

‘They Don’t Help, They Hinder’: Intersections between Domestic and Family Violence Specialist Practitioners and External Agencies

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ABSTRACT

This paper reports on a small, qualitative study conducted as part of a Social Work Honours Program that explored the intersections between a domestic violence specialist service and the external agencies they frequently engage with on behalf of their service users. The aim was to ascertain if there was any impact on practice and wellbeing. Much of the current research focus has been on the impact on workers of being exposed to trauma. There was no research found exploring the intersections between specialist agencies and the broader welfare and legal systems.

Six respondents from a specialist agency participated in semi-structured interviews which found that, in the main, the intersection between the external agencies and these workers was difficult, producing unnecessary stress and additional workload. This was perceived as a result of poor attitudes, lack of knowledge, and definitional clashes that, at times, replicated behaviours of the male perpetrators of domestic and family violence.

Findings indicated that staff chose this sector due to their commitment to the issues of violence against women and children. However, all six practitioners reported they did not receive adequate education or skills training in their degree. All agreed this is a failing of the education system

Keywords: *Domestic and family violence; Domestic violence; External agencies; Practitioners*

INTRODUCTION

Women's domestic violence services began in Australia in 1974 when three determined women, Ann Summers, Jennifer Dakers and Bessie Guthrie, broke into, changed the locks of, and squatted in, two vacant housing commission houses in Glebe in Sydney (Theobald, 2011). The first women's refuge was initially run by volunteers and on donations until they were officially funded. Other states followed and, by 1999, there were over 300 women's refuges throughout Australia (Theobald, 2011). While the 1970s and 1980s saw the development of women's refuges, the 1990s saw the emergence of a diverse range of domestic violence specialist services that complemented the crisis accommodation model (refuges) of service provision and these services have continued to grow to meet the high demand for support, advocacy and accommodation for women and children who experience domestic and family violence (DFV).

DFV has been reported as a global epidemic costing Australia over \$22 billion during the 2015–2016 financial year (KPMG, 2016). It has been estimated that one in four women will experience violence or abuse by a domestic partner during their life-time and approximately one woman every week is murdered by an intimate partner (Australian Bureau of Statistics [ABS], 2016; Australian Institute of Criminology [AIC], 2015; World Health Organisation [WHO], 2013). The vast majority of women who are murdered by an intimate partner are murdered around the time of separation; there is an identified history of domestic violence, making separation the most dangerous time for women experiencing violence and abuse (Campbell, Sharp, & Glass, 2000).

Domestic violence services are working with vulnerable women and children frequently during the potentially dangerous time of separation. This area has been identified as a complex area of practice requiring skilled staff who can rapidly assess risk, build trusting and respectful relationships with women but also work with a range of external agencies like domestic violence crisis accommodation services, child protection, housing services, police and legal services (Wendt, Natalier, Seymour, King, & Macaitis, 2019). Service use is highlighted by a snapshot of crisis service data. The Queensland domestic violence 24/7 crisis service receives approximately 4,000 calls per month for emergency assistance from women in crisis and the Victorian crisis service reported that, during 2017–2018, their 24/7 crisis service took 104,189 calls and provided 31,725 bed nights for women fleeing violence (DV Connect, 2017; Safe Steps, 2018) highlighting the fact that domestic and family violence is a key social issue confronting Australian society today.

Definitions as to what constitutes DFV are contested with much literature debating whether violence is about a conflict tactic or coercive control (Breckenridge, Rees, Valentine, & Murray, 2015; MacDonald, 1998) so, for the purposes of this paper, a universally accepted definition from the WHO will be used. Domestic and family violence is:

...any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.
(WHO, 2017, p. 1)

Perusal of the literature indicates a comprehensive body of literature on the effects of trauma on individuals and groups and on vicarious trauma experienced by helpers. However, there appears to be a paucity of Australian literature on the experiences of practitioners who work in specialist domestic violence services. This is supported by Wendt et al. (2019) who argue that this critically important workforce is invisible.

Reliance on the domestic violence specialist system is critical for many women as it has been found that many victim/survivors do not have family support, making women even more reliant on the system (Ulmetig & Eriksson, 2017), particularly if they have been subject to social isolation tactics as part of the abusive relationship. So the helping system is critical.

A number of studies have found that working in domestic violence agency settings can be an emotionally hazardous occupation impacting on wellbeing (Baird & Jenkins, 2013; Beckerman & Woznaik, 2018; Iliffe & Steed, 2000; Warrener, Postmus, & McMahon, 2013; Wendt et al., 2019). Wellbeing is usually conceptualised as being about lives going well and the combination of feeling good and functioning effectively (Huppert, 2009).

Warrener et al. (2013), Haeseler (2013) and Wendt et al. (2019) all observed that the social work profession was the most commonly reported profession across all tiers of the domestic violence workforce and that the specialist DFV services are female dominated, thus being able to claim exemption from equal opportunity employment requirements. In addition, they all noted that social work education lacked specialist knowledge and training that provided adequate preparation for the work in domestic violence. While it is acknowledged that not all social workers will work in domestic violence specialist services, there is no question that, based on the prevalence data, all social workers will at some time in their practice come across domestic violence and require the knowledge and skills to work with it.

Social work with vulnerable clients is a relationship-based activity that strives toward building trust (Preble, 2015). Effective trust building is essential with their client base but they, "...struggle to gain trust within a system that sees domestic abuse and coercive control as hurdles that mothers must overcome, rather than as complex experiences through which they need support" (Robbins & Cook, 2018, p. 1666). This system is diverse and DFV services must work cooperatively with a wide range of external agencies to ensure proper care and that all the safety issues are addressed (Haeseler, 2013). Women who experience violence frequently require assistance from services such as police, child protection, mental health, drug and alcohol services, housing, legal and health services (Haeseler, 2013). DFV specialist services assist women as they navigate the maze of these service systems.

Hester (2011) observed that there have been many changes to the DFV sector in the last decade that include provisions to incorporate DFV practices within statutory agencies. She argues that, although there have been many positive changes, there are still contradictory and fragmented interactions between agencies. This lack of cohesive coordination is associated with frustration for professionals. In this UK-based review, it was found that systemic problems occur with external agencies due to the siloing of these services. Hester (2011) refers to the three planets model which includes: child protection, which has a focus on child protection; the law, which has a focus on protection; and DFV services which have

a participant-centred care model. Each planet encompasses their own set of cultural and historical values, policy and procedures, thus creating an ongoing battle between the three agencies often resulting in the victim/survivor not receiving the most appropriate assistance, and DFV professionals were found to have their practice with women undermined (Hester, 2011). Fitz-Gibbon, Maher, & McCulloch (2019) found that child protection agencies frequently assigned blame and negative responsibility to mothers and were likely to further victimise them making the role of domestic violence agencies to support the mothers coming into opposition with child protection – potentially impacting on the DFV practitioners.

McCann and Perlman's seminal work in the 1990s (cited in Iliffe & Steed, 2000) on vicarious trauma found that, if practitioners exposed to traumatised clients had an increased awareness of their own psychological needs, this assisted in the effective processing of traumatic material and decreased the impact of trauma counselling practice. Iliffe and Steed (2000) found that practitioners felt a loss of confidence when they initially began work in a domestic violence setting as they realised they required specialist knowledge that they did not have – indicating that their education did not prepare them with the specialist knowledge and skills required for work in the DFV sector.

One key agency that all domestic and family violence services intersect with is the police. Women's reluctance to seek police assistance is articulated in a study undertaken by Douglas (2008) who explored 645 court files relating to DFV protection orders across three suburban courts in Australia. Supplementary data were obtained from police files, and statistical data over a six-month period in 2005. They found that 88% of charges were against male offenders. They found that minimisation of harm was often demonstrated by the police and magistrates. It was noted that all the reported cases of stalking did not result in any charges, nor were these followed up even though stalking is a criminal offence. Out of 350 cases, only 3% were charged with criminal damage, 5% were charged with criminal assault. These examples provide an indication as to why women survivors are hesitant to proceed with criminal proceedings and often need to engage with DFV-specific agencies to advocate on their behalf (Douglas, 2008).

Kanno and Giddings' (2017) literature review explored the ethical responsibility of administrators in maintaining a healthy workforce; they found that awareness of traumatic stress prevention and ongoing provision of support for emotional needs was critical in maintaining a healthy workforce. When workers were exposed to participants who had experienced horrific and traumatic situations this can lead to psychological scars and emotional damage if not managed correctly. They recommended that adequate workplace support and supervision is critical to mitigate these risk factors (Kanno & Giddings, 2017).

In summary, working in specialist DFV settings is an area that has not been the focus of much research with some authors highlighting the invisibility of this workforce (Wendt et al., 2019). Frequently, women and children experiencing violence require support and assistance to navigate the often challenging welfare and legal systems.

Social work appears to be the dominant profession in the DFV field with some authors finding that their social work degree did not prepare them adequately to work in this area even though the prevalence rates of DFV are high. The gendered nature of the workforce

has not been explored fully, nor has there been a focus on the intersections between specialist DFV workers and their perceptions of the impact on their practice and wellbeing. The gendered nature of the workforce is outside the scope of this research, but it is an area requiring attention. This current research does focus on the intersections between the DFV workers and the impact on practice and wellbeing as an attempt to begin to address this critical gap.

METHODOLOGY

This was a small exploratory qualitative study addressing the question: What are the experiences of DFV practitioners when they intersect with external agencies and how does this impact on practice and wellbeing? Being an outsider was a key consideration for the student researcher and a strategy of prolonged engagement was adopted to mitigate this as a potential barrier to data collection (Liamputtong, 2013).

The research was guided by a feminist framework which was compatible with the agency recruited for participation. The main principle of feminist research is to recognise and privilege the centrality of gender, power and opportunities for change with specific focus on women's voices using gender-aware research practices (Fonow & Cook, 2005, cited in Krause, Miedema, Woofter, & Yount, 2017, p. 212). In addition, these paradigms use research procedures to empower oppressed and invisible groups (Rubbin & Babbie, 2012; Wendt et al., 2019).

Data collection

A specialist DFV agency with over 60 staff across a number of locations was approached with management agreeing that their staff could participate. The student researcher visited the agency on several occasions and spoke at staff meetings in order to build trust and rapport before, during and after recruitment. Liamputtong (2013) states that prolonged engagement and field work allows a trusting relationship to develop between researchers and participants. In this case it provided the DFV agency staff with the time and opportunity to 'check out' the researcher to ensure she shared the values of the feminist organisation. All staff were sent an email inviting participation with the six interview openings filling fast. The in-depth interviews, all lasting around an hour, were tape-recorded and were conducted at the agency during work time once signed consent was provided.

A qualitative semi-structured interview approach was utilised for this research as it provided a process where lived experiences and meaning of a person's perspective could be explored (Alston & Bowles, 2012). Furthermore, it provided insight into the participant's subjective experience, one that might be unique and diverse compared to other fields of practice and gave voice to staff from an industry that continues to be invisible (Bryman, 2004; Wendt et al., 2019). The nature of the project meant that the timeline did not allow for a large sample so the results are not representative nor generalisable; however, this approach is commonly used for exploratory research which is justifiable when seeking information in a new area (Alston & Bowles, 2012).

The six participants took part in the semi-structured interviews with the first author who was the Honours student on the project. The following table will show that, of the six participants, four were social work trained and the other two had degrees in psychology and a postgraduate certificate in chronic health management (the major of the undergraduate degree is not known). All of the staff were employed on a fulltime basis with one worker having 11 years' experience but most had one year or less experience working in the domestic violence sector.

Table 1. Sample Characteristics

Practitioner	Age	Education	Length of time in the sector	Part-time/full-time
P1	25	Bachelor Social Work	8 months	Full Time
P2	26	Postgraduate Certificate Chronic Health Management	6 months	Full Time
P3	26	Master's Social Work	1 year	Full Time
P4	26	Master's Social Work	3 months	Full Time
P5	28	Bachelor Degree Psychological Science	1 year	Full Time
P6	39	Bachelor Social Work	11 years	Full Time

Conceptual framework

An intersectional feminist conceptual framework underpinned all aspects of this research. Intersectional feminism recognises women's multiple roles and identities and research drawing on this; it explores topics surrounding the interconnecting and interacting issues that are associated with marginalisation and exclusion (Morris, 2007). The focus of this study was driven by an intersectional feminist framework as working in the DFV sector is frequently marginalised and, as mentioned, according to Wendt et al. (2019), workers in this sector are largely invisible. This work is an attempt to make visible some of the challenges of work in this sector.

Social work practice

Social workers are the main professional group who work in the DFV sector; social work practice is defined by the Australian Association of Social Workers (AASW, 2013, p. 7):

Social work operates at the interface between people and their social, cultural and physical environments. Human needs are always seen in the context of socio-political

and environmental factors. While social work practice is diverse, it can generally be broken up into the following areas of practice: work with individuals, work with families, work with groups, and work with communities, social policy practice, management, leadership and administration, education and training, research and evaluation.

Trustworthiness

The organisation selected was a specialist domestic violence agency with its sole focus on support and advocacy for victims of DFV. It was purposively and carefully selected due to the knowledge, experience and unique characteristics of the agency and its staff (Liamputtong, 2013); it has been argued by Carpenter and Suto that this strategic choice gives the research credibility (cited in Liamputtong, 2013, p. 25).

Member checking is argued to be a critical technique for establishing credibility (Lincoln & Guba, cited in Liamputtong, 2013, p. 32). However, in this case, member checking was not possible due to the demanding nature of the work the participants were engaged in. In addition, the agency management was very clear that they could not free the workers up beyond one interview. So other processes were put in place to contribute to trustworthiness. These included prolonged field work, peer review, field notes, memos and an audit trail. These provided a process whereby the researchers could be confident that credibility, transferability, dependability and confirmability could be maintained throughout the data collection, analysis and write-up.

The study was approved by the University of Queensland Ethics Committee (Ethics approval number: NMSW 2018/06). The right to privacy and confidentiality was protected with no identifying data associated with themes and participant consent sheets were not linked and were kept separate to the data.

Analysis

The data were analysed using a thematic approach employing deductive, and then inductive processes, which is one of the most common forms of analysis in qualitative research (Alston & Bowles, 2012; Braun & Clarke, 2006). A thematic analysis emphasises examining, pinpointing and recording patterns within the transcribed data (Rubin & Babbie, 2013). Coding began as soon as each interview was transcribed using an Excel sheet and these were collapsed into themes which were analysed in relation to previous research.

Limitations

Due to the time limits imposed on an Honours project, the sample size was limited. This means that the findings are not generalisable across the DFV sector. They reflect this group of practitioners only. Further, more extensive research is needed to fill the gap that this research has highlighted.

FINDINGS

Overwhelmingly, the findings indicate that the intersection between the DFV practitioners and external agencies outside the DFV sector is perceived to be problematic and affecting both practice and wellbeing. The results of the thematic analysis are divided under two

headings, *practice* and *wellbeing*, with the key themes found under each with direct quotes represented as P1–P6 referring to the practitioners listed in Table 1.

Social work practice is underpinned by the values of social justice and human rights with a strong focus on advocacy (AASW, 2013). All the DFV practitioners described their practice as being underpinned by social justice, human rights with advocacy as a key practice undertaken with women service users. They described the organisation as based on a feminist practice that is multifaceted in nature. A feminist organisation is encapsulated by Eyal-Lubling and Krumer-Nevo (2016, p. 2) who state that:

... a number of common traits characterize it: analysis of the social and structural causes of women's personal troubles, focus on the agency of women and the use of empowering intervention methods, critical analysis of power relations in therapeutic relationships and the move from paternalistic intervention to partnership, analysis of the concept of "women" as broad and diverse through the intersection of gender with other social categories, and integration of intervention at the micro and macro levels.

Practice

The overarching theme identified was that the DFV practitioners characterised the intersection with other agencies as frequently problematic and, when asked about their perceptions of what this space was like, they overwhelmingly stated it was in the main, dysfunctional and was the greatest impediment to their direct practice with women. The key themes under practice are *diverse cultures and split constructions*, *definitional clashes*, *communication management and safety*, and *educational preparedness*.

Diverse cultures and split constructions

Organisational culture includes expectations, experiences, values, interactions with the outside world, shared attitudes, beliefs, written and unwritten rules that have been developed over time and are considered valid (Hughes & Wearing, 2013). All six of the practitioners highlighted that their organisational culture was often in conflict with the main external agencies they intersected with. These included child protection, police, government housing and men's services. Featherstone and Peckover (2007) also found the intersection troublesome. They found that different services construct men who use violence differently. They argue that there are split constructions with law enforcement constructing them as frequently minor offenders and child protection constructing them as fathers. DFV practitioners construct them as perpetrators who use violence and who are potentially dangerous. The police and child protection have very different cultures, values and history (as mentioned, Hester (2011) referred to the three planet model which is often conflictual). Fitz-Gibbon et al. (2019) found that child protection frequently assigned blame to the mother victim/survivor and further victimises them by developing punitive directions for them to follow. One participant, P5, summed it up as:

...they don't help, they hinder and it's traumatising.

Because the DFV practitioners case manage and help women through the maze of the different agencies, they reported the challenge of collating all the information needed for

women to make informed decisions was, at times, overwhelming. P3 stated that:

...we spend so much time chasing things up, and we have to put our other work on hold.

In some instances, the DFV practitioners stated that their interactions with police and child protection on behalf of women victim/survivors appeared to a parallel process mimicking the power and control the perpetrator had over the woman. A number of the practitioners stated they frequently had to tread carefully when dealing with them. When recalling incidents with police withholding information, P4 stated:

...it is so demeaning having to put on an act, just to obtain the information that they failed to put in the referral in the first place.

And another practitioner bemoaned police practice, saying:

...recently I had a referral from the police with a person name as UNKNOWN. The police were called out to this address, how could the person's name be unknown? (P5)

A number of the practitioners reported that external agencies did not understand the urgency of some of the issues that needed immediate action and that ongoing follow-up with external agencies took these practitioners away from their work. Many reported this was frustrating and unnecessary.

Definitional clashes

DFV practitioners work from an understanding that DFV is defined as a range of tactics that coercively control their female partners, whereas other services particularly police, concentrate on physical harm (Stark, 2007), so there is frequently a clash around this, thus posing difficult and challenging intersections with police, child protection and government housing services. These clashes were around the apparent focus on how bad the assault was and were dismissive if there was little or no injury – impacting on how agencies saw risk and safety. When recounting intersections with police, P4 stated:

The overwhelming thing I notice most is that the police, it's a couple of things, the referrals that come in lack information, or lack of correct information, a blatant lack of knowledge of DFV and it is clear they brush off clients when they could be doing something to help the client right then to make them safer.

Defining safety is critical in this work and all of the practitioners stated that all of the agencies they deal with 'just don't get it'. Minimising the risk to women is commonplace as is the lack of deterrence for the perpetrators. One practitioner stated that:

...prosecutors make deals without the aggrieved [person's] consent, for example a person using violence had a number of breaches that he had to answer to, and the prosecutor made a deal to group them together, so he only had one charge, which resulted in a warning. (P4)

Communication management and safety

When considering the intersection between the DFV agency and external agencies the

police and lawyers were nominated by all the practitioners as the worst to deal with in terms of communication management and safety issues with child protection next worst. All of the practitioners highlighted the fact that none of the agencies took the issue of safety of women and children seriously nor did they see the DFV practitioner's safety as an important issue and participants felt this impacted on the way they communicated the details when referring women to the DFV service. At times communication management breached professional standards. This is clearly demonstrated by one practitioner who reported:

...there are procedures in place, but they are ignored or not followed correctly...we raised concerns with child protection about the client's safety, this organisation's safety and my safety. I had met the perpetrator before, he knew who I was, he knew my face... now he is aware of my full name, where I work, and what I do because child protection gave it to him. (P5)

Their police interactions were reported by all the DFV practitioners to be one of the worst illustrations of communication breakdowns. This they felt was attributed to historical and entrenched beliefs, as one practitioner stated:

...it's still very much a boy's club. (P4).

When the DFV practitioners support women during applications of personal protection orders they come across men's advocates, police and lawyers who support the men and a number of the practitioners reported that this was vital work because of how badly the legal system manages domestic violence. One worker stated:

It can become really frustrating though when you've got the respondent and his lawyer making deals with the prosecutor for [less] time or [less] conditions. Like why should he go to a behaviour change program when he only has a DVO for one year? These deals that they make are so infuriating. (P3)

All of the practitioners stated they were sick of the deals that are done that favour the men using violence and do not provide any real protection for the woman nor deterrence for perpetrators. They all stated that working in this area required staff to be informed about domestic and family violence issues. When workers are not DFV informed, practitioners reported that they first have to dispel the myths surrounding DFV with external agencies before being able to work with them. Practitioners discussed that they are immediately aware when engaging with external agency staff who are not DFV informed with an example from P2 who stated:

...you can tell straight away because they say things like, if it's so bad why doesn't she leave?

Practitioners had varied responses with the numerous other agencies that they need to have interactions with on a daily basis; one practitioner summed up these interactions:

...my standard dealings with stakeholders are low, if someone isn't passive aggressive toward me or rude to me then it's really great. (P5)

Understandings about communication management and safety are not shared between the DFV organisation and the external agencies they are required to work with on behalf of the women. This causes a lot of frustration. All of the practitioners stated that not providing adequate information, deliberately withholding information and providing incorrect information means significant delays in developing safety plans for women which has major implications for safety. In addition, not taking information about violence seriously for women and workers is problematic as is collapsing breaches to a minimum charge or even dismissal has serious repercussions for women's, children's and worker's safety.

Educational preparedness

All of the practitioners stated that their education did not prepare them with the knowledge and skills to work with domestic violence. The four social workers all agreed that social work degrees should have domestic violence as part of the core knowledge and skills in the degree. P2 observed that:

DFV is in all sectors and all areas of practice, you will definitely come across it in your practice.

It appears that there is a great deal about the work that these practitioners undertake on a daily basis that impacts negatively on their practice. When looking at the fact that most of the workers interviewed had worked in the area for one year or less begs the question how does this work impact on their wellbeing.

Wellbeing

The overarching theme identified here is that passion and drive to make a difference in women's lives appears to override any negative impact that work in this area produces. Most of the practitioners who self-selected to participate had only worked in the organisation for a relatively short time; only one (P6) had been in the industry for 11 years, so long-term impact is not possible to comment on. However, comment on the perception of their current state informs this section of the findings. These themes include *bureaucratic pressures*, *lack of consistency* and *protective elements*.

Bureaucratic pressures

All of the practitioners commented on the bureaucratic pressures, both internally in the organisation, and with external agencies. This frustration was evident with each practitioner's voice and tone exhibiting frustration and, at times, anger. An example of this was the government scheme to install safety upgrades to homes for protection for women and children experiencing violence. These upgrades include surveillance cameras and alarms and an application is required to access these. One practitioner's frustration was heightened as she reported:

...there is so much red tape, for example [the housing service] gives permission for an install as long as we adhere to the building codes, we don't know building codes...the process can take so long, I don't think they understand that women are at high risk... it takes so much time chasing things up, it's frustrating. (P1)

Internal pressures included the government policy that included Key Performance Indicators that include time measures where workers have to account for their work time on a daily basis.

...sometimes I can be so exhausted at the end of the week, but when I fill in my KPI I haven't met my quota, then I have to go over my hours, and search for the missing time, it's very frustrating. (P2)

P3 also commented:

...it's the field of work and the expectations that are required, and it's not just within the organisation or the sector, it's the government, it's the paperwork that adds pressure that adds to your day. (P3)

Lack of consistency

All of the DFV practitioners commented on how the lack of consistent responses from police, child protection, housing, judicial and other welfare agencies really impacted on their day-to-day work causing a great deal of stress. One practitioner (P1) stated that things change daily and it can depend on the day and the worker as to whether you get a good response or not. According to P4, telephone conversations advocating for women can result in abuse for practitioners or difficult conversations and every day is different – as a result, their expectations are low and when something good happens it makes their day. Whereas P5 stated:

...I get anxiety before I even pick up the phone now.

Protective elements

All of the practitioners became animated in a good way when talking about how they liked working in this area. They all mentioned their passion for women's rights and their commitment to the feminist principles of the organisation. In addition, they all lauded the organisation for having critical incident stress management strategies in place with ongoing supervision, ongoing education and support available as standard practice. P1 noted that:

...what I like most about being a DFV practitioner at this organisation is the support I get from colleagues, because its heavy work but at the same time you have support around you to bring you up.

While P6 said:

I love working here.

DISCUSSION

The overarching theme identified in this study was that the intersection between DFV practitioners and external agencies was overwhelming dysfunctional. While it did have an impact on job satisfaction and their general wellbeing, these impacts were mitigated by a high level of internal agency support, supervision and a passion for the work they

do. Overwhelmingly, practitioners highlighted the problematic issues associated with the police and women's safety. This organisation, with a feminist framework, was client focused, addressed inequality and had an understanding of the range of oppressions and discriminations that confront women when faced with gender-based violence (Morley & Dunstan, 2016). The practitioners reported that police officers continually encountered situations related to DFV that demand their discretion, and they exercise considerable independence in choosing from various responses when undertaking their duties – some outcomes exposed women to considerable risk and placed heavy burdens on DFV practitioners (AIC, 2015; Douglas, 2017).

Robbins and Cook (2017) discussed that social workers struggle to gain trust in a system that is over-bureaucratised, where processes, investigation and control, override support for women. This will continue to be an issue while some agencies see DFV as a hurdle for mothers to overcome. In addition, the significant lack of coordinated approaches to identifying and providing appropriate responses was problematic (Special Taskforce on Domestic and Family Violence in Queensland, 2015, p. 12). These contribute to women and children being subjected to continued abuse which impacts on the practitioners trying to support them. Although there are many changes occurring within the sector, practitioners reported that the system continues to exacerbate risk to women (Robbins & Cook, 2017). It was found that ongoing issues with the system impacted on DFV practice. The examples discussed in the interviews describe a system that is hard to navigate without the support coming from DFV practitioner's advocacy. This is consistent with Ulmeistig (2016) who states that systems can mimic perpetrators' abusive behaviours by having unrealistic expectations of women who are experiencing violence. Furthermore, *The Not Now, Not Ever Report* (Special Taskforce on Domestic and Family Violence in Queensland, 2015, p. 12) highlighted that recent coronial inquests found that a lack of coordination between services contributed to the deaths of victims of domestic homicide.

In this current study, the practitioners acknowledged statutory workers have large caseloads, little time to build relationships and that this may contribute to the dysfunctional interactions with child protection that put one practitioner's safety at risk. Practitioners discussed having to spend a lot of time dispelling myths and steering from a solution-focused framework to strengths-based practice. Haeseler (2013) highlighted that problems related to multi-disciplinary, inter-agency and multi-agency service delivery are amplified due to problems relating to lack of collaboration and siloing, as stated by Hester (2011). Even though this organisation has implemented many strategies and developed specific roles in an attempt to improve external agency work, such as high-risk teams and specific liaison workers who attempt to address the lack of collaboration and support and to protect women, it has not had a positive outcome with any hoped-for changes in the attitudes or the behaviour on a broader external agency level.

It has been found that the relationships we cultivate in our lives are essential to our wellbeing, namely, happiness and health (Shimazu, Schaufeli, Kamiyama, & Kawakami, 2015). Working adults in DFV practice spend a large part of their waking hours in relationships with co-workers and other professionals from agencies outside their own. It has been established that practitioners in caring professions encounter numerous stressful

situations daily (Regehr, Leslie, Howe, & Chau, 2000) and DFV workers are at higher risk (Beckerman & Wozniak, 2018). Poor interactions with external agencies add additional pressure to a practitioner's subjective wellbeing. It has been argued that:

Subjective wellbeing is globally the term most used to describe how people generally feel about their life. It captures the experiences of a person's life that are important to them, rather than the indirect measure of satisfaction that objective social indicators provide or judgement of experts. (Fouché & Martindale, 2011, p. 678)

Goodman, Banyard, Woulfe, Ash, and Mattern (2016) demonstrate that practitioners are attuned to the victims' and survivors' needs, indicating that DFV practitioners have a unique set of skills that are required to support victims. However, it is evident that this process is hindered by the judicial system. In this study it was found that the dysfunctional interactions with police impacts on this process; this is also reiterated in Douglas (2017) who supports this proposition as she found that police minimised harm, thus causing women to disengage from the justice system.

Over-bureaucratic systems that are filled with process and procedures, with a focus on *doing things right* instead of *doing the right thing* was highlighted by the practitioners in this study (Munro, 2011, cited in Robbins & Cook, 2017). The practitioners identified that this was an ongoing issue that impacted on their practice, and time that would be better spent on their clients. It has been established that it is more dangerous for those experiencing violence if the services and agencies who are there to assist get it wrong or delay their support (Robbins & Cook, 2017).

Social workers are the group overwhelmingly employed in the domestic violence sector and of the six practitioners who participated in the interviews, four were social workers. They all stated that their tertiary education did not prepare them for domestic violence practice. Given the pervasiveness of domestic and family violence as a social problem, it is incumbent on schools of social work to take heed from the AASW Social Work Education and Accreditation Standards (2019) and implement domestic violence knowledge and skills as part of the core training for social workers.

CONCLUSION

This paper documents a small, qualitative study that formed part of the requirements for Honours in a Bachelor of Social Work degree, the aims of which were to explore the intersection between DFV specialist practitioners and external agencies. The research found that bureaucratic policies and procedures impacted on practice as well as on the wellbeing of the participants in this study. The main findings included that, although there have been many changes to the DFV sector in the last decade, similar themes continue to emerge about the judicial system's impact on the safety of women. The study also found that dysfunctional interactions with external agencies are significantly impacting on DFV practitioner's work and, thus impacting on job satisfaction. This study, while small and qualitative, highlights that there is a gap in the literature and in education for practitioners who work in the DFV sector.

RECOMMENDATIONS

Further research is needed to explore more broadly if the dysfunctional intersection between DFV practitioners and external agencies is commonplace. In addition, a national study would establish whether the findings here are replicated and could contribute much in the way of understanding how specialist domestic violence services intersect with external agencies. In addition, there remains a gap in social work and welfare education that focuses on equipping the workforce to be able to work effectively with domestic violence issues.

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