



**BSAFE PILOT PROJECT 2007-2010
INTERIM EVALUATION REPORT**



An Australian Government Initiative

For further information about the Bsafe Pilot Project please contact:

Bsafe Coordinator

Rachael MacKay

Women's Health Goulburn North East

r.mackay@health.com.au or (03) 5722 3009

The Bsafe DVD, produced by Marilyn Ross and Anna Erbrederis, can be accessed online at www.whealth.com.au

Members of the Bsafe Steering Committee include:

Cheryl Lundin

Lance Werner

Jennifer Parker

Rose Marsh

Peter Milligan

Lucy Healy

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Executive summary

In Victoria and around Australia, violence remains a reality in the lives of many women and their children. For decades, women and children escaping family violence and sexualised assault have been forced to flee their homes and communities causing many to become homeless, while perpetrators of family violence have often remained in the home and avoided prosecution. In recent years, there has been increasing recognition of the need for new strategies and approaches that provide the necessary support to allow women and their children to remain safely in the home while ensuring the perpetrator is held accountable for their behaviour.¹ If supporting women and children to remain in the home is to become a legitimate choice for women, risk management options that employ an effective, integrated, multi-agency response to family violence are essential. The Bsafe personal alarm system is one such option. Bsafe enables victims of family violence and sexualised assaults where it is safe, appropriate and desirable to remain in their homes.² This is largely due to the fact that it provides an effective deterrent to perpetrators through increased detection and accountability.

This report will discuss the Bsafe Pilot Project's key findings. Of the women who accessed Bsafe the overwhelming majority were:

- Escaping violence perpetrated by an ex-partner
- At an extremely high risk of further violence, with all women indicating that they continued to live in fear of ongoing family violence.

The additional support and service that the Bsafe kit provides has been highly successful in:

- Reducing perpetrator violence and recidivism, notably the incidence of physical violence
- Increasing accountability for men who perpetrate family violence
- Increasing women and their children's feelings of safety
- Supporting women and their children to remain in their own homes and communities
- Increasing women's connection with social support networks and access to relevant support services
- Providing an integrated response to family violence by strengthening the relationship between key stakeholders, such as specialist family violence and sexualised assault services, the police, health and community sectors and the community.

¹ K. Crinall & J. Hurley, *Rethinking Domestic Violence and Homelessness*, Parity, November 2009, p. 5.

² Ibid.

Cassie “I was with my ex-husband for approximately 11 years. It started off the first four years he was physically abusive... I had cracked ribs and black eyes... He was an alcoholic. Then I left. He became sober and we got back together. Then three kids later he got into marijuana and his violence and alcohol abuse came back in and I was no longer safe in the home that I was trying to set up for myself and my kids. [Bsafe has] been good for them (my children) too, because they know some of the circumstances that we went through. He slashed my tyres and set fire to my fence and hid in my backyard all these bizarre things and unfortunately the kids are aware that it was their father. To give them the knowledge that they can get help for themselves and they don't have to be in the situation where they can be hurt or I can be hurt. It's good for them too... I've been able to stay in my house, keep my kids safe, I'm safe. I can be independent. Basically I'm in control of myself and my kids and he can't touch us anymore.”

Angie “I have five children. I was married for nine years. I was in a violent relationship. I was able to end that, it took me nine years to get out. There were threats, mainly towards the kids. That was the control he had over me... (Before we had Bsafe) my ex-partner visited the kids, he wanted money and he turned nasty and choked me. I said I was calling the police, he dared me. I got the phone and went outside. He sat and watched, then chased me. The phone was disconnected as I fell to the ground and received a kick to my face. Just before he was released (from prison) we had the kit installed. I have only had to use it the once. He came to the house Christmas Eve. He was at the window and he heard the system being activated and he left within two minutes. So it's a deterrent to him and also reassuring for the kids. When we do get phone calls or he drives past, the kids turn into defensive mode I guess and I'm able to settle them by reminding them of the system. They sleep easier knowing it's there and so do I.”

Introduction

Bsafe is allowing women to stay in their homes, stay in their communities, they aren't being blamed. It's putting the onus of responsibility back on to perpetrators. (Manager)

Bsafe has given a new freedom, a liberation. (Manager)

What is Bsafe?

Bsafe is a personal alarm system and risk management option primarily for people escaping family violence and sexualised assault perpetrated by intimate partners. The Bsafe kit consists of a water-proof pendant that operates through the home telephone line. The pendant can be activated within the area of the victim's home and garden. The system also includes a 'mobile companion' which is similar to a mobile phone. The mobile companion can be used where there is mobile coverage and allows Bsafe clients³ increased autonomy and security when out in the community. When either device is activated an alarm is sent to the 24 hour VitalCall⁴ response centre which immediately alerts 000 for a police response while continuing to monitor and record the call. The option of a prepaid mobile phone is available to clients without a phone to assist referral agencies in maintaining contact with victims.

Background to the Bsafe pilot project

The Emergency Safety Kit, now known as Bsafe, was a Victoria Police initiative developed within the Benalla Family Violence Prevention Network.⁵ During a Rotary study exchange trip to Sweden, Victoria Police Sergeant Peter Milligan observed a model whereby safety kits were being used by family violence victims still at risk of further violence. Believing that the concept could effectively operate within the Victoria Police, Bsafe was initially trialed in Benalla Rural City with four victims of intimate partner violence. In 2007, the Victoria Police in partnership with Women's Health Goulburn North East successfully obtained three year funding from the National Community Crime Prevention Programme for the Bsafe project to be piloted in the Hume region.

³ While we acknowledge that there are limitations to the term 'client', it has been used in this document because the women that have participated in the project are actively using the Bsafe service.

⁴VitalCall is a personal emergency response service that provides services within Australia 24 hours a day, 7 days a week, 365 days of the year.

⁵ Established in 1989, the Benalla Family Violence Prevention Network draws membership from a diversity of government and non-government organisations who work in partnership with the aim of preventing family violence in Benalla, www.familyviolenceservices.com.au

Bsafe eligibility criteria

Bsafe's eligibility criteria require victims escaping family violence and sexualised assault to:

1. Reside in the Hume region, as this is where the project is currently being piloted;
2. Have an Intervention Order (IVO) that excludes the perpetrator from the victim's premises; and
3. Be at risk of the IVO being breached.

Client eligibility is determined through the Family Violence Comprehensive Risk Assessment tool which clients complete with a family violence or sexualised assault service worker. This tool is designed to assess the level of risk posed by the perpetrator by way of the victim's own assessment of their level of risk, evidence-based risk indicators and the worker's professional judgment.⁶

The Hume region in geographical context

The Hume region comprises nearly one-fifth of Victoria and covers an area of 40,427 square kilometers. The region is geographically varied and includes alpine areas, some relatively remote farming communities and the major regional centres of Wodonga, Wangaratta, Seymour, Benalla and Shepparton. The City of Greater Shepparton is home to one of Victoria's largest Indigenous populations outside of metropolitan Melbourne.



Bsafe objectives

The overarching goal of Bsafe is to provide an effective, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault whilst increasing detection and accountability for those perpetrating such violence.

The Bsafe project has two key objectives:

1. To reduce homicides, assaults, sexualised assault and recidivism relating to family violence by funding the Bsafe kit and service to provide an additional level of support and service to victims of family violence so they can safely stay in their own homes and communities.

⁶ Family Violence Risk Assessment and Risk Management, Family Violence Coordination Unit, Victoria, 2007, p. 65.

2. To strengthen the relationship between the police, the family violence, health and community sectors and the community.

Through meeting these objectives Bsafe aims to:

- Improve safety and security for victims of family violence and sexualised assault
- Reduce fear of crime
- Improve response and risk assessment
- Reduce the incidence of family violence within the community
- Facilitate early intervention and arrest repeat offenders
- Support victims within the judicial system
- Increase levels of customer satisfaction relating to safety within their own home and the community.

Evaluation methodology

This interim report draws on multiple methods of evaluation. The Bsafe project has collated information obtained through the Comprehensive Risk Assessment, which is a standardised tool designed to assist specialist family violence practitioners assess victim's safety needs and the likelihood and severity of future violence. Through the use of this tool, Bsafe has been able to gather statistical data on evidence-based risk factors relating to 49 clients. The data is unavailable on the first five women to utilise Bsafe, as their involvement in the project was prior to the Comprehensive Risk Assessment becoming a standardised tool for workers in the family violence sector.

It is important to note that this tool, and hence the information gathered through its use, is not without limitations. A significant proportion of the Comprehensive Risk Assessment relies on a structured questionnaire which has design shortcomings. It frequently includes two or more questions in one. For example, victims are asked if the perpetrator:

Has ever harmed or threatened to harm or kill children

A comprehensive account of the extent of the violence and further risk posed by perpetrators to Bsafe clients and their children is difficult to gauge, because the Comprehensive Risk Assessment does not deconstruct questions such as this one into various logic components. A more effective form of questioning would be to ask the victim if the perpetrator:

Has ever threatened to harm children

Has ever physically harmed children

Has ever threatened to kill children

In an attempt to overcome this limitation, qualitative information detailed in each client's Comprehensive Risk Assessment case notes has been included in this report wherever possible.⁷

To establish whether Bsafe has achieved its objectives, clients are asked to complete voluntary questionnaires at three months, six months and when they exit the project. This method of evaluation was designed to monitor breaches of the IVO, kit activations and police response, client's perceptions of safety and the implications of Bsafe on housing, social networks and access to relevant support services. This evaluation method has also proved useful in allowing client's to independently feed back information about their needs and expectations. In an attempt to illustrate some of the complexities of women's experiences of violence and the impact of Bsafe, this report will also feature the narratives of two Bsafe clients. These women's personal narratives, which feature at the beginning of the report, were transcribed from a Bsafe training DVD that was produced for the Victoria Police's Blue Tube.⁸

The evaluation for this report is further informed by two reflective workshops that were run with Bsafe's key stakeholders. The notes taken during the first reflective workshop held in 2008 document the emerging issues raised on the day and are used in this report. So too are transcripts taken from the second reflective workshop held in 2010. This workshop was digitally recorded and quotes from stakeholders appear in this report. Also featured in this evaluation is further information obtained through a semi-structured interview with the Bsafe Coordinator that was recorded and later transcribed. Quotes from two Victoria Police members and a family violence outreach worker taken from the Blue Tube DVD also feature in this interim report.

⁷ The information provided by workers in women's case notes vary considerably. While some workers provided detailed accounts of women's experiences of violence, many Risk Assessments had minimal information.

⁸ *Blue Tube*, similar to *You Tube*, is a multi-media communication device used on the Victoria Police Website to educate and inform police members and the community.

Demographics

Bsafe targets people in the context of intimate partner relationships who are escaping family violence or sexualised assault, and their children. To date, all of Bsafe's clients have been women. This is indicative of the gendered nature of family violence and sexualised assault, as the overwhelming majority of cases involve men using violence against women and their children.⁹ Fifty-four women and 111 children have utilised Bsafe since the project commenced in 2007. Of this number, 51 clients have been women escaping violence perpetrated by former husbands, including defacto husbands (37) or ex-boyfriends (14). Of these women, three required Bsafe because they were escaping violence perpetrated by two different men who had previously been their intimate partners. The remaining three clients utilised Bsafe because of violence perpetrated by a family member other than an intimate partner. One woman required a kit because of the risk posed by her mentally ill son, one woman was attempting to escape her violent schizophrenic brother and one woman and her daughters were victims of violence perpetrated by the client's mother.¹⁰ To date, this last example is the only Bsafe case that has involved a female perpetrator.

Age of clients and their children

Women utilising Bsafe range in age from their late teens to early fifties with an average age of 33 years. To date there have been only four clients associated with the project that have either not had children or whose children were adults and therefore no longer in their care. Children associated with the project ranged in age from infants to late teens, though two-thirds (75) of those living in homes with a Bsafe kit are under the age of eight years, with 25 children aged between 0-3 years. This statistic is particularly alarming given that family violence affects children's cognitive, social, emotional and physical development.¹¹ There is also an increasing body of research that identifies men's use of violence in the home as an attack on parenting and a threat to the mother-child relationship.¹²

Race and ethnicity

Clients, their children and those perpetrating violence against them have predominantly been Anglo-Australian. Bsafe has been utilised by one Indonesian woman and her son due to the serious risk posed

⁹ The National Council to Reduce Violence against Women and their Children, *A Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021*, Canberra, 2009.

¹⁰ The woman escaping violence perpetrated by her mother was one of Bsafe's first clients and consequently did not have a *Comprehensive Risk Assessment* completed. Therefore, determining the level of risk posed by a female perpetrator can not be compared with male perpetrators.

¹¹ Department of Human Services, *Every Child Every Chance: Child Development and Trauma Guide Best Interest Series*, Melbourne, 2007.

¹² C. Humphreys, *Domestic Violence and Child Protection*, Domestic Violence Clearinghouse, 2007.

by her ex-partner. Bsafe has also assisted two Aboriginal women escaping violence perpetrated by their Anglo-Australian ex-boyfriends, while three non-Aboriginal women have required a kit because of the risk posed by their Aboriginal ex-husbands. In all, there are nine Aboriginal children living with their mothers in a home with a Bsafe kit. While the prevalence and severity of Indigenous family violence has been widely documented,¹³ Bsafe's data shows no significant variation in the degree of violence experienced by Aboriginal clients or the level of risk posed by Aboriginal perpetrators.

Clients with disabilities

Women with disabilities make up 9% of Bsafe's clientele, with six women identifying that they had a disability.¹⁴ Research has shown that women with disabilities experience higher rates of family violence and sexualised assault for more prolonged periods of time, often as a consequence of the fact that they have fewer resources to escape violent partners.¹⁵ Such was the experience for three of these women who experienced chronic and long-term physical and psychological violence, with one intellectually disabled woman disclosing that her husband of five years hit and verbally abused her daily. The potential for Bsafe to be used as a risk management option for women with disabilities escaping violence is significant. Bsafe utilises the VitalCall system which was initially devised as a personal emergency response service to assist the elderly to live independently. Because the system was designed for people who frequently have visual, hearing and physical impairments, Bsafe has been able to meet the often complex needs of women with disabilities without difficulties.

¹³ The National Council to Reduce Violence against Women and their Children, op.cit.

¹⁴ One woman had a hearing impairment, one woman had a visual impairment and was diagnosed with post-traumatic stress disorder, one woman had a physical disability, two women had intellectual disabilities, and one woman had an intellectual disability and was visually impaired.

¹⁵ The National Council to Reduce Violence against Women and their Children, op.cit.

Risk assessment relating to clients, perpetrators and their children

In this section of the interim report, information that clients have disclosed through the Comprehensive Risk Assessment tool regarding the perpetrators use of violence against them and their children and other risk factors is explored. This is important as it provides a clearer picture of Bsafe clients as a group. What was found was that women involved with Bsafe were at an extremely high risk of further violence. Many clients had been subjected to violence in their relationships for years, with a small number of women being abused by their former partners for decades. Ongoing post-separation violence was a reality for many, as one-third (18) of women had not recently separated from their partners when they accessed Bsafe. Identifying Bsafe client's risk status as high is also important as the project's success stands in contradiction to the majority of sources that state that safe at home models¹⁶ 'must only be an option for women assessed at low risk.'¹⁷ Indeed, Bsafe provides a risk management option for high-risk women escaping family violence and sexualised assault, whose needs as a client group have previously been unmet.

Evidence-based risk factors relating to Bsafe clients

Almost one-quarter of women were pregnant or had recently given birth when they accessed Bsafe. Pregnancy is considered a time of increased risk given that most women who are subjected to intimate partner violence first experience violence during pregnancy.¹⁸ For women already experiencing abuse, pregnancy is a period when violence often intensifies.¹⁹ Such was the case for three Bsafe clients who experienced an escalation of intimate partner violence during their pregnancies. Of these women, one man threatened to kill his ex-partner and her unborn child, while two women were severely assaulted by their former partners during their pregnancies; one so brutally, that she experienced a miscarriage.

Mental health issues were a common experience, with 20 of the 49 women identifying this as an issue in their lives. Of these women, 14 were suffering from depression, four were suffering from anxiety, one woman was experiencing panic attacks and another woman had been diagnosed with post-traumatic stress disorder. Of the 20 women experiencing mental health issues, seven acknowledged that they had also experienced suicidal thoughts or had tried to commit suicide. One other Bsafe client indicated that she too had experienced suicidal thoughts, though identified no history of mental health

¹⁶ Safe at home models, sanctuary schemes or staying safely at home, as they are sometime referred, are defined as a jurisdictional response to domestic and family violence which aims to have the person using violence removed from the home while women and their children remain in the home in circumstances where it is safe, appropriate and desirable.

¹⁷ K. Crinall & J. Hurley, op.cit.

¹⁸ A. Taft, *Violence against women in pregnancy and after childbirth: Current knowledge and issues in healthcare responses*, 2002.

¹⁹ Ibid

issues or substance abuse. Drug and alcohol abuse or misuse was recognised as an issue in the lives of six Bsafe clients. Of these women, one had no history of either mental health issues or suicidal thoughts, two were experiencing substance abuse problems and mental health issues, while three women were particularly vulnerable due to the co-existence of substance abuse problems, mental health issues and suicidal thoughts or attempts.

Two-thirds of women (33) stated that they were experiencing isolation when they accessed Bsafe. Establishing whether this was social isolation from friends, family and their communities, geographical isolation due to rurality, or both, is unclear as women are not required to specify this during the Comprehensive Risk Assessment. It could be assumed that this figure is increased by the fact that Bsafe is being piloted in rural Victoria. However, considering that more than half (18) of those experiencing isolation were living in major regional centres, it could be speculated that many were experiencing social isolation. This is a common experience among women affected by intimate partner violence, as perpetrators often use their power to control and isolate their victims from their social support networks.²⁰

Risk and vulnerability factors relating to the perpetrator

A history of violence is deemed an evidence-based risk factor that increases the likelihood of perpetrators committing further acts of violence, as violent men 'generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past.'²¹ More than three-quarters of men (39) were identified by their former partners as having a history of violence other than family violence. Of these men, seven had been incarcerated for crimes including common assault, assault with intent to cause injury, assault causing injury,²² aggravated assault, unlawful assault and armed burglary. The threat posed by their ex-partners' recent release or imminent release from prison prompted seven women to access Bsafe.

Nearly two-thirds of perpetrators (30) were identified by women as having access to weapons, with more than one-quarter of men (14) using a weapon in their most recent violent attack against their former partners. Perpetrators' access to weapons, particularly fire arms, has been shown to increase the likelihood of victims being severely assaulted or murdered.²³ Weapons identified by women in the most recent assault included 'fists and feet', a child's Jolly Jumper, a baseball bat and a fan thrown by a

²⁰ The National Council to Reduce Violence against Women and their Children, *Background Paper to a Time for Action*, 2009, p. 13.

²¹ Risk Assessment p. 61

²² One woman stated that her ex-boyfriend had a history of violence towards others going back to when he was aged 17, when he assaulted another person which caused a permanent disability in the victim.

²³ Family Violence Coordination Unit, op.cit, p. 73.

perpetrator at his small children. Two women were threatened with knives and another two women were chased by the perpetrators with an axe. Of the 30 Bsafe clients that identified perpetrators as having access to weapons, nine women specified the type of weapons. One woman deemed her ex-boyfriend's baseball bat as a weapon, two men had access to knives - one of whom carried it with him constantly. Two women's ex-partners worked in abattoirs and therefore had access to weapons. Another client's former partner had an explosives licence. While an additional two men had access to fire arms, another perpetrator told his ex-wife that the IVO "wouldn't stop him" and that he was "looking for a gun."²⁴

Three-quarters of violent men (36) were identified by Bsafe clients as suffering from a mental health issue, though case notes rarely documented the diagnosis. Of those that did, seven men were clinically depressed, one man was experiencing depression and anxiety, one man was suffering from bipolar disorder, two men were diagnosed with schizophrenia and another two men were suffering from acute mental illness. Alarming many of these men also had substance abuse or misuse problems, as three-quarters of perpetrator's (38) had addictions to drugs such as alcohol, marijuana, amphetamines, crystal methamphetamine and anabolic steroids.

Given the strong link between existing mental health problems and the subsequent risk of suicide,²⁵ it is not surprising that more than half of these men (29) had threatened or attempted to commit suicide. This is of considerable concern as suicidal threats or attempts by men using family violence is a risk factor for murder-suicide.²⁶ Additionally, all Bsafe clients (48) identified that the men using violence against them had exhibited controlling, obsessive and jealous behaviours - behaviours that have been identified to increase the risk of victims being killed or almost killed.²⁷

Men with mental health issues such as depression and paranoid psychosis that exhibit other risk factors, particularly a history of violence are deemed to be at high risk of perpetrating serious violence in the future. As shown in Table One (page 15), 39 of the 49 men using violence were experiencing mental health issues in conjunction with at least three other evidence-based risk factors. Of these men, one-quarter (12) of perpetrators pose an extremely high risk to their former partners as they are suffering from mental health issues in conjunction with six other risk factors. This significantly increases the risk of them perpetrating serious post-separation violence, including homicide.

²⁴ Alex, Comprehensive Risk Assessment Case Notes, 2009.

²⁵ T. Caldwell, A. Jorm & K. Dear, *Suicide and Mental Health in Rural, Remote and Metropolitan Areas*, MJA Supplement, October, 2004.

²⁶ Family Violence Coordination Unit, op.cit, p. 74.

²⁷ Ibid, p. 83.

Table One:

	Mental health issue*	Controlling behaviour*	Obsessive/jealous behaviour*	History of violence	Substance abuse/misuse*	Suicide threats/attempts*	Access to Weapons*
12 perpetrators	✓	✓	✓	✓	✓	✓	✓
7 perpetrators	✓	✓	✓	✓	✓	✓	
9 perpetrators	✓	✓	✓	✓	✓		
3 perpetrators	✓	✓	✓	✓		✓	
3 perpetrators	✓	✓	✓		✓	✓	
4 perpetrators	✓	✓	✓		✓		
1 perpetrators	✓	✓	✓			✓	

(*May indicate an increased risk of the victim being killed or almost killed as stated in the Comprehensive Risk Assessment²⁸)

The nature of perpetrator violence against Bsafe clients and their children

All Bsafe clients had been threatened or harmed by their former partners, with only three women's Comprehensive Risk Assessment case notes not specifically indicating that they had been subjected to physical violence. In one case, the perpetrator's physical violence was so serious that the victim was granted a lifelong IVO. The severity of men's violence is further evident by the fact that more than three-quarters of perpetrators (39) had choked their former partners. This is alarming given that strangulation is a common method used by male perpetrators to kill female victims.²⁹

Sexualised violence was a reality for many clients, with more than one-third of women (18) identifying that they had experienced sexualised assault and/or rape perpetrated by the men whose abusive behaviour had prompted them to access Bsafe. This figure is in keeping with research that shows that about one in three women who have experienced physical intimate partner violence have also been raped by their abusive partners.³⁰ Of these women, two clients also disclosed that their former partners had perpetrated sexualised assault against their daughters aged three, six and eight years.

²⁸ Table four shows perpetrators that exhibit mental health issues and the co-existence of at least three other risk factors.

²⁹ Family Violence Coordination Unit, op.cit, p. 73.

³⁰ J. Campbell et al, *Intimate partner violence and abuse among active duty military women*, Violence against Women, vol. 9, no. 9, 2003. pp. 1072-1092.

Almost all clients (41) had been stalked by the perpetrator post-separation. Of equal concern was that nearly all women (43) had seen an escalation in the severity and frequency of the violence when they were assessed for Bsafe. This statistic is in keeping with the fact that women are often at higher risk of serious violence immediately after and in the initial stages of separation.³¹ However, one-third (18) of clients had not recently separated from their former partners. In some cases the post-separation violence had continued for years post-separation. Often linked to an escalation in violence, are threats to women's lives, with more than three-quarters of clients identifying that perpetrators (39) had threatened to kill them. Of these women, three believed that it was simply a matter of time before their former partners would murder them.

Almost two-thirds of perpetrators (29) had harmed or threatened to harm or kill women's children. Twenty-four Comprehensive Risk Assessment case notes provided some detail of the level of risk perpetrators posed to children living in a home with a Bsafe kit. Of these, 11 children were reported by their mothers to have been subjected to physical violence by their fathers or step-fathers, while nearly one in four children (32) had seen violence perpetrated against their mothers. It could be assumed that these statistics are indeed higher, as many women may not fully disclose perpetrator violence against their children due to fears associated with them being deemed an 'unfit' parent and having their children removed from their care.

Men threatening or attempting to abduct children from their mothers was a recurrent theme in many Comprehensive Risk Assessments. Four women were terrified that their ex-partners would abduct their children. Two men had attempted to abduct their former partner's children, while one man succeeded in abducting his ex-girlfriend's son from childcare and then "threatened to kill him by crashing his car into a tree."³² In addition, a further two men had threatened murder-suicide against their ex-partners and their seven children.

As shown in Table Two (page 17), 40 of Bsafe's 49 clients experienced three or more evidence-based risk factors relating directly to violence perpetrated by men towards them or their children. Just under one-quarter of women had been subjected to physical violence, strangulation, sexualised assault and/or rape, were stalked, had their life threatened and their children harmed, threatened with harm or threatened with death. With such serious histories of violence and the fact that all these clients had experienced an escalation in their ex-partner's violence, the risk posed to these women and their children's safety is extremely high.

³¹ Family Violence Coordination Unit, op.cit, p. 75.

³² Belinda, Comprehensive Risk Assessment, 2010.

Table Two:

	Physical violence	Has been choked*	Has been stalked*	Rape/sexualised assault*	Has been threatened with death*	Children harmed or threatened*
10 women	✓	✓	✓	✓	✓	✓
10 women	✓	✓	✓		✓	✓
2 women	✓	✓		✓	✓	✓
8 women	✓	✓	✓		✓	
3 women	✓	✓			✓	✓
2 women	✓	✓	✓	✓		
2 women	✓		✓	✓	✓	
1 woman	✓	✓	✓	✓	✓	
1 woman	✓	✓	✓		✓	✓
1 woman	✓		✓			✓

(*May indicate an increased risk of the victim being killed or almost killed)

The nature of perpetrator violence against family members and cruelty to animals

Threats of, or violence carried out against family members, was identified as one of the many ways perpetrators attempted to control their former partners. Two-thirds of men (31) have harmed or threatened to harm or kill family members other than the women’s children. Two mothers had been subjected to such serious physical violence by their daughter’s ex-partners that they too were included on the IVO. Cruelty to animals, particularly family pets, was also a strategy used by many violent men to threaten and control women. Just less than half of perpetrators (20) had harmed or threatened to harm or kill pets or other animals. Many men carried out acts of cruelty towards pets such as the family dog. In more extreme scenarios one man slaughtered a cow and left it in his partner’s car, while another perpetrator killed numerous kittens then told his former girlfriend that “he enjoyed watching them die.”³³

³³ Jane, Comprehensive Risk Assessment, 2009.

Women's accounts of violence and the impact of Bsafe

The support we receive is wonderful. The Bsafe kit completed the picture and reminds us that we are never alone. (Angie)

Questionnaires

Women involved in the Bsafe project are asked to complete evaluation questionnaires at three months, six months and when they exit the project. To date, of the 54 women who have been involved in Bsafe, 22 women have completed one or more evaluation questionnaires. Nineteen women have not completed any formal evaluation as they have not yet had their kits for three months. A further three women haven't participated in any formal evaluation as neither workers nor the police have been able to contact them since they accessed Bsafe.³⁴ There is no data on the remaining ten clients. This is a consequence of the limited capacity of the lead agency as when the Bsafe Coordinator went on maternity leave, her three day a week position was reduced to a one day a week caretaker role. Subsequently no evaluation questionnaires were sent out over this six month period. In an effort to overcome this, where appropriate, a Bsafe worker conducted evaluation questionnaires with clients over the phone.

Bsafe and breaches of the Intervention Order, kit activations and police response

Bsafe's first objective is to reduce homicides, assaults, sexualised assault and recidivism by funding the Bsafe kit and service to provide an additional level of support to victims of family violence and sexualised assault. The project is informed by the rationale that Bsafe and the enhanced police response that the service provides will function as a deterrent for people perpetrating family violence as it increases the likelihood of detection and prosecution. In order to determine if the project has been effective in reducing family violence and sexualised assault, women are asked in the evaluation questionnaires a series of questions relating to perpetrator breaches of the IVO prior to, and whilst they had Bsafe, whether they have activated their kits and the police response upon activation.

What was found was that Bsafe is highly successful in reducing perpetrator violence. In all but two cases there was a notable decrease in the severity of violence associated with IVO breaches. For many women, IVO breaches prior to accessing Bsafe involved serious physical assaults. Once Bsafe was

³⁴ Please note that none of these three women have ever activated their kits. Family violence outreach workers and the police have attempted to contact these women to determine their safety, but as these women were no longer living at the addresses they had registered with Bsafe they could not be contacted.

installed, these breaches commonly become more psychological in nature with perpetrators resorting to threats, intimidation and stalking, which over time in many cases eventually ceased. A reduction in physical assaults is evident by the fact that of the 54 women involved in the project thus far, 51 disclosed that they had been subjected to physical violence by the perpetrator prior to accessing Bsafe. Yet since the project commenced only one client has been physically assaulted by their ex-partner.³⁵

Perpetrator breaches to the Intervention Order prior to Bsafe

In the three month evaluation, women were asked about perpetrator IVO breaches prior to Bsafe. Of the 22 women that participated in the formal evaluation, only two clients reported that their former partners had not breached the IVO prior to Bsafe. Of the 20 women who reported prior breaches, 15 women provided accounts of IVO violations before they accessed Bsafe. Following are some of their experiences:

He came to my place when I had just finished the shopping. He assaulted me, strangled me. It was hard to get the police that time because he took my phone and bag and pulled the phone off the wall. (Charlie)

Greg came to my home. We had an argument. Greg grabbed my hair and pulled me into the lounge room. Greg pinned me down and punched me around the head and face. (Kacey)

Damaged property, abusive calls and texts. (Deb)

My ex slashed five of my tyres on three separate occasions at my home. He was lurking in my backyard, getting drunk and turning up in my garden threatening me. (Cassie)

Ex-husband stated he wanted to harm myself or him. He attended my work place with half a bomb saying he would blow several people up. (Anne)

Ex-partner visited the kids, he wanted money and he turned nasty, choking me. I said I was calling the police, he dared me. I got the phone and went outside. He sat and watched, then chased me. The phone was disconnected as I fell to the ground and received a kick to the face. (Angie)

³⁵ It is also important to note that, whilst many clients have not completed formal evaluations, the Bsafe coordinator systematically contacts all women involved in the project every six months to ensure their safety and monitor how the project is working to meet their needs. Hence, it is through this information that we know there has been only one physical assault thus far.

My ex-husband contacted me by phone, text and mail and via family and friends. (Gayle)

He assaulted me, hit me, grabbed me around the throat, pushed me against the kitchen wall. He has broken into the house, broken in under the house and threatened to kill me. (Sue)

My partner was very [physically] abusive. (Liz)

I confronted him about drugs, he started yelling abuse, kicked the door. I could sense that his aggressive behaviour was going to escalate. I threatened to call the police. He said 'yeah that's right call the police you dog.' (Kerry)

[I want] to have contact with my son [the perpetrator], but don't want to continue living everyday in fear... [I] live in fear that Josh will explode. The violence is chronic and continues even after police intervention and an Intervention Order. The violence continues to escalate. (Kylie)

Threats of violence towards me and to me through my children. Drink driving and dangerous driving with my children in the car. (Tess)

My husband is an alcoholic and I felt threatened by his drunken rampage. (Phoebe)

I have an Intervention Order on my son's father and he breached it and was threatening me. My son's father came to my house late at night and called me another time and sent threatening texts. (Grace)

I knew my brother [the perpetrator]... had called deliberately to try and talk with me. He also threatened me on the phone and via text message. (Millie)

These women's narratives clearly articulate the severity of men's IVO breaches prior to Bsafe and the serious risk posed to these women and their children; evident by the fact that almost half of these women reported IVO breaches involving serious physical assaults.

Women who experienced a decrease in IVO breaches with Bsafe

In the three month, six month and exit evaluation questionnaires, women are asked about IVO breaches during their involvement with Bsafe. Of the 22 women that provided a response, 17 women conveyed that they had experienced an overall decrease in the number of IVO breaches with Bsafe. Of these women, 13 stated in their most recent questionnaire that the perpetrator's use of violence had

ceased completely; whilst for five of these clients IVO breaches stopped entirely once Bsafe was installed. Given that these women have not been required to activate their kit, their narratives don't feature below. Rather it is the experiences of the 12 women who reported that, while violence had continued with Bsafe, there had been an overall decrease in the number of IVO breaches.

For two women, accessing Bsafe meant their ex-partner's prior IVO breaches which were played out as serious physical assaults had stopped, although the stalking and intimidation continued.

I saw him at Centrelink and he stared and I pressed the button [on the mobile companion]. He is always already gone. He sneaks around. He dropped a present for my child around. Tried to get in the window, police couldn't find him. (Charlie)

Christmas Eve he came to the window out of view of others wanting to come in. Pendant was activated, had communications problems, ex-partner heard machine and left, I then requested that the police be called.... [When the police arrived] I was told I needed proof, should have recorded or taken photo on my mobile. He was then contacted and cautioned not to do it again. (Angie)

When IVO breaches occurred, both women stated that they activated Bsafe and received what they considered to be timely police responses. While neither man was charged, both received police warnings. This seemingly worked as a deterrent as both women reported that IVO breaches subsequently ceased.

One woman also noted a decrease in the number of IVO breaches once she accessed Bsafe, though her ex-husband's property damage and psychological intimidation continued.

He has been seen outside my house then set fire across the road, jumped my fence and was in my yard. He was phoning me from his mobile after being seen near my house at about 2 a.m.... [The police] searched for him after questioning me. (Cassie)

Whilst Cassie experienced a slight delay due to technical difficulties with her kit, the police search resulted in them catching her ex-partner at her property. He was then remanded and later charged with breaching the IVO.³⁶

³⁶ Family Violence Advisor, Blue Tube DVD.

Another woman, who also experienced a decrease in the number of IVO breaches with Bsafe, activated her kit only once. She didn't receive a police response as she decided it was unnecessary for VitalCall to alert the police.

No they were just noises! I apologised to the operator and calmed down. (Kathryn)

Kathryn stated that her ex-partner's threats and intimidation had stopped as a result of the fact that he had been informed by a mutual friend that she had a Bsafe kit.

Another client, Kylie, also reported a decrease in the number of IVO breaches perpetrated by her mentally ill son Josh once Bsafe was installed. Although there was a decrease in IVO breaches, the severity of the perpetrator's violence towards his mother remained the same. After breaching the IVO the night before which resulted in Kylie activating Bsafe and the police promptly responding, Josh again breached the IVO.

Son came around trying to break in, smashed windows. (Kylie)

Kylie activated her Bsafe kit though received no police response. Two minutes later VitalCall reissued the activation and contacted the local police again. In the process of smashing windows, Josh cut an artery. His mother called an ambulance and he was taken to hospital. The police arrived at Kylie's house later that night when she no longer required assistance. This case, which was subsequently dealt with by a Victoria Police Family Violence Advisor, highlights the serious risk posed to women when the police don't respond appropriately. After this incident Kylie received a formal apology from the police and was assured that any further activations would be dealt with in an effective and timely manner.

Seven women who experienced non-physical IVO breaches prior to their involvement in the project also reported that breaches had decreased once they accessed Bsafe. Yet, despite their ex-partner's continued threats and psychological intimidation, these women chose not to activate Bsafe on various occasions. Four women provided no comment as to why they decided not to activate Bsafe when IVO breaches occurred. One woman felt she didn't need to activate Bsafe as the breach was already 'under investigation by the police'. One woman, whose experience was unique, chose not to activate Bsafe when the IVO was breached as she didn't feel threatened by her ex-partner.

It was a technical breach. I saw him at the supermarket and had a good conversation, asked about kids etc. He wasn't pressuring me and I didn't feel threatened. (Phoebe)

One woman whose 12 year old son was actively using the mobile companion because of the serious risk posed to him by his father didn't activate Bsafe when the IVO was breached due to the time delay

between the offence and when he had access to the mobile companion. This incident was not reported as this woman didn't believe the police would investigate the IVO breach due to the lack of evidence.

*Hard to explain the breaches. They happened at child's school and he didn't have the mobile companion... I have found the police don't like to get involved if they can't make it stick in court.
(Lucy)*

In attempting to explain why these women experienced a decrease in IVO breaches despite not activating their kits, two women indicated that other factors had contributed to the decrease and eventually the violence ceasing completely (e.g. one perpetrator moved towns while the other perpetrator was seeking support through a Men's Behaviour Change program). Due to the minimal information provided by the other five women an explanation for the decrease in IVO breaches is unclear. It is important to note, that whilst two of these women experienced a decrease in IVO breaches the violence perpetrated by their ex-partners has continued. It could be assumed, based on this information and the narratives provided by the women who did not experience a decrease in the number of IVO breaches during their involvement with the project (these accounts are discussed in the section below), that Bsafe is more effective in decreasing perpetrator violence when women promptly activate their kits when IVO breaches occur.

Women who experienced unchanged breaches with Bsafe

Of the 22 women who participated in the evaluation process, five women reported that the number of IVO breaches by their ex-partners remained the same despite Bsafe. For one woman, this was due to the fact that her former partner had not breached the IVO prior to, or whilst she had, Bsafe. Liz, a woman with an intellectual disability and a 9 month old child, also did not experience a decrease in the number of IVO breaches perpetrated by her extremely violent ex-partner. In the first three months of having the Bsafe kit installed, Liz's ex-partner broke into her home and physically assaulted her. She activated Bsafe during this assault which resulted in the police arresting the offender at her premises. Whilst Bsafe did not function as a deterrent for this man, it did ensure the police arrived almost immediately and that he was held accountable for his violent behaviour.

Another woman also experienced no change in her ex-partner's violent behaviour. It continued as it had prior to the installation of Bsafe.

Damaged property, abusive calls and texts [have continued]. (Deb)

Despite her ex-partner's psychological violence and continued IVO breaches, Deb chose not to activate Bsafe for reasons she did not specify except on one occasion, citing that, in this case, "the battery was flat" in her mobile companion as she had not re-charged it.³⁷

Two other women also reported that the number of IVO breaches were unchanged despite the installation of Bsafe kits. While the number of breaches remained the same, both women experienced a clear decrease in the severity of the violence and the risk posed by their ex-partners once they had accessed Bsafe. For Sue, this meant the physical violence perpetrated by her ex-partner had ceased, whilst the psychological violence continued as her ex-partner persisted in making contact with her and their children on numerous occasions.

Went to the show and my three girls were scared because there father was there. (Sue)

Yet like Deb, Sue decided not to activate Bsafe when her ex-partner breached the IVO for reasons she didn't identify in her evaluation questionnaire.

In similar circumstances to Sue, Anne also, experienced a clear decrease in the risk posed by her ex-husband who breached the IVO once prior to Bsafe by threatening to blow up several people with a homemade bomb at her work. After accessing Bsafe, Anne reported only one IVO breach which occurred during a court appearance.

At court intimidation. His father thumping fist at me, [my ex-husband] eye balling me. (Anne)

Given that it was Anne's ex-husband's legal right to attend the court hearing she was unable to activate Bsafe because he had not legally breached the IVO. Therefore, Anne did technically experience a decrease in IVO breaches with Bsafe. This is not to minimise the distress Anne and other Bsafe clients have experienced through the court process which continues to allow violent men the opportunity to intimidate and threaten their ex-partners.

These women's accounts bring into question Bsafe's ability to function as a deterrent for perpetrators if women aren't activating their kits when IVO breaches occur. Women involved in the project clearly vary in their approach to how they use Bsafe. Some women have stated that they inform the perpetrator that they have a device that will ensure a prompt police response and promptly activate their kit when breaches occurred. Others have stated that they want the perpetrator to be caught and charged so they will wait for a serious breach to occur before activating their kit. The latter of the two approaches seems to be less effective in decreasing breaches and ensuring women's safety as it would

³⁷ The Bsafe Mobile Companion is similar to a mobile phone and must be re-charged in order to operate. Consequently, this option is only suitable for clients who are willing to recharge it routinely.

appear that men who perpetrate family violence require clear messages that the criminal justice system will hold them accountable if they continue to breach the IVO.

Women's perceptions of why perpetrator violence ceased

Ten women provided accounts of why they believed the perpetrator had ceased using violence against them and their children. Two women believed that Bsafe had functioned as a deterrent and was the reason their violent ex-partners had stopped their abusive behaviour.

We have had no contact and a mutual friend told him that I have a Bsafe alarm, which I believed stopped the threats in behaviour. (Kathryn)

Once aware of the kit, not knowing what it is but that I have something, he keeps away. (Angie)

Both women's ex-partners posed an imminent and serious risk to these women and their children's safety. Particularly for Angie, as prior to Bsafe her ex-husband had breached the IVO and received a prison sentence due to the severity of the physical assault he perpetrated against her. He had also made repeated threats to kill her after he was released from prison. Hence, Bsafe has functioned as an effective deterrent in this case for this particularly violent man.

One woman concluded her ex-partner's violence had ceased as he no longer had the opportunity (through close proximity to her home) or the means (in the form of transport).

He has moved from across the road to Wangaratta. Now he hasn't got a car as he wrote it off Boxing Day at 3 a.m. [drink driving]. (Tess)

For another woman, who was escaping violence perpetrated by her violent schizophrenic brother relocating had meant that the IVO breaches had ceased.

I was moved into transitional housing for my safety due to my brother going off his medication and attempting to come to where I was living. I am in a safe place now and fortunately I was helped by the family violence service, the police and Rural Housing. (Millie)

Proceedings through the criminal justice system to hold men accountable for their violent behaviour were the explanations given by five women as to why their ex-partner's violence had recently stopped.

Jail for 3-4 months [has caused a decrease in breaches]. (Kacey)

Jail and rehab periods contributed to the decrease [in breaches]. (Cassie)

He has gone to court and been convicted so is serving a good behaviour bond. This and during his court appearance kept issues down because he knew it would be bad for him in court. (Tara)

Charged with assault on good behaviour bond for 12 months. (Sarah)

Family Law matters may have influenced this [the decrease in breaches] as well. (Charlie)

In these cases, perpetrator accountability brought about through criminal convictions, prison sentences or the threat of child custody ceasing, was inextricably linked to the safety of these five women and their children.

Another woman stated that an effective perpetrator program, in conjunction with her ex-husband seeking treatment for his alcoholism, had impacted significantly on his violent behaviour to the extent that she no longer felt threatened by him.

At the time of most recent move, it fell into place. I felt safer after good interaction with ex-husband. Moved towns. Felt stronger in self. I hear good things about ex-husband (in counselling etc) from mutual friends. Less abusive drunken outbursts. (Phoebe)

These women's narratives clearly emphasise that Bsafe and the added level of support it provides is merely one part of the solution in ensuring that men stop using violence. Effective responses through the criminal justice system that hold men accountable for their violence, effective perpetrator programs, appropriate treatment and support for offenders affected by substance abuse and mental health issues and flexible and effective support services for victims are also necessary to support improved safety outcomes for women and children affected by family violence.

Bsafe and women and their children's feelings of safety

One of Bsafe's key aims is to enhance safety and security for victims of family violence and sexualised assault. To establish if Bsafe has achieved this aim, women were asked about their perceptions of safety and how fearful they were of future violence prior to, and during their involvement with, the project. Of the 22 women who participated in the evaluation process, 20 provided a response about their own and their children's perception of safety with Bsafe. The overwhelming majority of women (17) stated that Bsafe had considerably improved their sense of safety, with 12 of these women stating in their most recent questionnaire that they currently felt 'safe' or 'very safe.' Two women identified

that they were 'unsure' if Bsafe had improved their feelings of safety, whilst one client identified that she continued to feel 'very unsafe' despite having access to Bsafe.

Of the women who provided comments, four gave accounts of how Bsafe had generally increased their feelings of safety.

It makes me feel more safer then before. (Liz)

Feeling safer in the house. (Kacey)

Sense of safety. It's not bullet proof but better than nothing. Live isolated, out of town. Good to have Bsafe . (Tara)

Knowing if he came that the police wouldn't be far behind I do feel a lot safer...It has made me feel a lot safer when me and my son are home alone. (Grace)

A recurring theme that was identified by four other women was that Bsafe has provided them with an additional level of support and the ability to act to ensure their own and their children's safety simply by activating their kit.

Felt stronger to act, to take action. Felt like 'I'm fine.' Felt stronger in myself. (Phoebe)

I know that at a push of a button I can be safer. (Tina)

Knowing that I just have to push a button and you're there (VitalCall operator). Also my local police are aware and I am given higher attention if police are needed e.g. faster attendance. (Anne)

Often when he was going off I'd pray silently for help... Having the kit won't stop him when he decides to come but knowing that I'm not alone and that help is a button away is very reassuring. (Angie)

A further six women identified how Bsafe had provided them with the safety to regain some normality in their lives. An example given by many women was that prior to Bsafe the hyper vigilance required to keep them and their children safe from their violent ex-partners had meant a good night's sleep was unachievable.

I sleep a lot better now if I wear the pendant to bed...I've felt safer from the very moment I had it. (Gayle)

(Prior to Bsafe) I only had my mobile and often not much credit. Slept... fully clothed. Both of us (baby) slept together because we didn't feel safe, baby feels my reaction and doesn't feel safe... (Now I'm) more confident, safer, able to get police quickly. Sleeping quite well now and not wearing my clothes. (Charlie)

I could go out and chop wood and get wood if needed when it was dark. I wouldn't have done this before. I could arrive home at dark and unload my children, wouldn't have done this before. Before I got the Bsafe kit I was basically a prisoner in my home....We've become more out and about and safe in our own home and we all sleep better at night. It changed my life, we could continue as normal which was extremely important for us. (Lucy)

I feel safer to go outside my home for work. I sleep better when it's beside my bed. (Anne)

I have been able to go about my daily activities without worrying about an escape plan. (Tess)

I don't feel like I need to pack us (children) all up every time I feel threatened. I can sleep at night. (Bsafe has) given me confidence... Police know the circumstances, know why and then I don't have to explain. Having to explain was initially difficult...To know that I didn't have to hide away... Significant impact on everyday tasks. Sanity. (Cassie)

He knew where I lived and I was constantly afraid he would come and kill me, I slept with my cupboards against the door and often felt vulnerable and helpless. Fear can be a very life crippling thing that prevents us from working in a particular area, going about our normal lives and having the ability to think clearly. Being in a safe place can free up those areas of your life taken up by fear. Bsafe [has allowed] me to feel safe and free my mind of fear. To think clearly made all the difference. I can manage my panic attacks. (Millie)

Two women stated that they felt 'unsure' about whether Bsafe had improved their feelings of safety. For one woman whose husband breached the IVO and raped her prior to the installation of Bsafe these feelings of uncertainty were a response to his violent and extremely unpredictable behaviour.

Don't know what to think. Have a strange feeling. I feel like he's out there and one day he'll pounce or maybe not. Don't really know what to expect anymore. (Tracy)

For another woman this uncertainty was a consequence of the fact that she felt 'very safe' and didn't feel as though Bsafe was appropriate for her circumstances.

*Didn't need to use it. Didn't rely on it, didn't really want it. Felt like a drama queen- felt silly, felt too much...Threats just over the phone- not at house. Felt like issue didn't really fit the system.
(Rose)*

This woman's comments emphasise the importance of women's right to self-determination. It is women who must make the final decision about whether or not Bsafe is a safe, appropriate and desired option for them and their children.

One woman identified that she continued to feel 'very unsafe' despite having Bsafe, as an immediate police response was not possible due to her remote location.

*It doesn't prevent breaches and police can't be there ASAP. Might be better in a bigger town.
(Deb)*

In addition, six women provided comments specifically about the positive impact Bsafe had on their children's feelings of safety.

Made them feel a bit safer. (Kacey)

They felt safer....when explained what it was for they slept better at night. (Lucy)

They understand what it is for and how to use it. They feel safer rather than inadequate as they can help mum. (Angie)

*Stable in themselves. Impact [of violence] not necessarily direct. They knew if something was happening they could push the button and help would come. Confidence to leave the house.
(Cassie)*

It was easy to explain to them how to use the kit. It made them feel safe. (Tess)

*My two year old thinks I have two mobiles. Doesn't touch it because this one is for safety.
(Charlie)*

Throughout the project the possibilities of Bsafe becoming a risk management option for children has increasingly been recognised, particularly given that the Bsafe system allows children to access a

prompt police response without having to state their address or the type of emergency as is currently required by the 000 service. Through conversations the project coordinator has had with women, it has become increasingly apparent that most children have witnessed or experienced violence and were aware that Bsafe is a safety mechanism. Although not clearly reflected in the narratives presented in the women's evaluation questionnaires, it has been reported that children are increasingly utilising Bsafe. In one case, a seven year old boy activated Bsafe by shouting into the wall unit "get help for my mum" after he saw the perpetrator at the front door. In another case, a Bsafe client's ex-husband threatened to kill her and abduct their 12 year old son. As a response to these threats, this child would carry the mobile companion with him to school and during football training while his mother was safeguarded by the Bsafe pendant at home. It is intended that as the project continues, further thought and development will focus on progressing Bsafe as a tool to support the complex and highly important safety needs of children escaping family violence.

Bsafe and housing

To establish whether or not Bsafe has been effective in achieving its first objective, which is to provide an additional level of support and service to victims of family violence so that they can safely stay in their own homes and communities, a proportion of the evaluation questionnaire relates to client's housing situations. Women are asked to provide comments about the impact Bsafe has had on their housing status whilst also identifying which of the five statements as detailed in Graph One (page 32) most accurately describes their current circumstances.

For two women the serious risk posed by the perpetrator meant there was no alternative but for them to relocate.

Had to move right away to get away from him to another town. (Sarah)

Due to the urgency of the recent events, I was given transitional housing by Rural Housing Victoria which helped me avoid harm or violence. (Millie)

A recurring theme identified by some women was the importance of Bsafe as a tool that supported their right to self-determination with regard to housing and where they chose to live and raise their children.

I stood my ground and am respected in the community. To be able to stay in my home with some better safety measures has been positive. (Tess)

[Bsafe has given us the] confidence to stay in our own home. (Kerry)

[Bsafe has] supported me in moving towns to get a fresh start. (Phoebe)

I was living out of town with my parents when I was feeling unsafe, but since I've had the Bsafe kit I went back to my own home. (Grace)

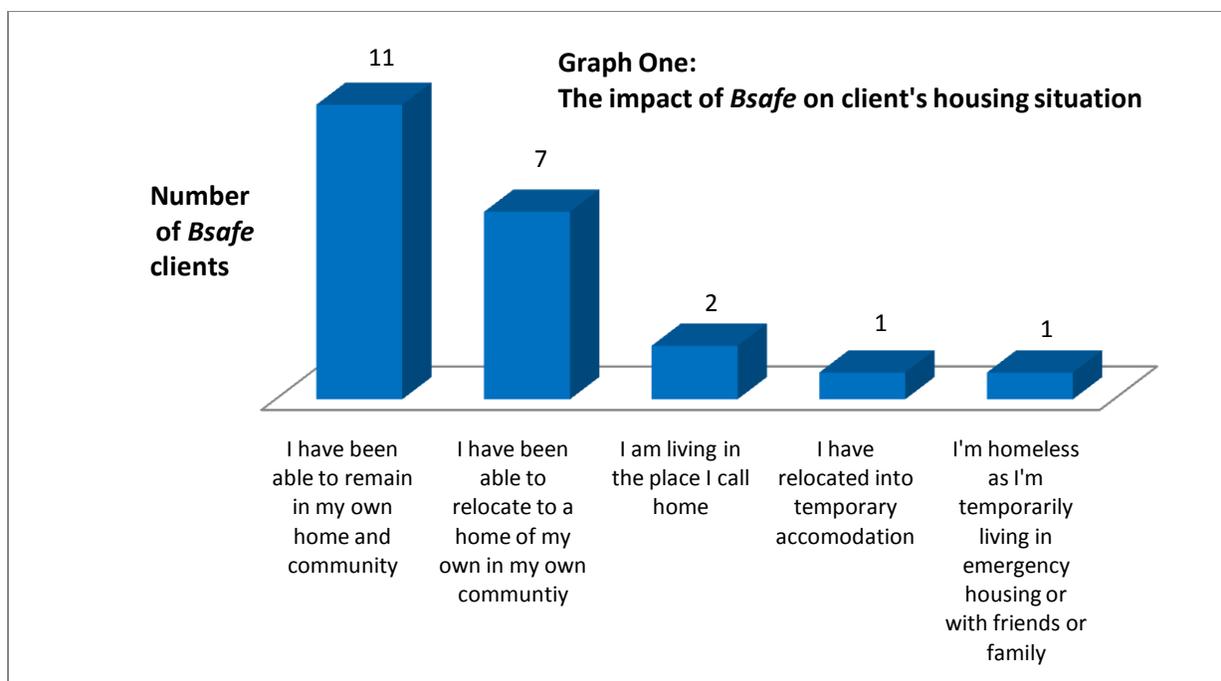
Two women commented that, despite being counselled by professionals to relocate due to the serious risk posed by their violent ex-partners, Bsafe and the added security it provides had enabled them to stay in their own home.

Advised to move. Having Bsafe kit made it possible to stay. (Cassie)

Police would like me to move but I wanted to stay. (Tara)

Another woman and her three children initially moved into emergency housing because of her ex-partners continued violence. With the 'security' Bsafe offered her, this woman was able to move back into her own home and 'continue as normal.'

Clearly the immediate risk posed by many perpetrators is so serious that crisis accommodation and refuge support is essential. However, what became apparent from many women's narratives was that their ex-partners' violence continued in many cases for years, even after separation. Despite this risk, for many women remaining in their communities - where they are supported by specialist family violence agencies, the police and other relevant services as well as their families and friends - is crucial to their safety and the process of recovery. Indeed, Bsafe provides an additional level of support and service that enables women and their children to remain in their homes and communities where they are better able to maintain social support networks, employment and educational opportunities and stability of care and education for their children. The disruption and emotional distress of being forced to relocate is avoided.



As shown in Graph One, Bsafe has enabled the overwhelming majority of women and their children to remain in their own homes or relocate to another house within their community. It is important to note that some Bsafe client's preferred option was to relocate from the family home choosing to avoid the property where they and their children had experienced violence in the past. Bsafe is an ideal risk management option that successfully supported these women and their children to reestablish a safe home in their local community.

Table Three:³⁸

Type of Accommodation	Women escaping family violence %
SAAP or other emergency housing	17
Living rent-free in house/flat	4
Private rental	26
Public or community housing	29
Boarding in a private home	10
Own home	9
Living in a car/tent/park/street/squat	2
Institutional	3
Total	100

The success Bsafe has had with regard to supporting women and their children to remain in their family home is quite significant when compared with Federal housing outcomes for women escaping family violence. Whilst the sample size of the Bsafe project is small, 50% of its clients have been supported to remain in their own home despite their high risk status. Nationally, women and their children escaping family violence exit more often into public housing than any other type of

³⁸ Commonwealth of Australia, *Which Way Home: A New Approach to Homelessness*, Canberra, 2009, p. 35.

accommodation, with only 9% of these clients remaining in their own homes. Additionally, the cost savings associated with supporting women to remain in their homes with a Bsafe kit, as compared to refuge, transitional accommodation and relocation and the subsequent risk to victims of homelessness and poverty, is substantial. The annual cost of installing and monitoring one Bsafe pendant and mobile companion is \$851.00. However, based on individual needs and circumstances, a number of Bsafe clients have chosen only to use the pendant or the mobile companion, which reduces the annual cost almost by half.³⁹

Bsafe and women's connection with social support networks

In the evaluation questionnaires women were asked to comment about the impact Bsafe has on their social support networks. Of the 22 women who participated in the evaluation process, 21 provided a response. Five women stated that Bsafe and the support it offers had allowed them to feel connected to their friends, family and community. Eight women felt that Bsafe had assisted them to maintain their relationships with friends and/or family. Of these women, five provided further comment.

Restricted to some degree to avoid contact with perpetrator, like down the street, out at night with girlfriends. (Kerry)

More freedom from my home. I now feel safe to walk my dog and ride my bike. (Anne)

I am choosing to involve myself in a new community. (Phoebe)

[I still have] feelings of not burdening my friends and family. (Cassie)

I don't have friends because he didn't allow it. My children couldn't have friends over. (Sue)

For Sue, Bsafe had allowed her to maintain a relationship with her family; however neither she nor her children had friends as her ex-partner hadn't allowed it.

Two women believed that Bsafe had increased their connection with friends, family and the community. Another woman stated that Bsafe had increased her connection with friends though she had lost some connection with her family as a consequence of her ex-husband's violence.

I am very isolated from my family and I drive my car only when my concentration is up to it. (Sarah)

³⁹ See Appendix One for itemised costings of the Bsafe kit.

Four women stated that they had lost some connection with friends and/or family as a result of the perpetrator's violence and, despite Bsafe, had not yet been able to rebuild these connections.

Another woman acknowledged that she felt isolated from her friends and family because she had been forced into hiding due to the severity of the threat posed by her brother's violence.

I am unable to tell those I love and care about where I am living for my own safety as he is now living in their location and may threaten them for information. (Millie)

Perpetrator violence has undoubtedly impacted upon some women's ability to connect with their friends, families and communities. However, Bsafe has supported the majority of its clients to maintain or increase their connections with their social support networks.

Bsafe and women's access to relevant support services

In the evaluation questionnaires women were also asked to comment about their connections with support services within the family violence sector, such as specialist family violence and sexualised assault services, the police, Women's Health Goulburn North East and the VitalCall response centre. Of the 22 women that participated in the evaluation process, 19 provided a response regarding their access to relevant support services.

The overwhelmingly majority of women (11) stated that they felt supported on a regular basis by a family violence or other related support service and were happy with the police response when they needed assistance. Of these women, five provided comments about the added level of support the Bsafe service offered them.

Reconnecting with domestic violence service after a period of not accessing services. Have felt fully supported, they are fantastic. (Kerry)

Staff at the Bsafe kit have been very helpful and understanding. The support we receive is wonderful. The Bsafe kit completed the picture and reminds us that we are never alone. (Angie)

Fantastic program. Wouldn't be where I am. (Anne)

Everyone has been very supportive and a special mention to the homeless youth service for referring me to family violence service and to the police for acting quickly and supportively...Just

having support and being able to ...feel safe and free my mind of fear to think clearly made all the difference. (Millie)

It really does give you a sense of security. Help is at the tip of your fingers. Just hearing a voice of reassurance is great. (Cassie)

Five women stated that they felt supported by a family violence service some of the time, with three of these women providing further comment about the varying levels of support available to them.

Police are excellent. They support current victims of crime claim, issues around ongoing IVO. Bsafe is a good free service. (Tara)

Some contact with community health service- counselling. (Sue)

Not currently accessing support service but know it is there if needed. (Phoebe)

Three women stated that they were not connected with family violence or other support services and/or did not feel supported by police. Of these women two provided further comment.

I have been on a waiting list for family violence counselling and the police never really wanted much to do with me when the Intervention Order was breached (before Bsafe) only the Bsafe kit makes me feel safe... [I activated my kit] by mistake but I was happy the police came so quickly because I was assured if it was serious they will be there as quickly as possible. (Grace)

Not linked in with services. Know that I can contact worker. (Rose)

The aim of the project is to offer victims of family violence an added level of support and service through funding the Bsafe kit. While the majority of women that participated in the evaluation process reported that they were connected with a family violence or other support service, it was found that women on the Bsafe system with long term support needs required ongoing contact with family violence services. In order to do this, it became a requirement that family violence services would maintain contact with clients to monitor their safety and conduct timely risk assessments which offer clients an opportunity to review their current level of safety and risk. This issue will be discussed in further detail later in the report.⁴⁰

⁴⁰ This issue will be addressed in the section 'Terms and Conditions and services not maintaining contact with women.'

Key learnings of the Bsafe project

Bsafe is a new innovation in Victoria and Australia. A project such as this brings with it challenges associated with working within an existing highly complex family violence service system. The constraints that have specifically impacted upon the project include the difficulties with imparting knowledge and skills about Bsafe to what is often a transitional workforce (both within the family violence sector and the Victoria Police). This then impacts on maintaining consistency with appropriately skilled workers. Bsafe, by its very nature, works with high-risk clients who require stable, long-term support within a system which is primarily crisis-focused.⁴¹ This is a challenge to existing practice. While Bsafe has had to negotiate the constraints of the current service system in which it is situated, the project has provided an opportunity to actively evolve and re-orientate practice and protocols for high-risk clients and support a strong, collaborative, integrated approach to family violence prevention.

Drawing on action research methodology⁴², throughout the project there has been opportunities for incremental evaluation and feedback. This has occurred through various mechanisms, one of which has been a process where the coordinator has identified key issues that have then been taken to the Bsafe steering committee for further thought and development. The Bsafe steering committee has played a pivotal role in the key developmental stages of the project and has utilised a solution-focused approach in generating new possibilities. There have also been two structured reflective workshops to support this process. This section will explore three of the major changes that have occurred thus far throughout the piloting of Bsafe, and the key findings that prompted the changes.

Redefining Bsafe's target group and eligibility criteria

Bsafe, as stated in the funding application, is designed to provide an additional level of support and service to victims of family violence. Confusion around the IVO exclusion clause became evident after a specific case involving a mother experiencing violence perpetrated by her mentally ill adult son. This case highlighted a multitude of issues. These included the complexities of a parent-child relationship in which violence was present and the parent's desire to maintain an ongoing relationship and contact with the child, in conjunction with issues around mental illness and homelessness. This woman consequently modified the IVO so that her son could come and go from her home which therefore made her ineligible for Bsafe.

⁴¹Lucy Healey, *Researching the Gaps: The needs of women who have experienced long-term domestic violence*, Good Shepherd Youth and Family Services, 2009, p. 8.

⁴² Action research methodology, as stated by Rory O'Brien (1998), put simply can be thought of as a process of "learning by doing" - a group of people identify a problem, do something to resolve it, see how successful their efforts were, and if not satisfied, try again."

In contrast, Bsafe clients escaping violence perpetrated by intimate partners have shown a clear desire to emotionally, physically and often geographically disconnect from the perpetrator. Based on this rationale, the steering committee agreed that people escaping intimate partner violence would be the target group given that Bsafe is a pilot project and, as such, can not be viewed as a long-term risk management option.

We really needed to clarify the importance of the IVO exclusion clause so that workers and police were aware of the scope of the project. (Bsafe Coordinator)

During the 2010 Bsafe reflective workshop, concerns were raised by some in the family violence sector about the project's target group being redefined given the serious nature of violence perpetrated by one family member against another.

I just worry about the exclusion, for instance, of mother and sons. I just think that this is such a serious form of family violence. I think it needs to be marked for more thought, more development. (Manager)

Although Bsafe currently targets people in the context of intimate partner violence there is the ability to include people outside this scope. For instance, following the decision to redefine the project's target group, a woman escaping violence perpetrated by her brother received a kit. The rationale for including this woman was that she understood the exclusion clause and that she required Bsafe for a distinct timeframe until she was to move interstate. This flexibility is viewed as an important part of ensuring the continued development of the project.

We certainly acknowledge that other forms of family violence could be targeted in the future. There is still room for flexibility. If family violence services are coming across scenarios that don't fit the criteria we want to know about them so we can learn from them and keep evolving the project to meet the needs of clients. It's not static. (Bsafe Coordinator)

Terms and Conditions and services not maintaining contact with women

At the beginning of the project, it was thought that women would require kits for a limited time in keeping with evidence-based research. Research shows that women experiencing intimate partner violence are at highest risk of being seriously injured or killed during the initial stages of or immediately after separation, particularly in the first two-months.⁴³

⁴³ Family Violence Coordination Unit, op.cit, p. 74.

We did have an expectation that women would have kits for a fairly short time. We were quite surprised that women were having them for up to a year and longer and are really reluctant to hand them back due to prolonged court hearings relating to Family Law Court and criminal proceedings due to the violence. (Bsafe Coordinator)

Given that women were requiring kits for many months and even years, a significant gap was identified between the capacity of referral agencies and the needs of Bsafe clients. What was found was that services were making referrals to the project and then not maintaining contact with women due to resource constraints, pressures to close cases and achieve funding targets or because women were no longer engaging with their referral service. While the family violence sector is primarily crisis-focused, women involved in Bsafe are at high risk of experiencing serious, ongoing post-separation violence and therefore have long-term support needs.

The gap between the capacity of services and the long-term needs of clients was effectively managed for sometime. The Bsafe Coordinator, who is a social worker with considerable expertise and experience working in the family violence sector, maintained ongoing contact with the women via a courtesy phone call to monitor their safety and if Bsafe was working effectively for them. However, as the project grew, this increasingly became unsustainable.

One of the biggest issues that was particularly highlighted during the caretaker position has been the lack of follow up by family violence services with Bsafe clients. What we found was that women had changed addresses, their circumstances had changed, or their IVO had lapsed. Often we couldn't track women so a number of kits have had to be written off. There was a complete lack of follow up by services to the point where we had to contact the police to do welfare checks to see if women were safe and if the kit was still required. (Bsafe Coordinator)

In response to this, the Bsafe Steering committee introduced a 'Terms and Conditions' document. This document specifies that agencies must agree to maintain contact with women for the duration of their involvement with the project, which at a minimum involves a monthly telephone call. Women are also required to agree to have contact with their referral agency and notify them of any changes to their circumstances.

The introduction of the 'Terms and Conditions' was designed to enhance communication and allow another avenue for women to provide feedback about their experiences with Bsafe. It was also thought that this ongoing contact would provide workers with an opportunity to conduct ongoing risk assessments and talk to women about their safety needs, including when they felt able to exit the project. The need to develop an exit strategy was highlighted as an issue in the 2008 reflective

workshop. This was prompted by information gathered by the Bsafe Coordinator during her contact with women that identified that some clients had kits they no longer required. This has implications for the cost of the project as monitoring fees were being paid on kits that were no longer being utilised. This has also had implications for the process of recovery for women involved in the project. Providing women with access to a worker to support them in identifying when their perceptions of safety had increased to the point where they can return their kit provided many women involved in Bsafe with a sense of closure and the ability to move forward in their lives.

The importance of having a Bsafe Coordinator

Another key learning that has arisen through the piloting of Bsafe has been the need for the project to have a coordinator working at least three days a week. Mid-project the Bsafe Coordinator went on maternity leave. During this six month period, a one day a week caretaker role was trialled. Throughout this time the complexities associated with coordinating and progressing a project such as this one were highlighted.

Operating on one day a week didn't allow for time to facilitate service system dialogue around how we manage women's risk in the long-term and there was also no space for reflection and evaluation. (Bsafe caretaker worker)

A key learning that was identified during this timeframe and again during the reflective workshop held in 2010 was how pivotal the role of the coordinator was to the success of the project.

We need a regional coordinator for the project to be a success. There needs to be a continuation of the steering committee. The worker needs to be full time. (Outreach worker)

The need for the coordinator to have time to oversee the referral process, ensure timely kit installation, monitor activations and police response has been acknowledged as a key element of the project. This role is also essential in providing ongoing communication to relevant key stakeholders around changes to process and practice and educating new workers and police about Bsafe, whilst facilitating how the project is further advanced to meet the ever evolving needs of women and children escaping family violence and sexualised assault. The importance of this role is further emphasised by the fact that Bsafe has only a newly emerging evidence base of its benefits and therefore attention must be paid to the monitoring and evaluation that underpins the success of this project.

Bsafe's stakeholders and the integrated family violence service system

Bsafe's second project objective is to provide an integrated approach to family violence by strengthening the relationship between the police, the family violence, health and community sectors and the community. Ensuring that services within the sector work together at a local level and prioritise the rights, needs and safety of women and their children has been crucial to the success of this project. To establish whether Bsafe has been successful in achieving this objective, this section will examine:

- The effectiveness of the referral process;
- The effectiveness of the police response; and
- The level of network integration between key stakeholders.

Effectiveness of the referral process

One of the ways Bsafe has strengthened an integrated approach to family violence is through its referral process. Once eligibility is determined, the family violence or sexualised assault service faxes through the Comprehensive Risk Assessment and the IVO to the Victoria Police's Family Violence Liaison Officer (FVLO) and the Bsafe Coordinator at Women's Health Goulburn North East. The FVLO then completes a VitalCall referral form which is then faxed to VitalCall and the Bsafe coordinator who collates all necessary documentation. If a local FVLO is on leave, workers are required to contact the Victoria Police's Family Violence Advisor who will process the referral. VitalCall then contacts the woman to arrange installation. This process has become more streamlined throughout the project. However, maintaining consistency with appropriately skilled workers within the sector has at times led to delays.

The staff who handle the referrals may be on leave, such as the police which can lead to delays. (Manager)

Its important that more than one person is responsible for Bsafe in each agency. (Outreach worker)

I think its working well. It's just that time factor we worry about if there is a delay. (VitalCall installer)

Improvements to continuity, reducing delays from Police and VitalCall is important. (Manager)

This process could be simplified by allowing workers to fax referrals directly to VitalCall. However, the current practice ensures that police are aware of Bsafe clients in their local division and the high risk nature of their circumstances.

It is important that the police are actively involved in the referral process. They're a crucial part of the integrated system and need to be alert to not only Bsafe clients but also offenders in their local area. (Bsafe Coordinator)

The Bsafe Coordinator also plays a pivotal role in the referral process as she oversees all referrals and provides a critical link between key stakeholders. As one worker put it, for Bsafe to be successful:

There must be a regional coordinator... Among other things this position is essential in following up that process to ensure that kits are being installed in a timely manner. (Outreach worker)

A challenge that has arisen throughout the project has been the time it takes to access Bsafe and the often highly urgent safety needs of women and their children. Bsafe is not designed to operate as a crisis response based on two key rationales. Firstly, clients must have an IVO in place. While safety planning and other security measures are often essential (e.g. household locks being changed), it is also crucial that women are provided with the time needed to make an informed decision about whether staying in the home is a safe and desirable option. Secondly, installation is not immediate as kits must be specifically programmed for individual clients⁴⁴ and VitalCall installers are contracted which can also lead to time delays. Indeed, the immediate risk posed by some perpetrators, particularly following child custody court hearings or release from prison, is so serious that crisis accommodation, refuge support or temporarily staying with friends or family is necessary.

Bsafe should be seen as one of a range of tools that can be drawn on. Because of the timeframe between assessment, referral and installation it can't be seen as a crisis option... it's complimentary to a number of other interventions, it's not the only intervention. (Bsafe Coordinator)

While Bsafe is not a crisis response, all key stakeholders acknowledge the importance of kits being installed in a timely manner. As one manager put it:

⁴⁴ Kits are specifically programmed for individual clients which mean that when a kit is activated a client's individual details such as address, the specifics of the IVO and how many children reside at the property come up immediately on the VitalCall system.

While we know Bsafe's not a crisis tool, once women know they want a kit, we know that the wait can be difficult. (Manager)

Effectiveness of the police response

From the onset, one of the reasons Bsafe has been so successful is because the project is a partnership between the Victoria Police and Women's Health Goulburn North East. As a result of this partnership, Victoria Police officers have played a pivotal role in the development of Bsafe and are key drivers in its success. One of the Hume region's Family Violence Advisors, a Sergeant and a Senior Constable from the Sexual Offences and Child Abuse Unit sit on the Bsafe steering committee, while numerous other police members have been involved in the reflective workshops and are involved on a day to day basis. This involvement has allowed the police to have continuous input into the direction of the project and has facilitated ongoing communication around strengthening the police response to family violence.

A key factor identified by various police that has contributed to the effective police response has been clear eligibility protocols. Bsafe clients must have an IVO that excludes the perpetrator from the victim's premises. This means that when perpetrators breach the IVO and are arrested, they can be immediately charged with a criminal offence. Some workers have raised the project's eligibility criteria as a possible barrier for some women accessing Bsafe as there can be difficulties obtaining an IVO.⁴⁵ However, for the police these protocols have contributed to the legitimacy of the project.

We have worked very closely with the police and one thing they said was that they needed some clout, so that the women that are on the kits have to have an Intervention Order where it excludes the perpetrator from the home. (Bsafe Coordinator)

I am really strong about it sticking to the strong criteria, to the protocols. I think that it's going to be part of Bsafe's success. (Family Violence Advisor)

Bsafe is also being increasingly identified as a valuable tool that assists the police to support victims of violence and ensure offenders are held accountable for their criminal behaviour.

In terms of our ability to catch offenders it's fantastic. We had a situation... where a man was breaching an Intervention Order.... doing things such as lighting fires... but he was always gone when the police attended. We gave the victim a Bsafe kit and she used it. The police attended and we were able to catch the offender there at the property. As a result that offender was remanded and I understand that he was given a sentence. (Family Violence Advisor)

⁴⁵ Bsafe reflective workshop, March 2010.

The difference the Bsafe makes, well I think it is two fold. The victim feels safer in their home. They know that they have some kind of device that can have a rapid response or a response that is as quick as possible, rather than go through other avenues... The police can use it to their advantage knowing where to go in relation to these incidents. (Family Violence Liaison Officer)

It gives the police that little added advantage in gaining evidence to take that person before the court. (Family Violence Liaison Officer)

Thus far, the overwhelming majority of Bsafe clients have reported an appropriate and timely police response.

Overall the police response to women has been really good given the complexities of a project such as this one. (Bsafe Coordinator)

Only one Bsafe client reported an inadequate police response as local officers didn't act to ensure her safety in a timely manner. This case, which involved an attempted assault, demonstrates the serious risk posed to women when there isn't an effective police response. This risk is particularly heightened given that prior to Bsafe many women's safety plans involved fleeing their home to ensure their safety. Now with Bsafe, women are altering their safety plans to remain in the home and wait for police assistance when threatened by the perpetrator. Therefore the risk of serious harm if the police don't respond appropriately is increased. When issues such as this one have arisen throughout the project, the Family Violence Advisors have consistently followed up to ensure that all active members treat family violence reports seriously while reiterating to women that their safety is a key priority.

The effectiveness of integration between key stakeholders

During the reflective workshop held in March 2010, key stakeholders were asked to consider the impact Bsafe has had on improving the effectiveness of integrated and multi-agency approaches to family violence within the sector. Those present felt the project had contributed to strengthening the network between key stakeholders such as the police, the family violence and sexualised assault services, VitalCall and the women involved in the project.

I think its strengthened networks between our sector (family violence) and the police, all our networks really. (Manager)

I think one of the most important aspects of the Bsafe project is the partnership approach it provides between Victoria Police, the community welfare sector, organisations like Women's

Health, Department of Human Services and family violence services. We are all working together to keep women and children safe. I think what is really important about Bsafe is that it has brought those agencies together to ensure we are connected enough to keep women safe. (Bsafe Coordinator)

[Bsafe is] about ensuring that women have a journey of safety... It's about working together, so that each service understands what is required to offer her that next level of safety. (Outreach worker)

As well as being of huge economic benefit to the community, Bsafe is a great example of integration at work. From the time a woman requests a kit, the streamlined process involves the woman, the police, the Bsafe Coordinator, the family violence worker and the security agency. This process leads to greater safety for women and their children to assist them to live free from fear. (Regional Integration Coordinator)

As highlighted by these worker's narratives, for the Bsafe project to be successful and work as it has, services within the sector have had to be integrated and work collaboratively at a local level to ensure that the safety needs of women and children are being met and upheld.

Conclusion

I think it is a wonderful initiative that contributed to saving my life and I highly recommend it being rolled out for all women in high risk categories. (Millie)

This report has demonstrated how Bsafe has successfully provided a risk management option for high risk women and their children escaping family violence and sexualised assault. Bsafe has been effective in reducing the incidents and severity of family violence and recidivism. The enhanced police response that Bsafe provides has functioned as a deterrent for some men perpetrating violence and has increased the likelihood of detection and prosecution. As a result of Bsafe, women and their children have experienced increased feelings of safety and have been provided with an additional level of support that has enabled them to remain in their homes and communities. Bsafe has also undoubtedly improved the effectiveness of integrated and multi-agency approaches to family violence within the sector, as it has strengthened the relationship between specialist family violence and sexualised assault services, the police, Women's Health Goulburn North East, VitalCall and the women accessing Bsafe. Indeed, it is essential that Bsafe becomes a legitimate, viable option for people at high risk of experiencing ongoing post-separation violence as these women and their children's needs as a client group have up until now been unmet.

The future of Bsafe; I think it's a great innovation and it's been implemented quite well in the north east and I think in the future it should be thought of for the whole of Victoria. (Family Violence Liaison Officer)

We have seen that it saves lives and women have identified that it has certainly saved them from being assaulted and abused any further. It is vital that we get this as a state-wide project. (Bsafe Coordinator)

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Appendix One

Not all women have both kits. Some prefer just the mobile companion as it gives protection in their homes and when they are out in the community.

SL1 Pendant: \$ 125.00 Monitoring costs (per quarter): \$ 82.50

Mobile Companion: \$ 200.00 Monitoring costs (per quarter): \$ 49.00

Total cost of Installation: \$ 325.00 Total monitoring fees (per year) \$ 526.00

Total cost per kit \$ 851.00 per year