing domestic violence.
- That** there be an increase in co-ordination and communication between all services involved in supporting women experiencing domestic violence to assist with continuity and consistency of service.
- That** General Practitioners provide women experiencing domestic violence, with relevant domestic violence information and appropriate referrals to domestic violence support services.
- That** the *Family Court* restrict men’s access to their children when they have perpetrated violence against the children’s mother.
- That** the *Family Court* review the practice of awarding separated parents one week on/one week off custody as the instability is harmful to children.
- That** the government undertake a domestic violence awareness campaign targeting men in places where they congregate eg. the *TAB*, men’s clubs, etc. The campaign would acknowledge not all men assault their female partners and that not all men accept its OK, once they learn more about it. It would aim to assist men who do not use violence against their female partners to pick up on it eg. ‘Is your mate’s wife always covered?’ and it would let men know that a man assaulting his female partner is a criminal offence, for which he can be arrested and kept overnight in jail.
- Terri:** **That** domestic violence posters be developed with “You don’t have to live/look like this” and a confronting battered face of a women on it along with a list of support services.
- That** there be an improved response by all services when women, experiencing violence from a male partner, raise concerns regarding their partner sexually abusing their children and there are current custody issues.
- Yasmin:** **That** legislation be available that provides for the man to be removed from the house when assault occurs, enabling women and children to stay in their own home.
- That** there be an increase in community awareness regarding domestic violence and public discussion about it.
- That** there be an increase in education/information provided on relationships and on human and individual rights.

**That** police be trained to respond respectfully to women and to treat as serious the issue of domestic violence.

**That** the importance of undertaking research with women who have experienced domestic violence be acknowledged.

**Yvette:** **That** the government widely publicise all the relevant support available for women escaping violence including income security benefits and any barriers to entitlement.

## **APPENDIX 3: DEMOGRAPHICS QUESTIONNAIRE**

### ***Age:***

#### ***Children:***

How many children?

How old are they? What sex are they?

#### ***Disability/Health issues:***

Do/Did you and/or any of your children have a disability or a long term health problem?

Was the permanent/temporary disability/health problem(s) caused/made worse by the violence?

#### ***Race/Ethnicity:***

Are you Aboriginal or Torres Strait Islander?

If No: How does your family describe themselves? (eg. as Asian, European, Anglo-Australian, etc)

Are any of the children in your care Aboriginal or Torres Strait Islander?

#### ***Education:***

What is your highest level of education?

What is your ex-partner's highest level of education?

#### ***Residence/Accommodation:***

What suburb/town/area do you live in now?

How long have you lived there?

Do you own your home; Own/buying home; or do you live in: Private Rental, Govt Rental, With family, Shared House, Shelter, Other?

How much does your home cost per fortnight?

Which suburb/town/area did you live in (longest) with your ex-partner?

How long did you live there?

Was it own your home; Own/buying Home or did you live in: Private Rental, Government Rental?

#### ***Independent Income/Work Status:***

What is your primary source of income now? (specify type of paid work / pension / benefit / other):

How many hours of paid work did you do last week?

#### ***Maintenance/support:***

Do you get financial support from your ex-partner?

eg: child maintenance: Amt/fortnight \$

Home loan/mortgage/rent:                   Amt/fortnight \$  
Children's school fees:                    Amt/fortnight \$  
Other    Amt/fortnight \$

***Income:***

What was your annual income for the last tax year?

What was your joint annual income when you lived with your ex-partner?

Partner: \$                    Self: \$

Are you financially better off now; worse off; or about the same?

***Partner:***

Have you established a new relationship since you left?

How long were you on your own before you re-partnered?

Does he/she live with you?

How long have you lived together?

## ***APPENDIX 4: INTERVIEW SCHEDULE***

### ***SECTION ONE: LIFE THEN, AND NOW***

Can you tell me what your life was like when you lived with your ex-partner?

Can you describe your ex-partner's violence?

In contrast, what is your life like now?

### ***SECTION TWO: TURNING POINTS: DECIDING TO LEAVE***

When did you first begin to think about leaving?

What happened when you left for good - What made it different to other attempts?

What had the greatest impact on your decision to leave?

Was this the turning point for you or was it something else?

What personal beliefs helped you decide that you could and should leave?

### ***SECTION THREE: TURNING POINTS: BARRIERS TO LEAVING***

What personal beliefs/feelings had made it difficult to leave?

What other barriers made it difficult to leave?

How did you overcome these difficulties?

### ***SECTION FOUR: PATHWAYS: GETTING SUPPORT TO LEAVE***

Did you try and get support/help from anyone once you decided you were going to leave?

Who did you try to get in touch with?

Which of these people/service providers supported and strengthened your belief that you could /should leave?

In what way did they do that?

Did anything that you read/heard or that you saw support /strengthen your belief that you could/should leave?

### ***SECTION FIVE: PATHWAYS: GETTING HELP TO ACTUALLY LEAVE***

Who and/or what helped you to actually leave your violent ex-partner?

How and what did they do to help and support you?

### ***SECTION SIX: PATHWAYS: ESTABLISHING A NEW LIFE:***

What challenges and difficulties did you have to overcome when you established your new life.

Who and what helped you to establish this new life?

What beliefs helped you to establish a new life?

Did any information you read, heard or saw help you to establish a new life?

What would you say has been the most difficult aspect of leaving and establishing a new life for yourself and the children?

### ***SECTION SEVEN: PATHWAYS: RECOGNISING DIVERSITY***

You have identified as (being indigenous, from a *CALD* background, having a disability).

How did that affect your ability to leave and start a new life?

You have identified as having (health issues; children/no children/ children with health issues; lower/higher socio-economic status; living in a rural/ urban area). How did this affect your ability to leave and start a new life?

What help would you have liked but couldn't / didn't get?

What do you think prevented you from getting the help you needed?

(If any children) If you required it, were you able to get any help for your children, for example, to assist them to deal with the violence, the separation; or the changes involved in setting up a new life?

### ***SECTION EIGHT: YOUR NEW LIFE***

Compared to life with your violent ex-partner, what is life like for you now?

What has been the most positive aspect of leaving and starting a new life for yourself (and, if any, for the children)?

(If any) How is life now for the children?

Looking back, what helped you most to leave and start a new life?

Have you learnt anything from this experience that you would particularly like to share with other women who may be thinking of leaving a violent partner?

What suggestions do you have for maintaining and/or improving services and support for women who are thinking about and/or leaving violent partners/establishing new lives?

Is there anything else you would like to share about your experience of leaving a violent partner and starting a new life?

## APPENDIX 5: AN EXAMPLE OF GOOD PRACTICE: A NURSE'S OUTREACH SUPPORT

*There was one [nurse] I did relate a lot to ... She was a great support ... I opened up totally to her [about the violence] ... She showed compassion and that's what I felt was always lacking...No-one really wanted to help, they just wanted to do everything by the book ... and domineered. But if you come across that individual who said, "Right, if you go back that's fine, but I'll be here for you when it happens again. I'll be here for you, we'll go through it together". That is what you look for... She listened. If I ... told her that I loved him when he was good and then I hated him when he was bad, but I still thought he might change and I'd give him a second go, if that was my decision, she'd say "If that's what you want to do, you do that". So she wouldn't argue with me and ... make predictions of what I should do for the future. She let me make my own mind up and always let me know she was there for me.*

*I'd speak to her once a week or once a fortnight, and I'd probably see her once a month ... [over] twelve months ... She was definitely [significant]... [My thoughts changed] totally ...*

*Sometimes I thought I was going totally insane, that I wasn't all there in my mind because what I wanted to do and what people were seeing and what I was believing were two totally different things. I was very, very confused ... But she was very supportive...just compassionate and understanding ... I felt that I wasn't a hindrance ... she wasn't getting sick of it ...*

*...friends you can only tell so much and then you think, oh no, I can't just go on. They'll think, "Oh, here comes that woman again, and she's going to go on and on about this". So you'd pick and choose who you ever told and what you told. I wanted support [from friends]... to back me up and agree with me in what I was doing, biding my time for when the time was right...*

*In this book that she gave me ... there was an actual diagram of the way that these (violent men) operate... she went through all that with me ... and I'd probably say to her, well this sounds so silly, she'd say "No it doesn't because such and such" and she'd have a story for me. But again it was just finding the individual who was compassionate. (Julie, 45)*