National Survey of Workers in the Domestic, Family and Sexual Violence Sectors

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National Survey of Workers in the Domestic, Family and Sexual Violence Sectors

Prepared for:
Department of Social Services

3 July 2018

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SPRC
Social Policy Research Centre

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Abbreviations

ATSI	Aboriginal and Torres Strait Islander
ANROWS	Australia's National Research Organisation for Women's Safety
DSS	Australian Government Department of Social Services
DFV	Domestic and Family Violence
GVRN	Gendered Violence Research Network
LGBTIQ	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
SPRC	Social Policy Research Centre

Executive Summary

This report provides information about workers in services used by people affected by domestic and family violence and sexual assault. Analysis of surveys of workers and service leaders along with stakeholder interviews provides detailed insight into models of provision, workforce strengths and gaps, workers' skills and skill development needs, and perceptions of service capacity and sustainability challenges. Overall, the information can be used to inform efforts to build capacity of the workforce and service system to improve responses to people affected by violence, to help achieve the objectives of the National Plan to Reduce Violence against Women and their Children (2010-2022).

Workforce characteristics

Information from the worker survey underlines workers' strong motivation to work with people affected by violence to make a difference in their lives, and to help end violence and the harms it generates. The workforce is strongly female dominated: more than 4 in 5 workers identified as female. Among those working with perpetrators on a daily basis, 7 in 10 were women. In terms of age, almost a quarter of workers will reach retirement age in the next ten years. The proportion of workers aged 55 or over is higher in regional and remote areas, than in major cities.

The workforce is highly diverse, except on the basis of gender, as women are a substantial majority (83.4%). One in 5 workers had caring responsibilities, 1 in 12 identified as LGBTIQ, and 1 in 13 spoke a language other than English at home. One in 20 were from Aboriginal and Torres Strait Islander backgrounds, and 1 in 25 identified as having a disability. Services located in major cities tend to employ higher proportions of workers from CALD backgrounds, while those in remote areas employed higher proportions of employees from Aboriginal and Torres Strait Islander backgrounds.

Working arrangements

Most employees were working full time (61.2%). Part time workers most often reported that they worked part time because of caring responsibilities or other personal reasons. However, many also worked part time for industry-related reasons, including the need to reduce exposure to the trauma and stress involved in their work, or because current levels of service funding were not sufficient to cover full time positions.

Recognising and responding to violence

Workers generally reported feeling confident identifying signs of abuse; however, fewer said they were confident identifying financial or sexual abuse, compared with physical or emotional abuse. While almost 9 in 10 felt able to work creatively to meet clients' needs, fewer (2 in 3) felt able to spend enough time with each client, and more than half (55.1%) of those involved in frontline practice and support roles felt they had too much paperwork. Many workers felt they needed additional training to support specific client groups, including Aboriginal and Torres Strait Islander people, LGBTIQ people affected by violence, asylum seekers, people with experience of homelessness, and perpetrators of violence.

Sector resourcing

Many workers and service leaders are concerned about sector resourcing, and clients' access to service. Only 37.7% felt their service had enough staff to get the work done, and around 1 in 5 disagreed with the statement "people who need our services can get them". Several commented about a lack of services for perpetrators, for Aboriginal communities, for young people, and a lack of refuges to meet demand, including in rural communities.

Formal qualifications

More than 90%of workers reported having a post-school qualification. For most people this was a bachelor level qualification or higher: 36.3% had a bachelor level qualification and a further 30.5% had a postgraduate degree. However, while the sector is highly qualified, not all workers felt their formal qualifications had provided good preparation for working with people affected by domestic and family violence or sexual assault. Only 22.0% reported their formal qualifications prepared them 'very well' or 'extremely well' for working with people affected by violence, although the figure was higher for people with social work qualifications (29.5%) or qualifications in community services, welfare, counselling or youth work (28.9%). Notably, three in five workers with legal qualifications said their formal qualifications prepared them 'not very well' or 'not at all' for work in the sector, as did almost half of those with educational or psychology qualifications.

Training

Workers with the highest levels of contact with people affected by domestic and family violence and sexual assault were more likely to have participated in relevant training in the last 12 months. Those in frequent contact with victims of sexual assault were more likely than others to receive relevant training, and to have received larger amounts of training. Among workers in leadership positions (CEOs, senior managers, team leaders), three quarters of men had undertaken management or leadership training, but only two thirds of women had done so. Less than 2 in 3 felt they received appropriate induction when they commenced in the service. In terms of further training required, the most common areas workers felt training was needed were (in order): risk assessment, therapeutic approaches, legal training, general counselling, screening, and supervision training. For those working frequently with perpetrators, priority areas for skill development include working with clients resistant to intervention, promoting behaviour change, and evaluating participants' progress.

Supervision

Levels of satisfaction with supervision were generally high. However, almost 1 in 7 were not happy with the frequency of supervision, 1 in 8 were not satisfied with the quality of supervision,1 in 9 were not satisfied with the time supervisors spent with them. Many commented on the need for more and better supervision given their exposure to trauma and the risk of burnout.

Job quality

Almost half of workers said they feel emotionally drained from their work (48.2%) and almost the same percentage said they felt under pressure to work harder (44.5%). Many were worried about the future of their job (44.5%) and a substantial proportion did not feel they were paid fairly (37.7%). More than 2 in 5 respondents said they worked unpaid hours at least once a week.

Workers are highly exposed to bullying, harassment, violence and threats. Half of workers said they experienced these behaviours from a client in the last 12 months. More than a third of women had experienced bullying, harassment, violence or threats from a colleague, supervisor or manager in the last year, as had a quarter of men. Bullying, harassment, violence and threats from a client was more common, and particularly high among those working with perpetrators. Among those in daily contact with perpetrators, 65.7% had experienced bullying, harassment, violence or threats from a client in the last year.

Despite high exposure to adversity among domestic violence and sexual assault workers, three in five hoped to remain in their role in one year. One in three hoped to work in another position in their organisation or another organisation in the industry, while only around 1 in 15 workers hoped to leave the industry altogether. This was higher for workers in daily contact with perpetrators, 1 of 8 who hoped to leave the industry in the next 12 months.

1. Introduction

1.1 Background

Domestic and family violence (DFV) and sexual assault affect large numbers of Australian women, men and children (ABS, 2017), resulting in high personal costs, and significant public health and welfare costs which are expected to grow in coming years (Cox, 2015; PwC, 2015; KPMG, 2016). To prevent violence, support victims following violence, and prevent further harm, health, welfare, legal practitioners and others work in diverse organisational settings, and bring a wide range of skills to their interventions, including working with perpetrators to end their offending. To build national capacity and design a tailored workforce development plan requires detailed knowledge about the workforce, including:

- information about the employment contexts of various specialist and mainstream organisations providing a response to victims and perpetrators of DFV and sexual assault;
- characteristics of frontline workers, such as the educational background and professional training completed by employees in the workforce delivering services; and,
- practitioners' skills and their self-identified professional development needs, as well as the very particular challenges they face.

To establish this evidence base, in 2017 the Australian Government Department of Social Services (DSS) funded researchers from the Social Policy Research Centre (SPRC) and Gendered Violence Research Network (GVRN) at the University of New South Wales (UNSW Sydney) to design and implement a national survey of workers in services used by people affected by DFV and sexual assault. Findings from the research will help DSS, other funding bodies, and employers to determine ways to enhance the capacity of the workers who assist victims and perpetrators, including by informing the development of a national workforce agenda. The UNSW team sub-contracted researchers from Curtin University, currently involved in mapping perpetrator response funded by Australia's National Research Organisation for Women's Safety (ANROWS), to analyse information relating to workers in services used by perpetrators. This report contains findings relating to workers in contact with both victims and perpetrators.

1.2 The National Policy Context

The National Plan to Reduce Violence against Women and their Children (2010-2022)[1] is a long-term cross-jurisdictional collaboration providing a 12-year platform for action by Commonwealth, State and Territory governments aimed at achieving 'a significant and sustained reduction in violence against women and their children' (2012, 10). The Workforce Survey primarily contributes to National Outcomes 4 of the Plan: Services meet the needs of women and children experiencing violence.

[1] See https://plan4womenssafety.dss.gov.au/

In October 2016, the Third Action Plan was released with the following six National Priority Areas identified for attention:

1. Prevention and early intervention.

2. Aboriginal and Torres Strait Islander women and their children.

3. Greater support and choice.

4. Sexual violence.

5. Responding to children living with violence.

6. Keeping perpetrators accountable across all systems.

These priority areas are underpinned by four principles. However, two of the principles are particularly relevant for this project:

Principle c. Systems, services and agencies intervene effectively.

Principle d. Robust research, evidence and data are used to underpin practice when developing supports, services and the overarching system.

Specifically, by building an evidence base through the proposed surveys, the results will:

- Inform the Workforce Development Agenda and training needs of the DFV and sexual assault sectors addressing National Priority 3.2(a) 'Review the specialist domestic, family and sexual violence workforce and frontline workforces that engage with women and their children who have experienced violence or with perpetrators. Identify gaps and challenges faced by these workforces and recommend actions that could be undertaken by employers and funding bodies to strengthen the workforce'; and,
- Allow the Commonwealth to report on the implementation of key performance indicators against the National Outcome Standards for Perpetrator Interventions National Priority Area 6.2(a) and 'develop an approach to report against these indicators annually to drive further refinements and improvements' (see Report Two for further detail).

Despite recognition of the importance of workforce development in the National Plan, to date, there has been no central collection of data required to design and implement a national workforce development plan and no central coordination of the ways in which States and Territories implement workforce development.

1.3 Jurisdictional Contexts

Each Australian State and territory has different legislative and policy frameworks determining the responses to victims and perpetrators of DFV and sexual assault, and there are also national initiatives, such as the Council of Attorneys-General Family Violence Working Group, which

includes improving family violence competency in its terms of reference[2]. Considerable work has been undertaken in relation to workforce development in the practice area of child protection (for example see, Lonne, Harries & Lantz 2013 and Russ, Lonne & Darlington 2009). However, in relation to DFV and sexual assault, there remain significant gaps in knowledge about the characteristics, circumstances and practices of frontline practitioners, including disciplinary differences, whether there is variance in the key skills and knowledge required to work with victims compared with perpetrators; the impacts of different forms of training; and the skills profile and practitioners' developmental needs, including skills for collaboration. While better co-ordination of services is assumed to improve outcomes, little is known about how practitioners work to address 'siloing' and gaps in these two service sectors, and the factors which would improve capacity (Breckenridge, Rees, valentine and Murray, 2015).

There have been two state-wide workforce surveys undertaken at a jurisdictional level, another survey of specialist workers in one state and a national survey of Family and Relationship Services and Specialised Family Violence Services (AIFS, 2018). New South Wales and Victoria have conducted workforce surveys of the DFV sectors (NSW Kids & Families, n.d.; Victoria Government, n.d.; Domestic Violence Resource Centre Victoria, n.d.). NSW Health conducted a domestic violence (DV) workforce survey in 2013. The survey was distributed to all Local Health Districts and Specialty Networks staff. Information collected included workforce service types, time in roles, DV knowledge and training, contact with victims of DV, likely response to DV victims, information shared with other agencies, and difficulties encountered (NSW Kids & Families, n.d.).

Initiatives in Victoria have been more comprehensive. The Victoria government conducted a family violence workforce census in 2017 to inform the development of an Industry Plan. The census engaged a broad range of professions which intersect with family violence in the specialist family violence, primary prevention, health, education, justice and community sectors. Specialist workers were also engaged, including family violence workers, primary prevention workers, police officers, corrections staff, doctors, Child Protection workers, teachers, nurses, paramedics, legal services staff, psychologists, youth justice workers, Men's Behaviour Change Program staff, childcare staff, disability workers and aged care workers and community health staff. The census collected information relating to demographics and occupational data, qualifications, access to professional development, workload, working conditions and remuneration, health and wellbeing and future intentions. At the time of writing, the results of the census were not available publicly (Victoria Government, n.d.).

The Domestic Violence Resource Centre Victoria (DVRC), Domestic Violence Victoria, and No to Violence conducted a Family Violence Specialist Training Needs Survey in 2017/2018. The survey was targeted to Tier 1 professionals (specialist family violence, sexual assault and primary prevention practitioners), received 367 responses, and was intended to begin building a picture of the workforce development and training needs of practitioners and managers in specialist family violence roles (DVRC, n.d.).

[2] See https://www.ag.gov.au/FamiliesAndMarriage/Families/FamilyViolence/Pages/default.aspx

A jurisdictional scan confirms that all States and Territories have developed workforce capacity plans:

New South Wales

The NSW Domestic and Family Violence Blueprint for Reform 2016-2021 (NSW Ministry of Health, 2016) contains the following workplace capacity-relevant actions:

- Holding perpetrators accountable:
  - Develop the capacity of the community-based men's behaviour change sector.
- Delivering quality services:
  - Co-design service quality standards with the non-government organisation sector for DFV services and training requirements for mainstream services.
  - Support the skills development, training and capacity building for the non-government organisation sector to improve risk assessment and safety planning for families with complex needs.
  - Develop competency training opportunities for service providers to ensure they can respond appropriately and effectively with Aboriginal and culturally and linguistically diverse communities, as well as people with disability.

Victoria

Victoria has recently released Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response (Victoria Government, 2017). The plan outlines a system where the specialist family violence and primary prevention sectors work with other sectors to create a flexible and dynamic workforce. The plan focuses on four key areas:

- a system that works together
- building prevention and response capability across the system
- strengthening the specialist workforces
- workforce health and wellbeing

Family Safety Victoria's (2017) Responding to Family Violence Capability Framework supports the 10-year Industry Plan and outlines the foundational skill set required to respond to all forms of family violence. The Framework covers four workforce tiers spanning specialist family violence services, core support services and professionals, mainstream/social support services and universal services.

Victoria's 10-year family violence plan includes a vision for a new Centre for Workforce Excellence that "will recognise and embed family violence specialist expertise, support the family violence workforce to grow and over time create the world's preeminent social services workforce" (Victoria Government, 2016, p. xi).

Queensland

Queensland's Violence Against Women Prevention Plan (Queensland Government, 2016) contains the following workforce capacity-relevant actions:

- Continue to support the Queensland Centre for Domestic and Family Violence Research to strengthen the capacity and capability of organisations that deliver sexual assault services funded by the Queensland Government.
- Consider the training needs of staff working in the criminal justice system to maintain best-practice responses to violence against women, including for women facing complex forms of disadvantage or risk.

South Australia

South Australia's Women's Safety Strategy (South Australia Office for Women, 2011) contains an action to strengthen the workforce. This action contains the following sub-actions:

- Work with jurisdictions on the development of a national workforce agenda.
- Promote the uptake of multidisciplinary training for professionals to improve the consistency and responsiveness in the handling of family violence cases.
- Promote the update of multidisciplinary training for professionals to improve the consistency and responsiveness in the handling of sexual assault cases.

Northern Territory

The Northern Territory's Domestic, Family & Sexual Violence Reduction Framework (Northern Territory Government, 2018) includes the following relevant action:

- Build the capacity of universal services and the community to identify and respond to domestic, family and sexual violence.
- Build a capable and responsive system and workforce.

The Framework also includes the following relevant outcome:

- The system meets the needs of victims and perpetrators through intelligent and efficient design, robust and sustainable legislation, strong and consistent leadership, strong oversight mechanisms and an adequate and competent workforce.

The Framework contains key areas of focus for action which include:

- Understanding the role of key early responders and building their capacity.
- Strengthening the specialist DFSV sector.

Western Australia

Western Australia's DFV strategy (Government of Western Australia, n.d.) contains the following relevant action:

- Build the capacity of service responses to family and domestic violence, with a particular focus on regional areas across the state.

The state's 2015 action plan to address family and domestic violence (Government of Western Australia, 2015) does not contain any actions specifically focused on workforce capacity or training. However, it does include the following actions:

- Increase capacity of, and improved access to, Women's Refuges in the metropolitan area.
- Strengthen the Family and Domestic Violence Response Teams.
- Provide information and training about children and adolescents using violence.

ACT

The ACT's Prevention of Violence against Women and Children Strategy 2011-2017 included the following relevant actions:

- Develop ACT Government Workplace capacity to respond to the needs of employees subjected to or living with violence (short term).
- Develop a strategy for training front line workers in supporting women and children who have been subjected to violence (medium/long term).
- Provide regular opportunities for cross sector training and information sharing for police, lawyers, judicial officers, specialist support agencies and frontline workers (medium/long term) (ACT Government, 2011).

The ACT's second implementation plan (2015-2017) for its Strategy included the following relevant priority action:

- The provision of training and other initiatives/actions to ensure frontline workers can screen and respond appropriately to domestic, family and sexual violence.

The implementation plan (ACT Government, 2015) also notes that a key theme from consultation included raising awareness, training and up skilling first to know workers in a range of contexts. In addition, since 2016 the ACT Government has been developing Family Safety Hubs, which recognise the need for a focal point in the ACT service system for domestic and family violence responses. Along with people with lived experience, government and community representatives, workers from frontline services were involved in the co-design of the Hub model, which aims to provide innovative pathways to safety. The emphasis in this approach is on services working together to provide effective responses to family violence.

1.4 Aims of the study

To provide information which could inform an evidence-based national workforce agenda, the project collected detailed survey data from managers and workers in both specialist and mainstream services used by people affected by family and domestic violence and sexual assault. The key aim was to build a comprehensive understanding of workforce strengths and gaps, models of provision and worker-client engagement, workers' skills and skill development needs, and any current and future capacity and sustainability challenges. The intention is that the data informs

efforts to build capacity of the workforce and service system to respond to victims and perpetrators and achieve the broader objectives of the National Plan.

In particular, the project aimed to:

- develop a comprehensive profile of the workforce delivering specialist DFV and sexual assault services;
- better understand issues affecting the capacity of these workers to provide effective service responses to perpetrators and victims; and
- identify differences in workforce capacity across Australia, any workforce gaps, and ways these workforces can be strengthened.

The work represents the first national data collection aimed at supporting Commonwealth and State/Territory efforts to build a consistent and coordinated workforce agenda. It is also anticipated that States and Territories may consider the results of the survey for their own workforce development plans and activities. Moreover, the information can be used as baseline information for future assessment of national workforce development and capacity.

1.5 Structure of this report

An outline of methodology is in Section 2, including stakeholder consultations (Section 2.1), survey design and distribution (Section 2.2) and analysis (Section 2.3).

Section 3 through to Section 8 provides detailed analysis of workers' characteristics and experiences, based on data collected in the worker survey. As well as their characteristics and levels of contact with people affected by violence, the material profiles their qualifications and experience, employment arrangements, perceptions of their skill, and access to, and experiences of training and supervision. It also examines their perceptions of job quality and pay, experiences of workplace adversities such as workplace bullying and violence, and their intention to leave their organisations and the industry. Key indicators are reported separately for workers in contact with perpetrators, distinguishing between those working most intensively with perpetrators, as indicated by respondents' frequency of contact with perpetrators.

Section 9 analyses additional workforce issues, drawing on information provided by service leaders about the characteristics of the workforce delivering their service, recruitment and retention issues, and the training priorities across the service. As such, it offers an overarching perspective which is not available from the information collected from workers. Again, key indicators are reported separately for services according to their level of contact with perpetrators.

2. Methodology

The study involved two surveys, the design and interpretation of which was informed by stakeholder consultations. The survey of workers captured experiences of working in services used by people affected by violence. It captured workers' characteristics, their confidence in various areas of practice, their job satisfaction and intention to leave. A separate survey of service leaders was also conducted. This captured service-level information about staff numbers, perceptions of capacity, workforce development priorities and strategies, and other factors which could not be captured from workers' perspectives. Ethics approval was obtained from the UNSW Human Ethics Panel (approval number HC17656) and reciprocated by Curtin University (HRE2017-0751).

2.1 Stakeholder consultation

Stakeholder consultations were undertaken to inform instrument development and interpretation of the issues affecting different parts of the sector, and to promote engagement in the survey. These consultations took place as qualitative interviews with informants from across Australia who were involved in the sector as peak bodies, employers, unions, or training specialists. Eight interviews were conducted. Themes identified across the interviews are in Appendix A. Stakeholders explained how workers in family and domestic violence and sexual assault services are highly diverse in terms of their training and experience, and in terms of their occupations and service contexts. In fact, in most jurisdictions sexual assault and domestic violence service provision is described as siloed.

Stakeholders further outlined how the workforce in these areas need to incorporate highly qualified professionals as well as staff with vocational qualifications and those with practical experience, including practical experience of welfare service provision, including lived experience of violence and other forms of disadvantage. In general, stakeholders felt more needs to be done to build national workforce capacity, in particular given that each State and Territory has developed their own individual workforce plans, as outlined in Section 1.3. Rather than taking a systematic and co-ordinated approach to workforce development, stakeholders outlined how workforce initiatives currently depend on the capacity and volition of individual employers, many of whom lack resources to support workforce development in ways they feel are required.

Indeed, the stakeholder consultations were characterised by the perceptions that some organisations had been able to achieve a stable and high capacity workforce. However, many described widespread problems relating to recruitment difficulties and loss of staff, especially during the early career stage of direct practice. Finding quality staff to work in men's behaviour change programs was described as 'incredibly difficult', especially as sudden injections of funding caused services to draw in new practitioners requiring substantial training and supervision. Stakeholders discussed a number of reasons which underpin recruitment and retention difficulties, including poor pay, challenging work environments, low organisational support and limited career pathways. Organisational responsibility for the prevention of vicarious trauma and burnout among staff were seen as important strategies for staff retention, and informants described how the design of job roles and responsibilities could help. Some organisations, for example, were careful to mix

requirements for practitioners to conduct face to face work with clients with other non-client facing tasks, so that workers were not constantly exposed to crisis.

To build capacity, stakeholders suggested funders could do more, by introducing reporting requirements relating to workforce development to allow systematic monitoring, or by dedicating funds to support services to meet practice standards and build workforce capacity. Others focused on the need to ensure that multiple training and qualification pathways into the sector were retained, to ensure professionalisation did not come at the expense of any loss of expertise derived from lived experience, which was highly valued in working with women and children in particular. Opportunities for sharing learning across victim and perpetrator services was also mentioned. Further detail of emergent themes is contained in Appendix A.

2.2 Survey design and distribution

In consultation with DSS, the research team developed two survey instruments: a survey of workers, and a survey of services. The survey of services aimed to capture evidence of workforce dynamics, priorities and service strategies which could not be captured from workers' perspectives only. The instrument design drew on the themes emerging from the stakeholder consultations.

As there is no comprehensive list of relevant services across Australia, a sampling frame was developed. This was based on lists of services funded under relevant programs by the Department of Social Services and Attorney General's Department[3]. In addition, lists of services funded by the states and territories were provided by the Department of Social Services, and included in the sampling frame. Duplicates were removed, to ensure only one invitation was sent to each service.

It should be noted that study sample had a strong focus on Commonwealth funded services and programs. This has implications for coverage of perpetrator services, the majority of which are delivered in law enforcement, criminal justice and correctional services funded and delivered by state agencies. While perpetrator responses delivered by the non-government sector were targeted, services funded and delivered by state governments were not. As such, workers in some perpetrator services may be under-represented.

In total, the service survey was distributed to 1,007 services and completed for 320 services (31.8%). As intended, the service survey was completed by leaders with knowledge of workforce issues across their service. In most cases it was completed by a CEO or senior manager (77.5%), or by a co-ordinator or team leader (14.7%). The worker survey was distributed to all 1007 services with a request to managers to forward it to employees. It was completed by 1,157 workers.

2.3 Analysis

Survey responses were analysed using frequency tables, cross-tabulations and comparisons of means using SPSS. These approaches allowed comparison of issues for different types of practitioners from different disciplinary backgrounds, different service types, and locations. As a

[3] These were services delivered under Commonwealth-funded Families and Children Activity, Financial Wellbeing and Capability, Settlement Grants, and Legal Assistance.

particular focus was to identify any areas of need among Commonwealth funded services, reporting distinguishes between some categories, where response numbers allowed. This is based on services 'main service type' which was captured according to a range of options. Although services may perform multiple activities, receive resources from multiple programs, and deliver more than one type of service, and workers may work across survey types, the survey required respondents to indicate their main service type. A summary of worker and survey responses by main service type is in Table 2.1. Analysis was also undertaken to focus on those working closely with perpetrators, distinguishing between those who working more intensively with perpetrators, based on how frequently they were in contact with perpetrators. While many said that their main service type was 'specialist perpetrator program', those working with perpetrators were found across main service types.

In analysing the data, no weights were applied as there is no national dataset which provides a profile of relevant services and which could be used to determine population weights. As some respondents skipped questions, and because other questions were asked only of those the question was relevant to (using online skip and branching logic), results on some items are reported for less than the total number of survey respondents. Open text responses were analysed thematically, to identify the main sets of issues captured in responses.

Table 2.1 Summary of respondents, by main service type

	Worker survey		Service survey	
Main service type	n	%	n	%
Commonwealth-funded Families and Children Activity: supports families to improve the wellbeing of children and young people to enhance family and community functioning, and to increase participation of vulnerable people in community life. It includes Family and Relationship Services, Family Law Services, Communities for Children, Children and Parenting, Young People, Adult Specialist Support Services.	250	21.6	92	28.8
Commonwealth-funded Legal Assistance Services: Includes Legal Aid, Community Legal Centres, Aboriginal and Torres Strait Islander legal services, and family violence prevention legal services	155	13.4	22	6.9
Commonwealth-funded Settlement Grants Program*:* provides support for humanitarian entrants and other eligible migrants in their first five years of life in Australia.	22	1.9	23	7.2
Commonwealth-funded Financial Wellbeing and Capability*:* supports vulnerable individuals, families and communities to improve their financial capability, resilience and lifetime wellbeing, including through Financial Crisis and Material Aid, and Financial Counselling, Capability and Resilience	37	3.2	^	^

	Worker survey		Service survey	
Specialist Homelessness Service, refuge or other housing, tenancy, or accommodation support: Includes services focused on accommodation and related supports funded from any source.	305	26.4	81	25.3
Other service used by people affected by family and domestic violence: This category captures other domestic violence services not captured above	196	16.9	47	14.7
Other service used by people affected by sexual assault: This category captures other domestic violence services not captured above	29	2.5	^	^
Specialist perpetrator program	30	2.6	^	^
Other: *i*ncluded multi-service agencies unable to select a main service, and those specifying mental health, Alcohol and other drugs, education, foster care, disability or others which could not be classified in the above categories	133	11.5	55	17.2
Total	1157	100.0	320	

^Services in categories with 10 or fewer respondents were reclassified. This applied to 10 Financial Wellbeing and Capability services, which were combined with Families and Children Activity. Seven sexual assault services and six perpetrator services were included as 'Other'.

3. Workers' characteristics and experiences

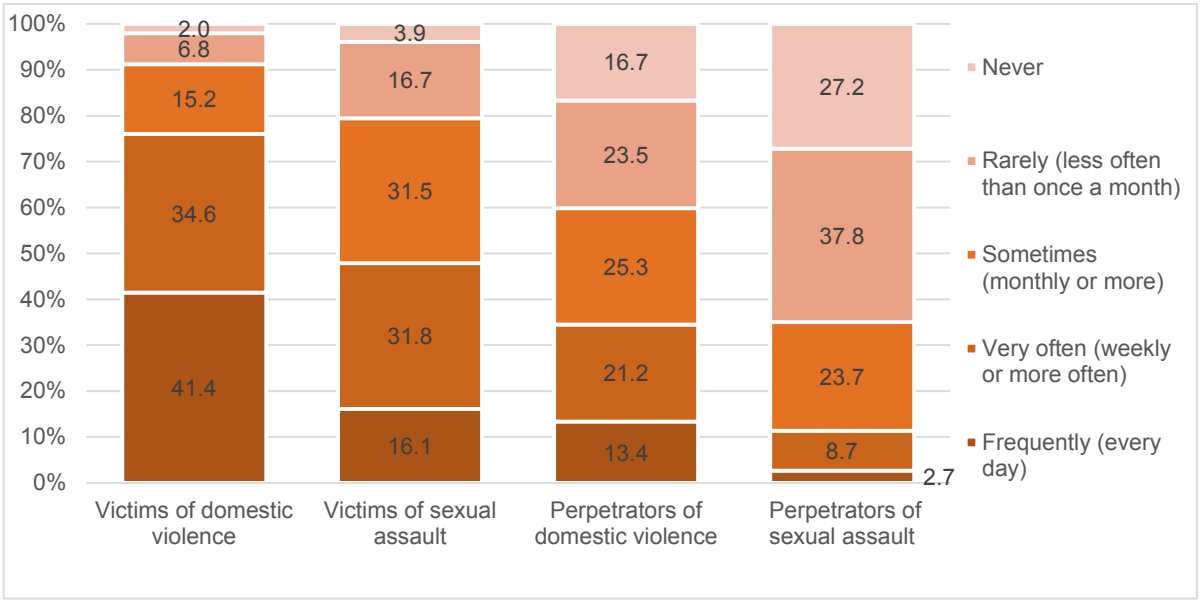
This section provides a profile of respondents, showing high proportions were directly delivering services to people affected by violence, although frequency of contact with victims and perpetrators differed (Section 3.1). It also highlights key motivators of people working with people affected by violence, including contributing to community wellbeing and providing support to people in need (Section 3.2). Sections 3.3 to 3.5 highlight key characteristics of workers. This shows substantial diversity across the workforce (Section 3.3), and that workers tend to be highly experienced and qualified (Section 3.4). Employment arrangements are profiled in Section 3.5.

3.1 Contact with people affected by violence

Among employee respondents, most were in roles involving direct provision of support to people affected by domestic violence and/or sexual assault. Of the 1,157 respondents, 37.5% classified themselves in the category of 'practitioners', which included lawyers, counsellors, social workers and psychologists. A further 24.5% were in other frontline support roles, and 14.3% were co-ordinators or team leaders. Senior managers and CEOs comprised 13.3% or respondents. There were smaller numbers in policy, project or administrative roles (5.0%), while 5.5% were in other roles.

Corresponding to the high proportion of practitioners and other frontline workers in the study, a relatively high proportion of staff said they had frequent contact with people directly affected by violence. As shown in Figure 3.1, around 2 in 5 respondents were in frequent (i.e. daily) contact with victims of domestic violence (41.4%), and a further 34.6% said they had contact with this group 'very often' (i.e. weekly or more) (see also Appendix B, Table B-1). Smaller proportions of respondents were frequently or often in contact with victims of sexual assault, or with perpetrators (see Figure 3.1).

Figure 3.1 Frequency of contact with victims and perpetrators



Notes: Numbers of respondents can be found in Appendix B, see Table B-1.

Contact with victims

Figure 3.2 compares the proportion of staff who were in 'frequent' contact with victims of DFV across main service types, along with those who reported they were in contact with victims 'very often' (weekly or more) or less often than this. As would be expected, those focused on delivering Commonwealth-funded Legal Assistance services, homelessness and other accommodation services, other domestic violence services, and Commonwealth-funded Families and Children Activity, reported higher levels of contact. Lower proportions of staff delivering services under the Financial Wellbeing and Capability program, or Settlement Grants, had frequent contact with victims of DFV.

Figure 3.3 provides information about contact with victims of sexual assault. Smaller proportions of respondents said they had frequent contact with this group, with the exception of services specifically aimed at victims of sexual assault: 79.3% of respondents in this group had frequent (daily) contact with victims of sexual assault. This information reflects the specialised focus of services responding to sexual assault, whereas larger numbers of services tend to be involved in responding to DFV (see also Appendix B).

Contact with perpetrators

As shown in Figure 3.1 and in Appendix B (Table B-1), 13.4% of respondents said they were in frequent (daily) contact with perpetrators of domestic violence, and 2.7% were in frequent (daily) contact with perpetrators of sexual assault (each of whom were also in frequent contact with perpetrators of domestic violence). While workers in specialist perpetrators services would be expected to focus on more intensive, specialist program responses, the data indicates that workers were in contact with perpetrators across a range of service settings. This reflects how perpetrators of DFV and SA may present in various settings, such as family dispute resolution, legal services, mental health or homelessness services, and may not necessarily initially identify their circumstances as involving violence. The range of service settings in which workers had contact with perpetrators is shown in Figure 3.4 and Figure 3.5. A high proportion of respondents whose main service was specialist perpetrator programs were in frequent (daily) contact with perpetrators (75.0%), followed by legal services (29.2%) and Families and Children Activities (14.3%). Smaller numbers were in frequent contact with perpetrators of sexual assault. Around 1 in 6 respondents from specialist perpetrator services had daily contact with perpetrators of sexual assault (16.7%), and the same number said they were in weekly contact (16.7%).

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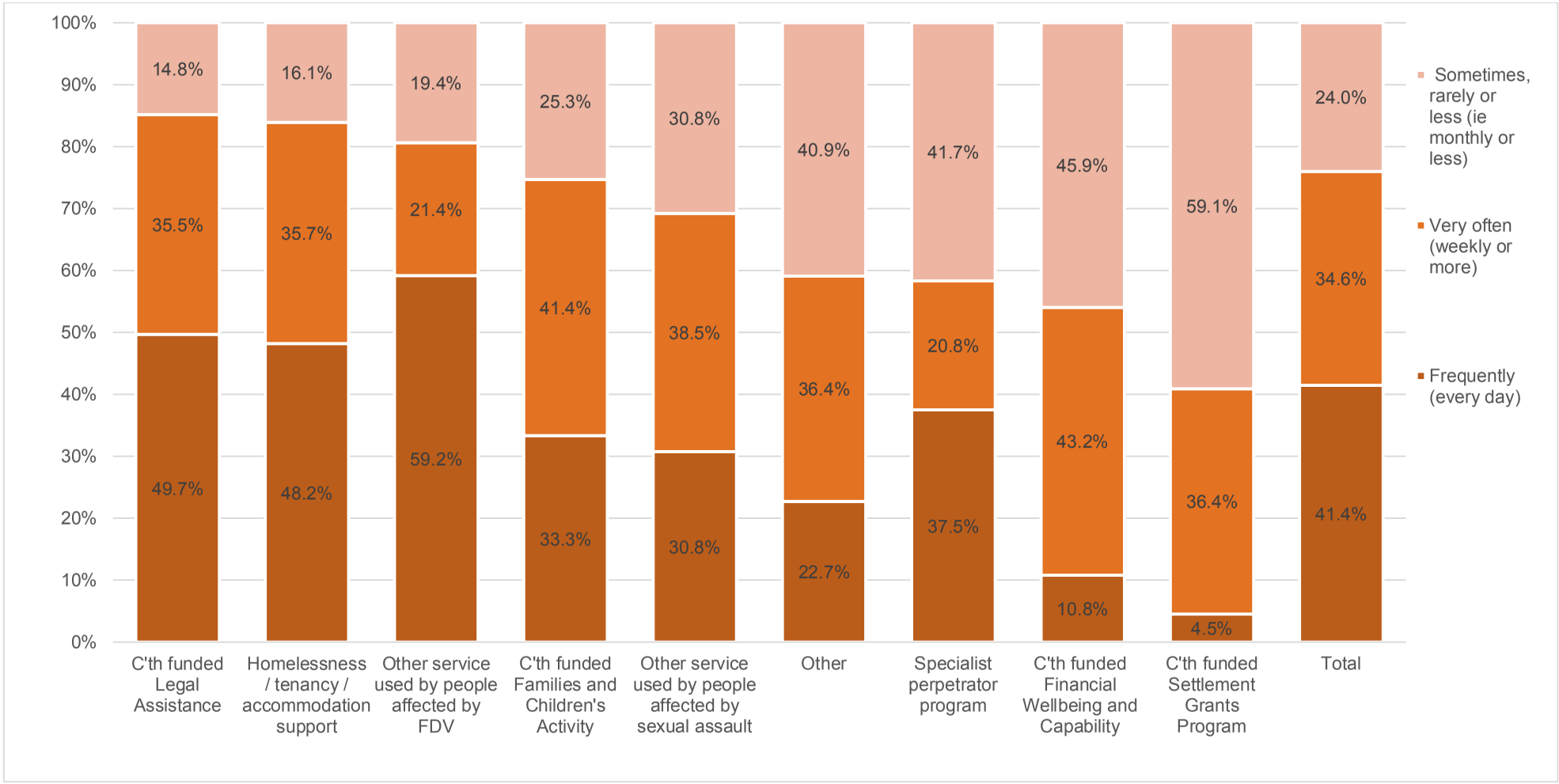
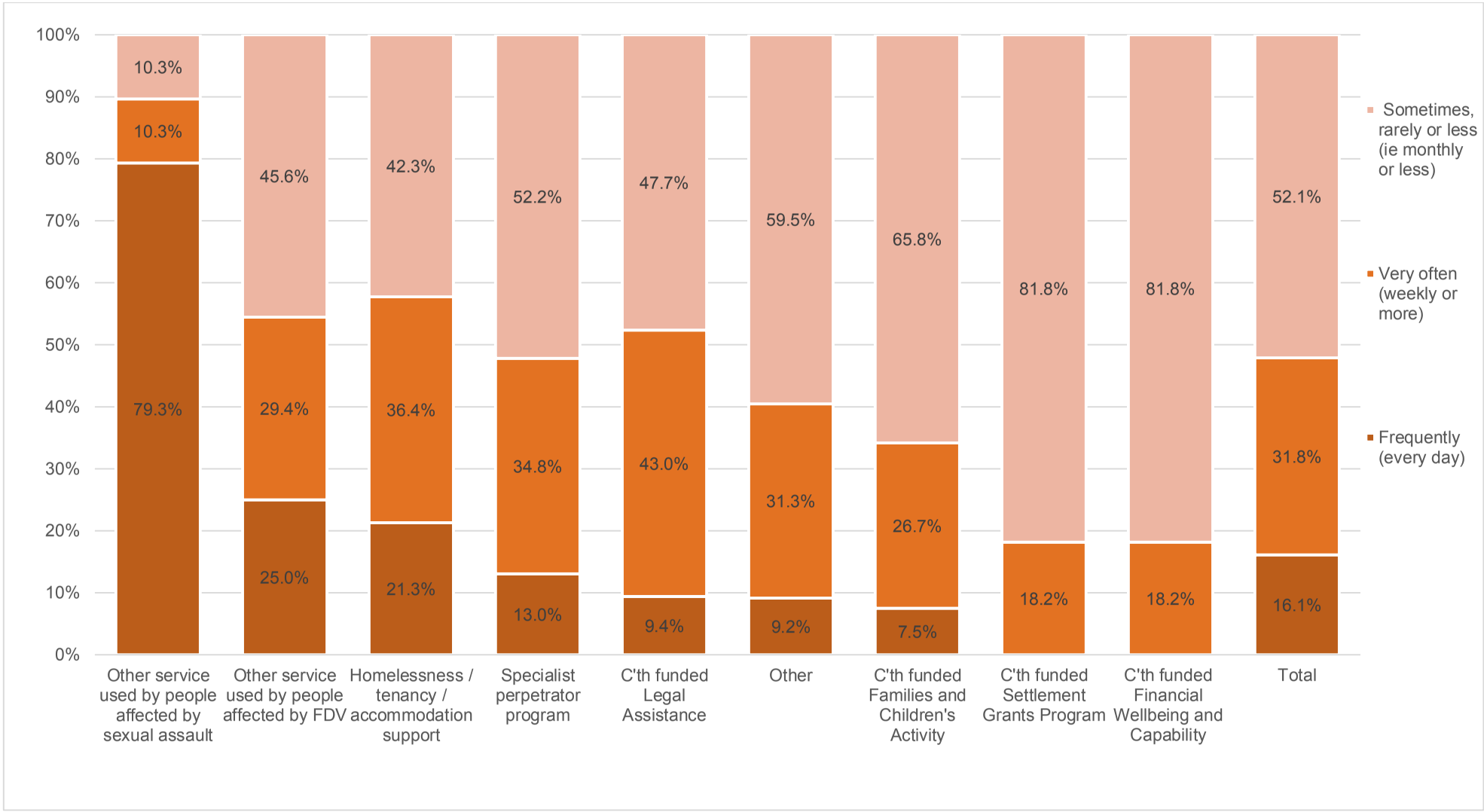
Figure 3.2 Frequency of contact with victims of family and domestic violence, by main service type



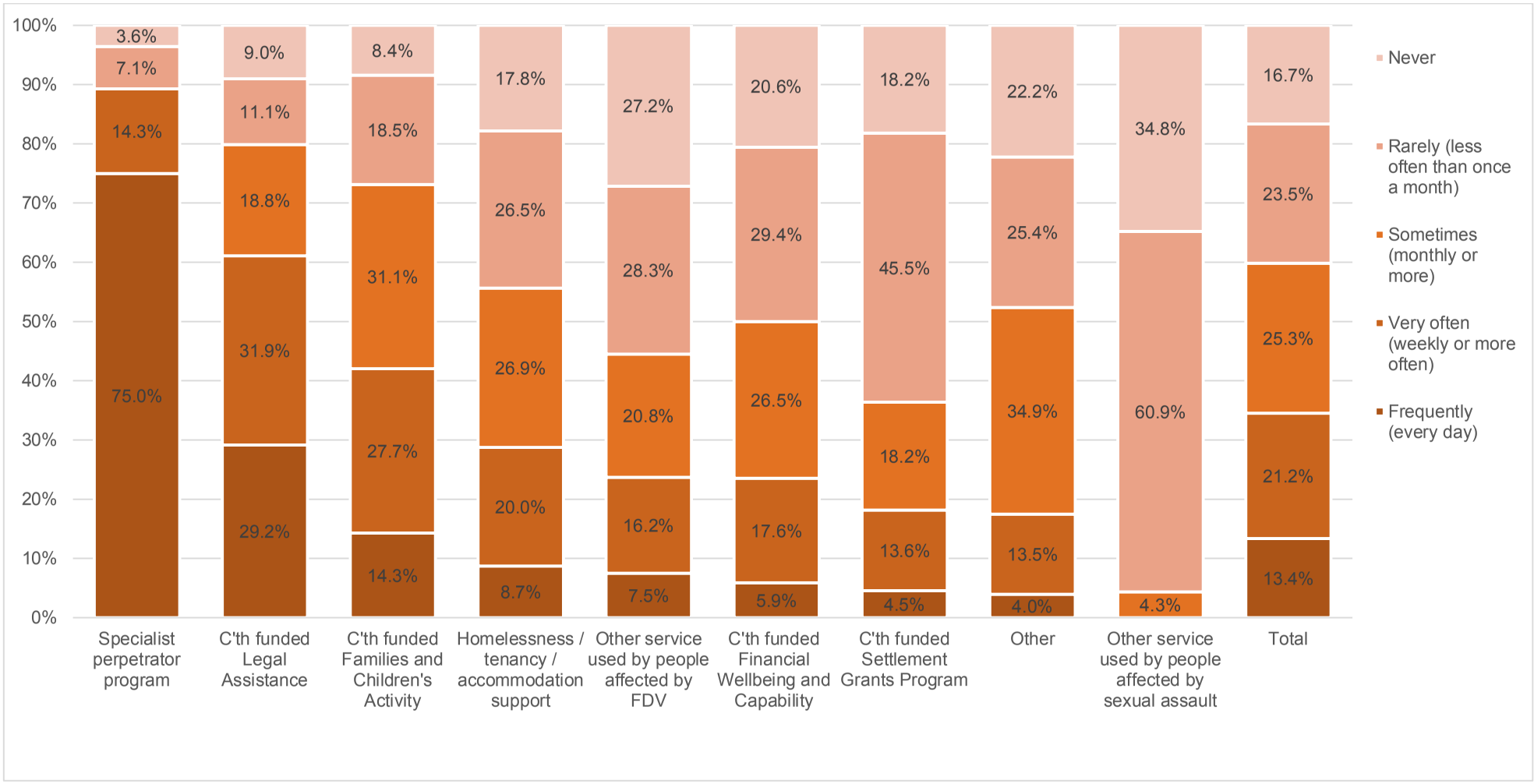
Notes: n=1146

Figure 3.3 Frequency of contact with victims of sexual assault, by main service type



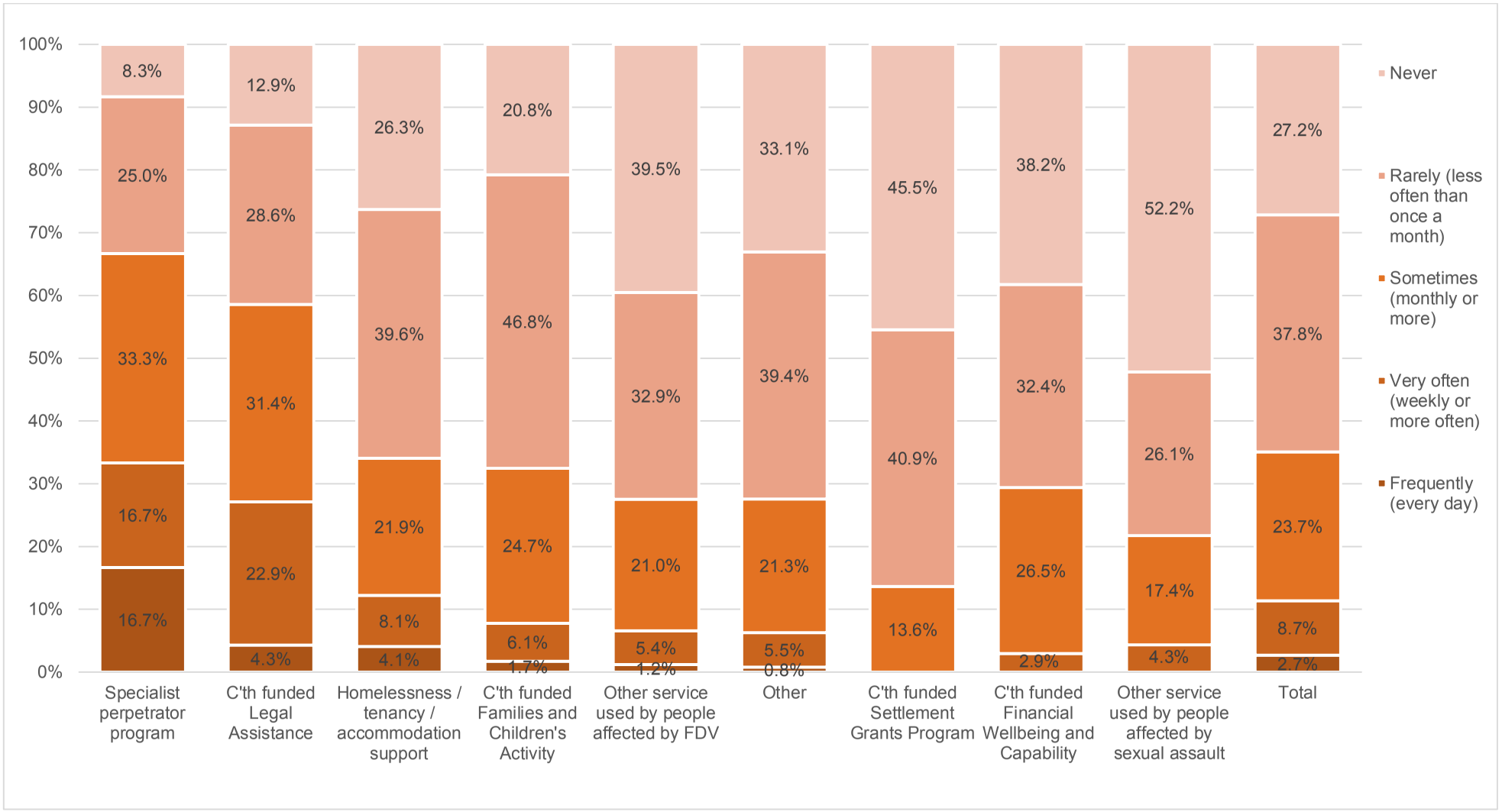
Notes: n=1098.

Figure 3.4 Frequency of contact with perpetrators of family and domestic violence, by main service type



Notes: n=1063.

Figure 3.5 Frequency of contact with perpetrators of sexual assault, by main service type



Notes: n=1038.

3.2 Main reasons for working with people affected by violence

The survey asked respondents, 'Thinking back, what was the main reason you chose to work in this type of service?' Despite being an open-ended question, there was considerable cohesion in the range of responses. Overall, the most common response related to the importance of contributing to the community or providing help to people in need. For example:

> Passionate about working with people struggling in today's society. Always wanted to help people move forward in their lives. (Senior manager, regional NSW)

> Because I wanted to assist with making changes to society and community and individuals. (Practitioner, regional TAS)

> Wanted to make a contribution. (Practitioner, urban SA)

Sometimes this desire to make a difference in people's lives related to particular groups, such as women, men, refugees, Aboriginal people, children, etc. Similarly, some spoke of their work as filling a particular gap in the local service system. Those working with perpetrators commonly responded that they were driven by the interesting, challenging nature of their work, and the opportunity to develop skills, as well as break cycles of violence, for example:

> To make a difference to the lives of young people - esp. young males - in order to help them be equipped to address difficulties that our families and schools can/do not teach them to address. (Frontline/support worker, urban NSW)

> The opportunity to break the cycle of family violence so that there are less victims of violence in the community - I could also see that in Tasmania there had not been a focus on funding perpetrator programs so men had an opportunity to change and was motivated to provide/lead that opportunity as a social justice issue. (Senior manager, regional TAS)

Many respondents wrote of particular belief systems and their 'passion' for the work they do. Most commonly they spoke of a commitment to social justice, and feminism was specifically mentioned as important by quite a few.

> I like to work in the community sector in a feminist service, I agree with the purpose and philosophy of the organisation. (Frontline/support worker, regional NSW)

Feminism was also important among those working with perpetrators, as many saw their work with perpetrators as a way to reduce the harm caused to women and children by holding perpetrators accountable. As one worker explained:

> I am passionate about women and children living safely and working with the broader community to hold perpetrators of this violence, predominately male, to account. I support women led services that can appropriately understand the gender roles that influence and inform negative beliefs about women that are the basis which perpetrators have for their violence against women. (Practitioner, urban QLD)

For some other workers, it was the workplace or the organisation that employed them that was the main reason they worked where they did. Mostly, they described a fit between their own belief system and that of the organisation. Others mentioned they liked their workplace because of the employment conditions. For example:

> Good working conditions and a desire to work in the social justice sector. (Practitioner, urban ACT)

> The quality of the organisation, culture and standard of care of the staff. (Co-ordinator/team leader, regional Queensland)

For others, their job was a good match for their skill set or their career trajectory.

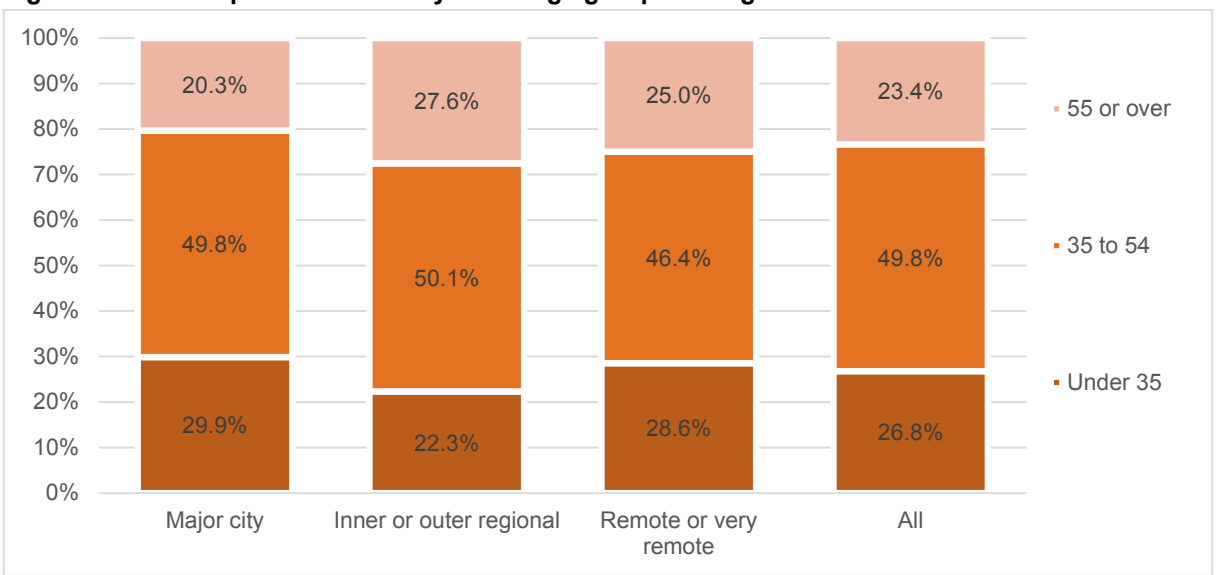
> [I am an] aged worker and I thought that this was the best opportunity to get employed, and I have worked previously in similar areas. (Practitioner, urban Victoria)

> I had been working in child protection area previously and wanted to move away from direct client work. This job was a good balance of counselling client work and technical work. (Co-ordinator/team leader, urban ACT)

3.3 Key characteristics of workers

Figure 3.6 provides a breakdown of respondents according to their broad age group, and the region in which they worked (further detail is in Appendix B, Table B-2). Around half of respondents were aged between 35 and 55 (49.8%), and a little over a quarter (26.8%) were under 35. The proportion of staff aged 55 or over provides an indication of the proportion of staff likely to retire in the next decade and underlines the need to attract more workers to the industry. The proportion of workers aged 55 or over was lowest in the major cities (20.3%) and highest in regional areas (27.6%).

Figure 3.6 Proportion of staff by broad age group and region



Notes: n=1134. See also Appendix B, Table B-2.

Of workers, the majority identified as female (83.4%), while 14.8% identified as male, and 1.8% did not identify with these categories, or preferred not to answer the question (see Figure 3.7). Workers were also asked about other characteristics and whether they identified as members of diversity groups. Around 1 in 4 respondents identified as having caring responsibilities, and 1 in 12 workers identified as LGBTIQ. There were also relatively high numbers of workers from Aboriginal and Torres Strait Islander backgrounds who responded (4.9%) and workers who spoke languages other than English at home (7.5%).

Figure 3.7 Indicators of workforce diversity

	Male		Female		Other / prefer not to say		All	
	n	%	n	%	n	%	n	%
Aboriginal and / or Torres Strait Islander background	11	6.4	44	4.6	1	5.9	56	4.9
Person with a disability	7	4.1	35	3.6	1	5.9	43	3.7
Speaks a language other than English at home	13	7.6	71	7.4	2	11.8	86	7.5
LGBTIQ	11	6.4	76	7.9	5	29.4	92	8.0
Person with caring responsibilities	20	11.7	206	21.3	2	11.8	228	19.8
All respondents	171	14.8	965	83.4	21	1.8	1157	100.0

3.4 Experience and qualifications

Experience

Most respondents had lengthy experience working in their current role, or in a role that was similar. Figure 3.8 shows that almost a third (31.4%) had been in their current role for over 5 years, while around double this (62.3%) had been in this or a similar role for more than 5 years. There were some differences according to workers' main service type. Almost half of respondents from Commonwealth-funded Financial Wellbeing and Capability services had been in their positions for 5 years or more, compared with 13.3% in perpetrator services, reflecting that the latter tend to be newer services. In all types of services, nearly 60% or more reported being in similar roles for 5 years or more (see Figure 3.8). Full data is in Table B-3 and B-4.

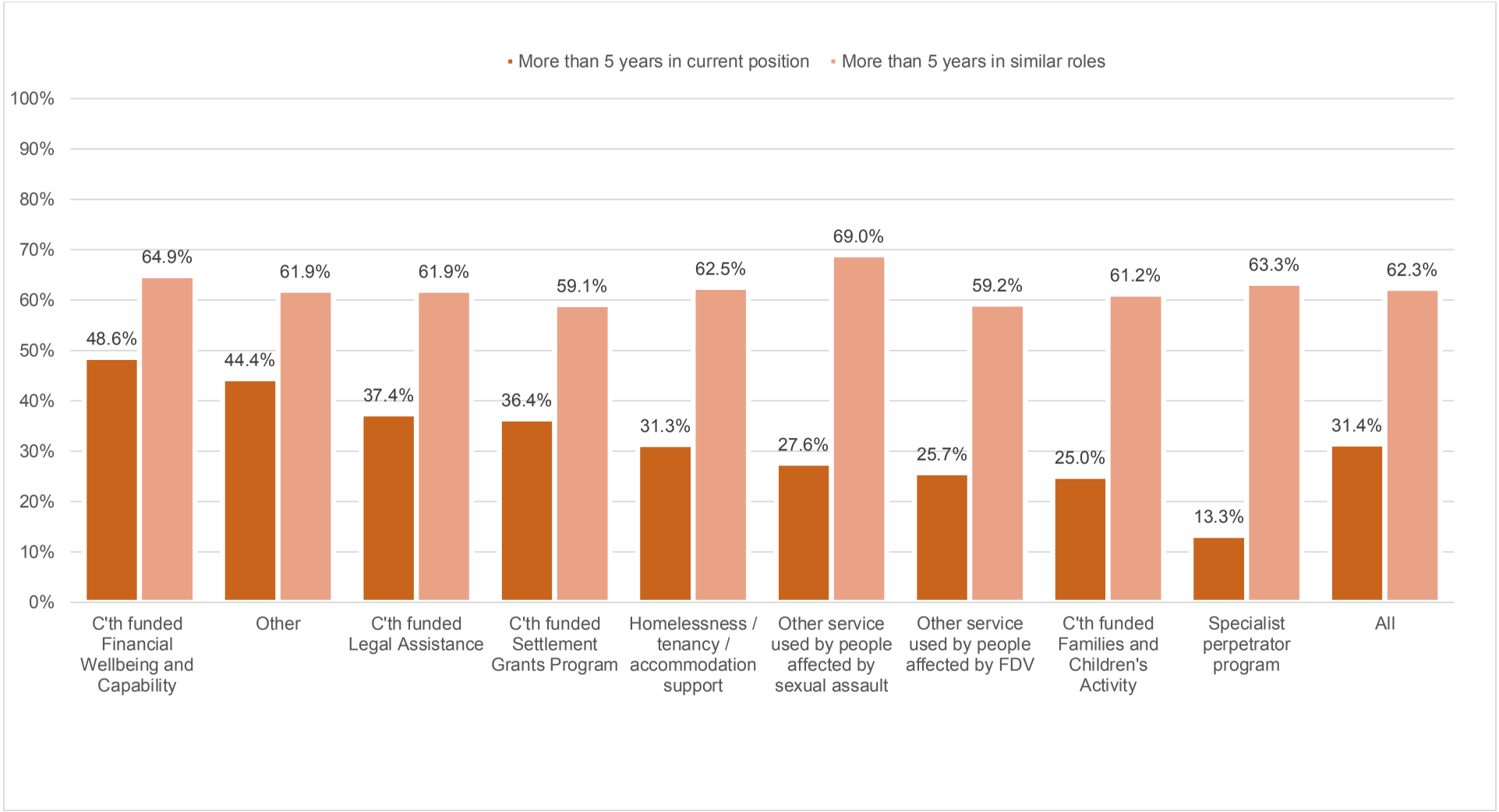
Qualifications

Respondent's highest qualification is shown in Figure 3.9. More than 1 in 3 (36.3%) had a bachelor-level qualification, and a further 30.5% had a postgraduate degree, and there was no difference in the proportion of workers in contact with victims and perpetrators who were degree qualified. Across the workforce, diploma level qualifications were held by 23.5% of respondents so were less common than degrees, while 9.7% had Certificate level or secondary school qualifications. Figure 3.9 also shows how the educational profile of the workforce differed by region. Notably, smaller proportions in regional and remote areas had university level qualifications, although the proportion of workers with postgraduate degree qualifications in remote or very remote areas was high (35.7%), perhaps reflecting the need for specialised skills in those areas. At the same time however, there was also a high proportion of workers without university level qualifications working in remote areas.

Figure 3.10 shows the percentage of respondents who reported their formal post-school qualifications prepared them 'very well' or 'extremely' well for working with people affected by violence, according to their main field of study. The highest proportion who agreed were in social work (29.5%), or in community services, youth work or welfare studies (28.9%). There was no difference for those working closely with perpetrators. However, the figure overall (22.0%) suggests a need for qualification pathways to improve preparation for work in DFV and sexual assault.

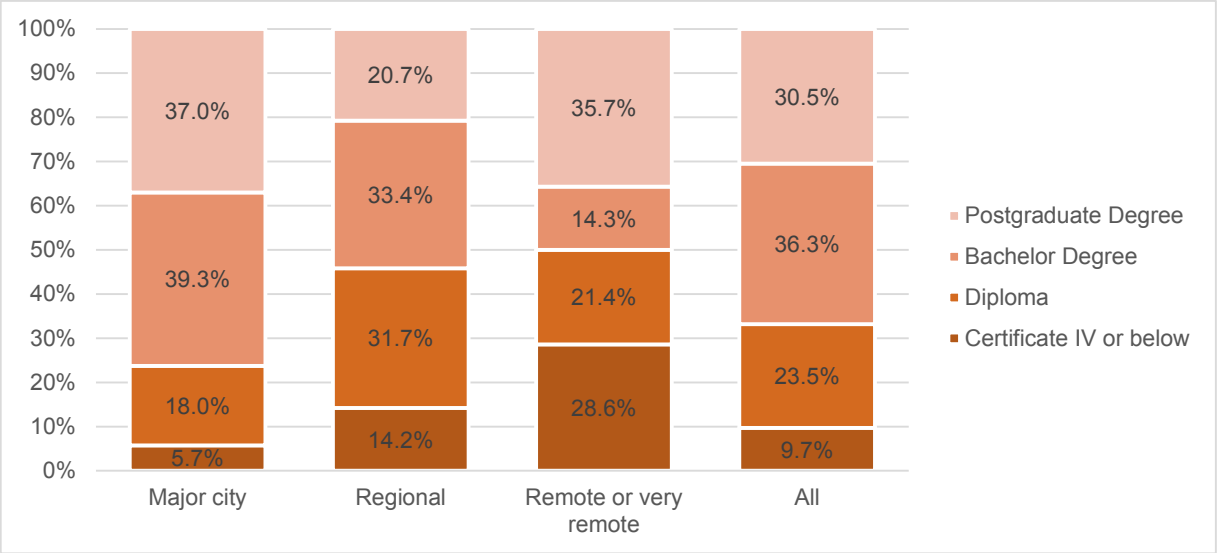
More than 1 in 5 respondents were currently undertaking a formal course of study (21.7%). This consisted mainly of people undertaking study related to their work in family and domestic violence and sexual assault (17.4%), and a further 4.2% who were undertaking study which was not related to the type of work they were doing. The proportion who were studying was not significantly different for those working closely with perpetrators and those who were not.

Figure 3.8 Proportion of staff with more than 5 years of experience in current position, and in similar roles, by main service type



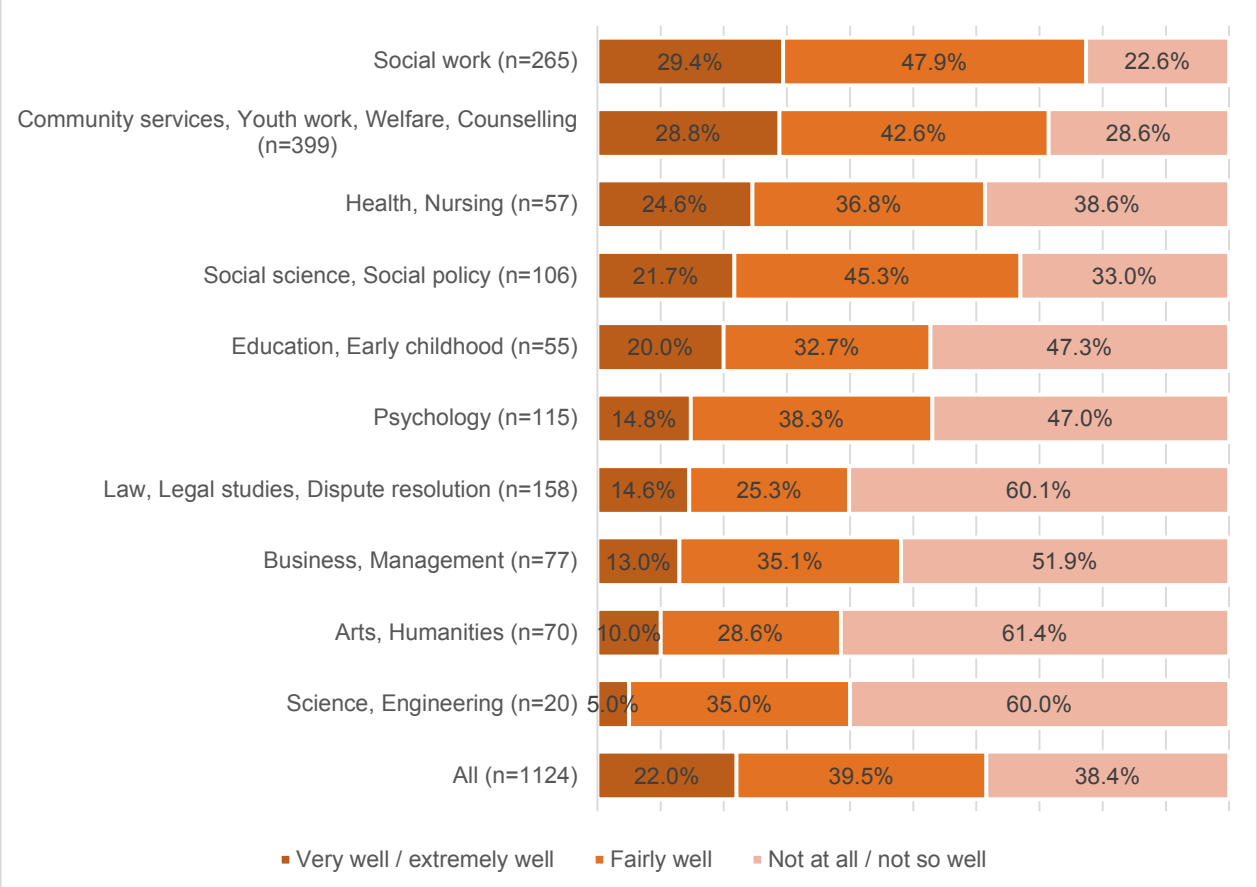
Notes: n= 1153 (years in current position) n=1154 (years in similar roles). Full data in Appendix B, see Table B-3 and B4.

Figure 3.9 Highest level of qualification, by region



Notes: n=1148

Figure 3.10 Percentage who reported their formal qualifications prepared them 'very well' or 'extremely well' to work with people affected by violence (%)



Notes: n=1124. Questions about field of study and perceptions of qualifications were asked of those with post-school qualifications only. More than one response could be given for field of study.

3.5 Employment arrangements

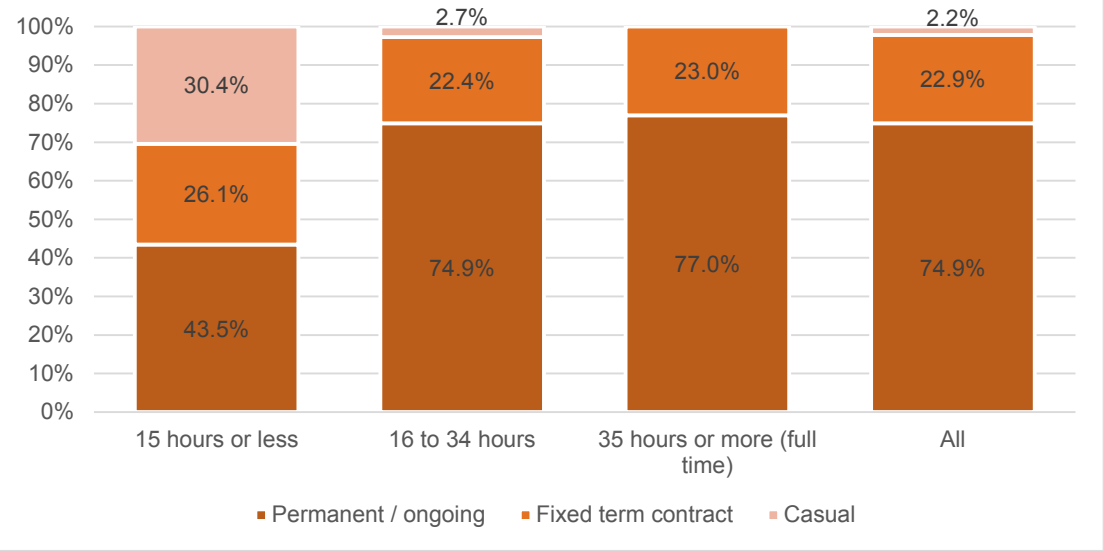
Most respondents (61.2%) were working full time (i.e. 35 hours or more per week) with the remainder working between 16 and 34 hours (34.8%) and 15 hours or less (4.0%). Among those working closely with perpetrators, higher proportions worked full time. Indeed, 70.4% of workers frequent (daily) contact with perpetrators of domestic violence worked full time, as did 70.2% of those in contact with this group weekly or more.

Of those working part time hours (i.e. less than 35 hours per week), the most common reasons were because of caring, personal or family responsibilities (38.8%), followed by a preference for part time work (29.9%), or because they could not get full time work (13.6%). Other reasons included working part time to reduce stress, burnout, vicarious trauma or compassion fatigue; to accommodate study; to phase in retirement; or because of funding constraints affecting the service, which meant resources were not available to support a full-time position.

Figure 3.11 shows the proportion of staff working on an ongoing, contractual or casual basis, according to their hours of work. Overall, three quarters of respondents were working on a permanent or ongoing basis, and 22.9% were employed on fixed term contracts. A relatively small proportion (2.2%) said they were employed casually. This is likely to reflect the difficulty in engaging casual workers in research. Indeed, the number of casual workers employed was higher, on average, according to service leaders' reports (see Section 9.1). Among worker respondents, higher proportions of those working short hours reported being employed on a casual basis. The contractual profiles of full time and longer hours part time workers were similar.

Almost a third of respondents said they were members of a trade union (32.3%) and a little less (29.0%) said they were a member of a professional association. Higher proportions of practitioners, including lawyers, counsellors, social workers and psychologists, reported membership of either unions or professional associations.

Figure 3.11 Usual working hours and type of employment



n=1157

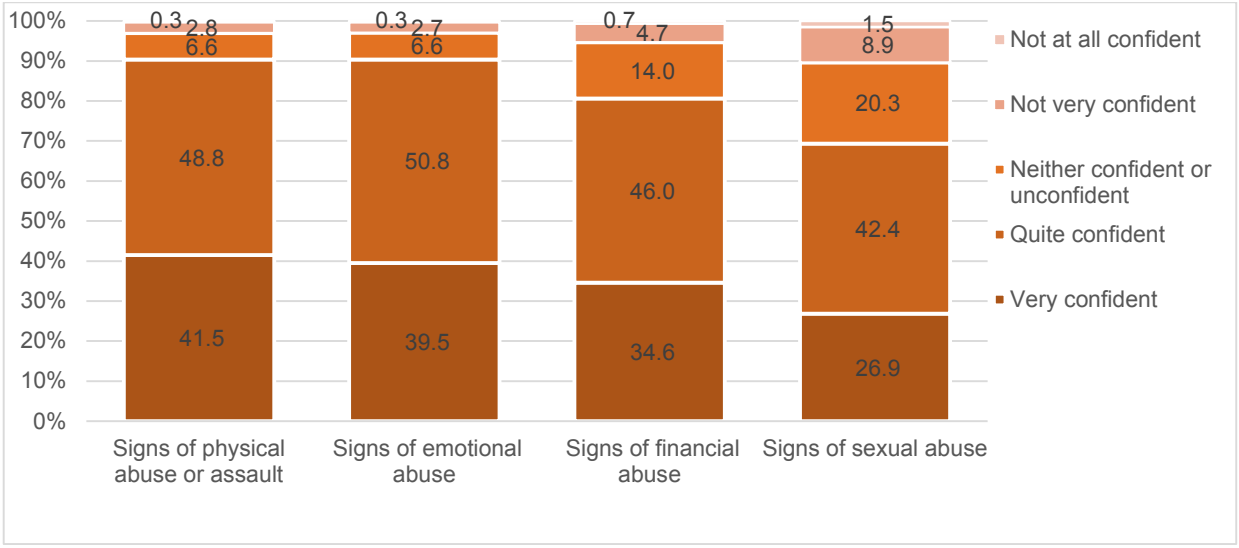
4. Recognising and responding to violence

This section shows workers' confidence in their capacity to recognise different forms of abuse (Section 4.1), to meet various aspects of clients' needs (Section 4.2), and to work with particular client groups (4.3). It also reports their perceptions of levels of resourcing in their services, captured in terms of clients' access to services, and staffing levels (Section 4.4).

4.1 Recognising signs of abuse

Respondents were asked how confident they felt in recognising signs of physical, emotional, financial and sexual abuse. For each form of violence, most employees felt very confident or quite confident in identifying signs. However, more were confident with recognising physical and emotional abuse, and more said they were not very confident recognising financial or sexual abuse. This depicted in Figure 4.1. Further data, with a breakdown by field of study is in Figure 4.2, and Appendix B. Field of study data (Figure 4.2) shows some differences in levels of confidence. Among those with qualifications in psychology, social work, social sciences, and community services, higher proportions of staff felt confident identifying each form of violence. However, differences between disciplines were not large. The levels of confidence in recognising signs of abuse were similar between those with victim contact and participants who had contact with perpetrators of domestic violence.

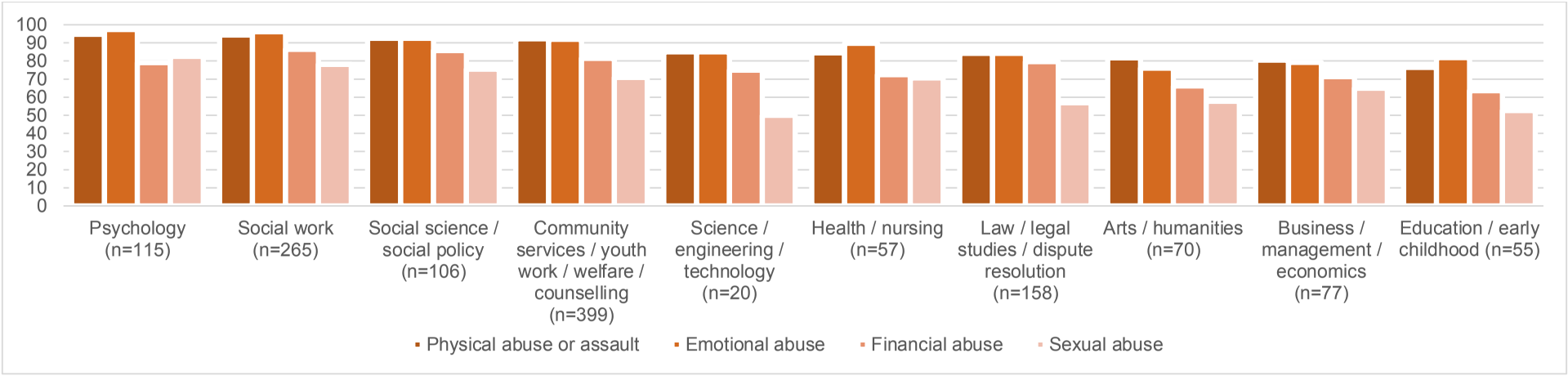
Figure 4.1 Level of confidence in recognising signs of abuse



n=1152

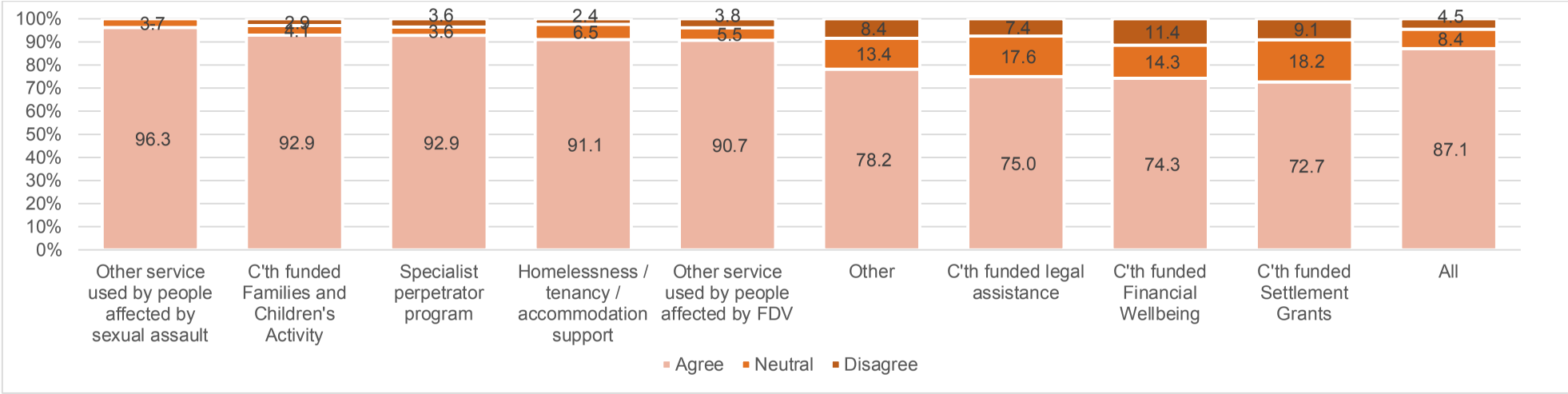
In addition to being asked about their confidence in identifying different types of abuse, workers were asked how strongly they agreed with the statement "I am confident screening for risk and identifying safety needs". Results are shown in Figure 4.3 according to respondents' main service type. As would be expected, higher proportions of staff agreed with the statement among those working in services with specific focus on violence and family safety, such as sexual assault services, Commonwealth Family and Children's Activity services, and perpetrator programs, whereas there were lower proportions of staff who felt confident in services focused on financial assistance or settlement.

Figure 4.2 Proportion who felt they were 'confident' or 'very confident' in recognising signs of different forms of abuse, by field of study



Note: Field of study was captured for those with post-school qualifications only. More than one response could be given for field of study

Figure 4.3 Proportion who agreed with the statement " I am confident screening for risk and identifying safety needs", by main service



Note: n=1095

4.2 Meeting client needs

The survey asked respondents how well equipped they were for various aspects of their practice, and for meeting different types of needs. More than half felt they were either well equipped or very well equipped for each aspect of practice, and this was also the case for those working closely with perpetrators of domestic violence and sexual assault. Across the workforce, a high proportion said they were well equipped or very well equipped for meeting immediate safety needs (39.6% and 35.7% respectively). High proportions also said they were well equipped in meeting counselling and therapeutic needs. Smaller proportions of respondents felt well equipped or very well equipped for meeting financial or housing needs (see Figure 4.4).

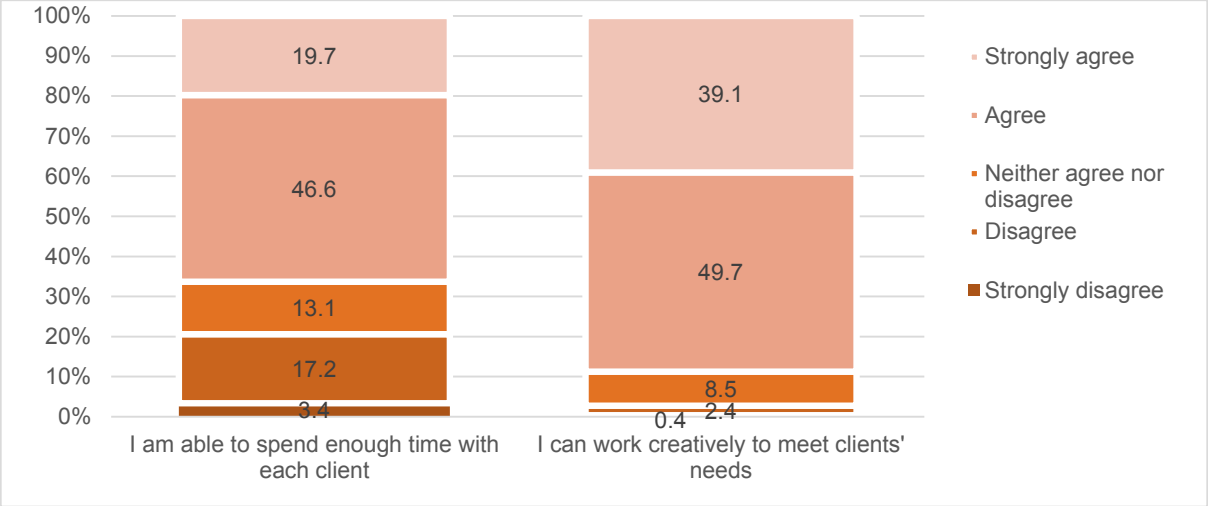
Figure 4.4 Workers' perceptions of how well equipped they were for meeting client needs

n=1144

The survey also captured workers' perceptions of their capacity to meet client needs through questions about the adequacy of time spent with clients, and whether they felt able to work creatively to meet needs (Figure 4.5). Around two thirds (66.3%) agreed or strongly agreed with the statement "I am able to spend enough time with each client", although 1 in 5 (20.6%) disagreed or strongly disagreed. Among those in frequent (daily) contact with perpetrators of domestic violence, a lower proportion agreed with the statement compared with all workers (60.7% compared with 66.3%), and a smaller proportion disagreed (20.6% compared with 24.3% among all workers). Figure 4.5 also shows that most respondents agreed or strongly agreed they were able to work creatively to meet clients' needs (88.8% combined) and very few (2.8%) disagreed.

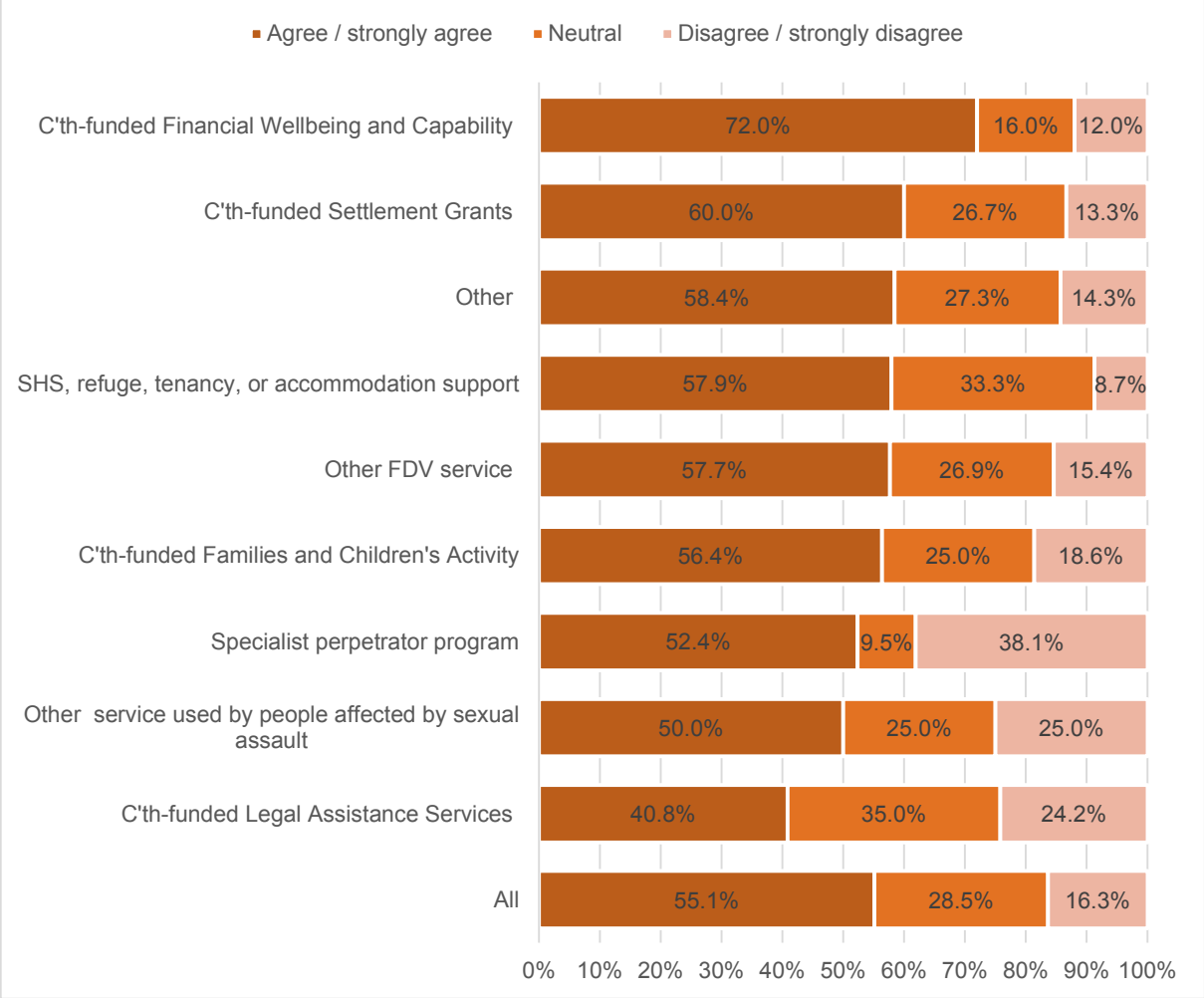
A further indicator of capacity to focus on client needs is frontline practitioners' perceptions of their paperwork, which is often seen to distract frontline workers from direct work with clients. For this reason, the survey asked how strongly respondents agreed or disagreed with the statement "I have too much paperwork to do". As administrative work may be the focus of other workers' jobs, here we analyse responses for those who said they were practitioners or other frontline / support workers, along with team leaders and co-ordinators. Results are shown in Figure 4.6, by main service type. This shows that a little over half (55.1%) agreed or strongly agreed with the statement. However, this ranged from 40.8% in Legal Assistance services to 72.0% in Financial Wellbeing and Capability services.

Figure 4.5 Proportion of respondents that agreed and disagreed with statements on working with clients



n=1153

Figure 4.6 Proportion of frontline workers who agreed with the statement "I have too much paperwork to do", by main service type



n=771

4.3 Working with particular client groups

Workers were also asked how well equipped they felt to meet the needs of particular client groups. Figure 4.7 shows that higher proportions felt they were 'well equipped' for meeting the needs of parents and carers (71.4%) and children (65.3%), but lower proportions felt 'well equipped' with respect to other client groups. Further data is in Appendix B, Table B.6.

Figure 4.8 shows that as would be expected, the proportion who felt 'well equipped' or 'very well equipped' for generally meeting the needs of perpetrators was higher among those working closely with this client group. While only 32.6% of all respondents indicated they felt 'well equipped' to meet the needs of perpetrators, this was higher, but still not universal, for those in daily contact with perpetrators (68.3%). A closer look at how workers in contact with perpetrators perceived their skills, is below, in Figure 4.9.

Figure 4.7 Proportion of respondents who felt 'well equipped' or 'very well equipped' for meeting the needs of particular client groups

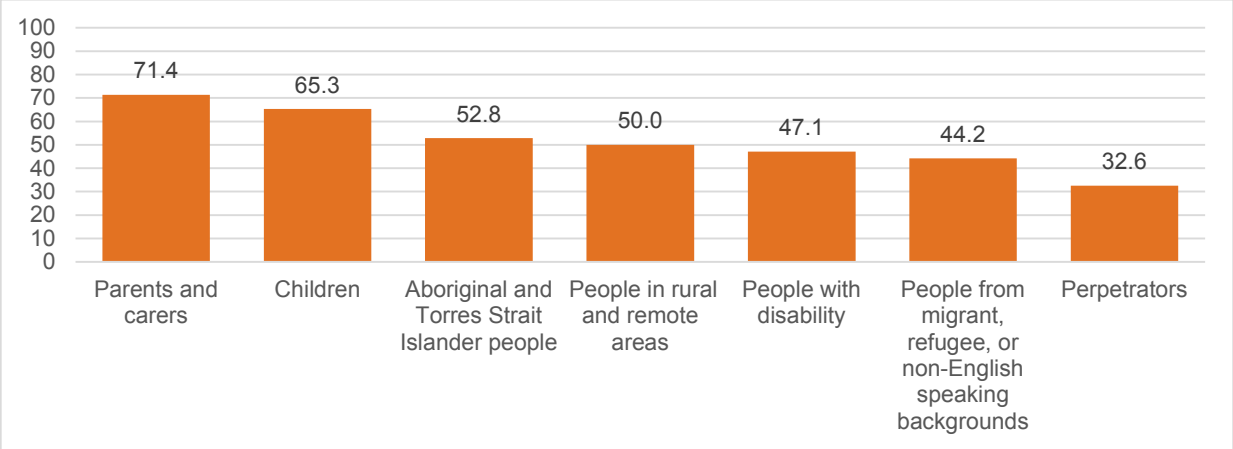
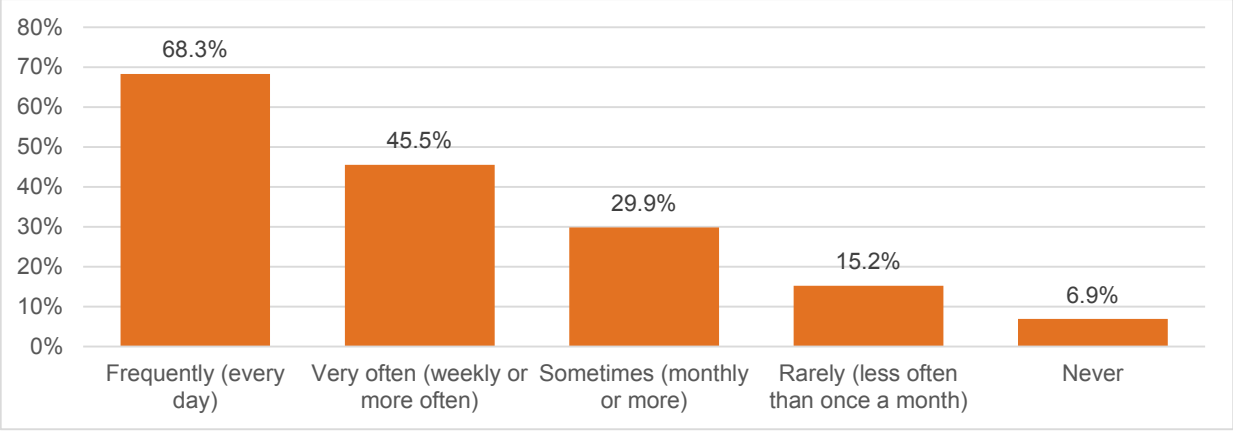


Figure 4.8 Proportion who felt 'well equipped' or 'very well equipped' for meeting the needs of perpetrators, by frequency of contact with perpetrators of domestic violence



The survey also gave respondents the opportunity to describe more fully what would help them work with a range of client groups. It asked, 'Is there anything that would help you to work more effectively with particular groups of clients who may be affected by violence?'

The majority of respondents thought that training would be most helpful. Many wished for training in supporting specific groups including Aboriginal and Torres Strait Islander people, LGBTIQ people, asylum seekers and people with experiences of homelessness:

> We need to understand Aboriginal understandings and experiences of family violence and responses to it. We need to understand women from migrant backgrounds better as well. We need to understand women and men survivors from LGBTI backgrounds, especially trans women and men. We need to understand the experience of seeking asylum and how that intersects with family violence. We need to understand the experience of women who have experienced long periods of homelessness. (Frontline support worker, urban Victoria)

These groups were raised by others too, plus the particular needs of children, and the importance of training to work with perpetrators of violence.

Some of those who wished for training were not working directly with people affected by family violence. For example, one respondent said they would find it would helpful to have training that:

> …is targeted at people…who might receive contact from the public about family violence. My job is in marketing and communications for a non-profit organisation providing family violence services, among other services. I manage and moderate the organisation's social media channels. I didn't receive any training in responding to people about family violence when I started, but it comes up reasonably regularly in comments and messages on social media. (Communications worker, urban Victoria)

Many noted a need for training that was ongoing and regular:

> The opportunity to access continuing training, especially in counselling as new concepts for delivery and refreshers for counselling techniques would be useful. As a casual, part time employee there seems to be limited training opportunities, and those that are offered are more likely to be allocated to full time workers. (Frontline support worker, urban SA)

As in the quote above, workers also noted that training should be is widely available to casual and part-time employees, and also to people outside metropolitan areas.

The next most common response related to the services available to support clients. Many felt that specific services were needed in addition to their own, in order to support people affected by violence. Housing was the most frequently mentioned service, with many stating that current housing services did not adequately meet the needs of their clients for ready access to safe, affordable and flexible housing. Many also suggested more services and programs should be made accessible to perpetrators, for example:

> Having behaviour change programmes to refer perpetrators to. (Senior manager, NT)

> Better funding opportunities for work with perpetrators- need more option to run group work options as well as individual counselling- still consider the investment in DFV is on women and children as victims but to change the cycle and breadth of impact we need solid programming and support for men to change their behaviours… Men are often reticent to use a service offered by a DFV specialist service and we need to make programs more accessible to enable us to address the issue and keep women and children safe. (Senior manager, QLD)

The other additional services that workers felt were needed were wide ranging and often very specific. The following quotes are just some examples, among these are comments underlining the need for CALD services, services for people with disability, and others.

> As I live and work in a rural and remote area, services for the CALD community are basically non-existent, even though we have a growing multicultural community. (Frontline support worker, regional Victoria)

> Longer term follow-up with survivors to determine whether repeated brain injury (concussion) has either resulted in permanent brain injury and cognitive impairment as this can affect their self-esteem and result in loss of capacity to engage with anyone outside the family. (Senior manager, urban WA)

> More services are required to run alongside services that currently exist. i.e. My program focuses on children, what we need is a program that can hold and support the needs of the mothers. (Practitioner, regional Victoria)

> [There is a] lack of services available in regional area's as well as low level of highly trained individuals. For example teenagers […] have to travel to the regional cities, which is roughly an hour or two. This is not always possible due to family finances, safety and limited bus service. (Frontline support worker, regional Victoria)

Many respondents also pointed to a need for better collaboration between services.

> A system that works together and supports/reinforces any steps we put in place with clients i.e. the Police, [child protection], legal systems and so forth all have a collective understanding about identifying DV (or referring to those who can), accountability, non-blaming language, supportive approaches to clients. Also a shared goal of increasing safety AND addressing the individual using violence and draw on each other's strengths […]; as opposed to ticking a box of having completed 'their part'. (Practitioner, urban WA)

> A more coordinated and collaborative approach between services, particularly health, housing and family violence. (Practitioner, urban Victoria)

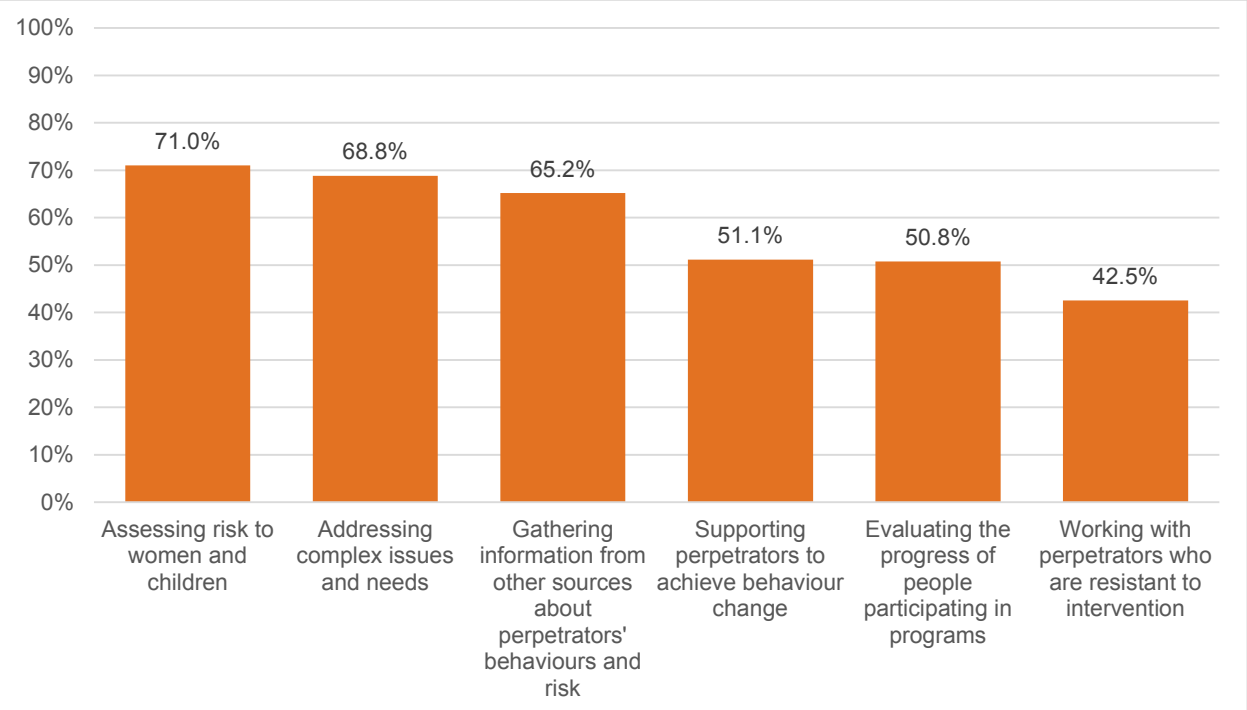
Related to collaboration and to a need for additional services, were a sizable number of respondents who wished for better, clearer and up-to-date referral pathways.

4.4 Working with perpetrators

To provide closer insight into the self-assessed competence of respondents working with perpetrators, this group were asked some additional questions about their work with perpetrators, and how well equipped they thought they were in relation to various aspects of their role. Of those working with perpetrators, the majority (60.1%) worked directly with individuals only. A further 16.4% performed direct work with both individuals and groups, and 4.0% performed direct work with groups only. A further 19.5% selected 'other', which included those involved in family dispute resolution, assessment and referral to perpetrator programs, parenting interventions, family therapy, capacity building work with staff, and legal advice.

Table A-10 provides a breakdown of how well equipped workers thought they were in relation to various demands of their work, according to their frequency of contact with perpetrators of domestic violence. A summary is provided in Figure 4.9. This shows variation in the proportion who felt 'well equipped' or 'very well equipped' on each aspect of practice. While around 7 in 10 of those frequently in contact with perpetrators of domestic violence felt 'well equipped' to assess risk to women and children (71.0%) and to address complex issues and needs (68.8%), around 4 in 10 felt they were 'well equipped' to work with perpetrators who were resistant to intervention (42.5%). Around half felt 'well equipped' to support behaviour change (51.1%) and to evaluate the progress of participants (50.8%). However, workers who were more frequently in contact with perpetrators of domestic violence generally felt better equipped in these aspects of their practice (see Table A-10). Notwithstanding, the data indicates concerns about skill levels are well founded, and underlines the importance of developing skills and knowledge for working with perpetrators.

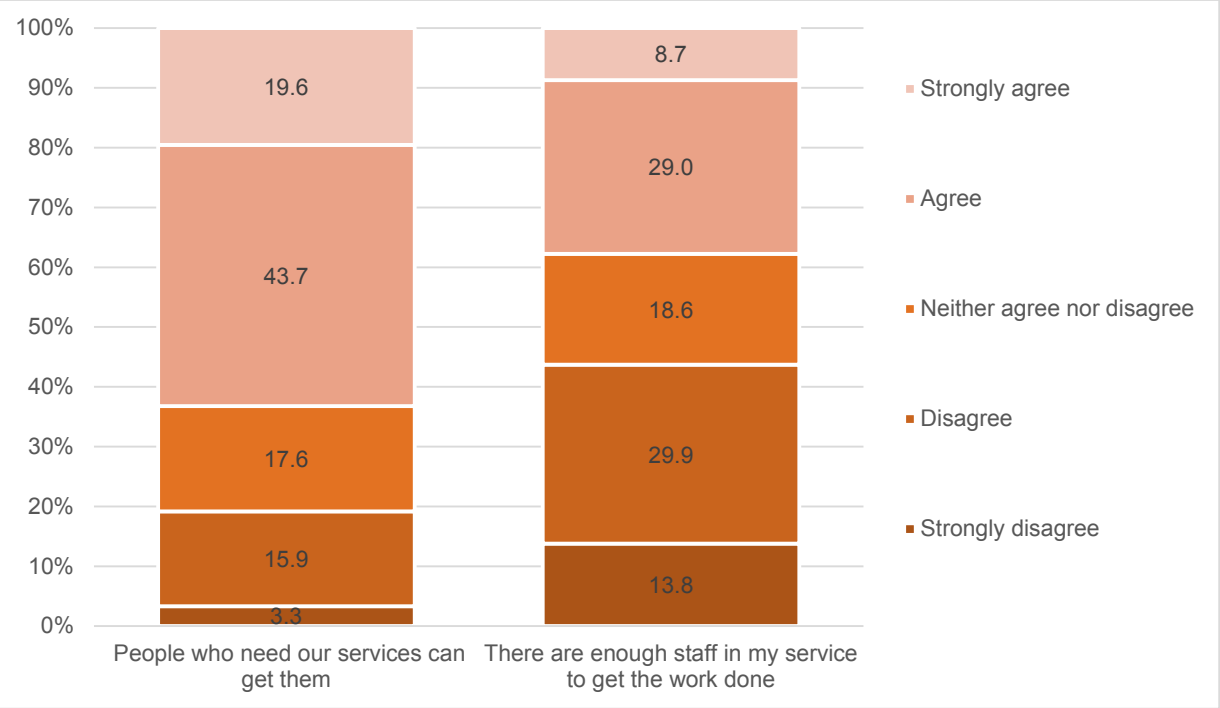
Figure 4.9 Proportion of workers in contact with perpetrators who felt 'well equipped' or 'very well equipped' for various aspects of their practice with perpetrators



4.5 Perceptions of resource adequacy

Adequate resourcing underpins workers' capacity to meet client needs (see Figure 4.10). For this reason, respondents were asked how strongly they agreed or disagreed with two statements designed to capture resourcing in their service. Results are shown below. Overall, almost two thirds (63.3%) agreed or strongly agreed with the statement "People who need our services can get them", however, a substantial proportion (around 1 in 5, or 19.2%) disagreed or strongly disagreed. Lower proportions agreed with the statement "There are enough staff in my service to get the work done". Around 37.7% agreed or strongly agreed this was the case, which was less than the proportion that disagreed or strongly disagreed (43.7% combined).

Figure 4.10 Proportion who agreed with statements about resourcing



n=1149

Comments provided by respondents throughout the survey also reflect that many are concerned about sector resourcing. Although the survey didn't specifically ask, several respondents took the opportunity to comment on the level of services available outside their organisation. Several felt services were insufficient for a range of groups, types of services and in particular locations. These included perpetrator programs; family and domestic violence services for Aboriginal communities; services for young people; legal support; refuges, emergency and community housing; and services in rural communities.

5. Workers' perspectives on aspects of practice

This section provides a closer look at aspects of workers' practice, including their use of therapeutic frameworks (section 5.1), levels of confidence in collaborating (section 5.2), and the use of outcome measurement (section 5.3).

5.1 Use of therapeutic frameworks

One in three respondents (34.0%) answered positively to the question of whether they provide counselling or therapy to people affected by DFV or sexual assault. Of this group, 71.8% said there was a model or therapeutic framework they used when working with clients. This group were then asked to briefly describe the model or therapeutic framework used. The most common responses referred to overall principles or approaches rather than specific frameworks, most commonly trauma informed, strengths-based and feminist. Many respondents nominated more than one of these and around 20% of respondents also included the phrase client/victim/woman centred. Narrative therapy was the most commonly cited therapeutic model and smaller numbers specified CBT, the Duluth model, or family functional therapy. Many comments nominated or implied multiple, eclectic approaches rather than specific programs, for example:

> Solution focussed, client centred, narrative therapy, informed by trauma and attachment theories and a systems approach. (Practitioner, regional NSW)

> Strength based, narrative that includes trauma informed practice and is client led. (Practitioner, urban QLD)

> Strengths based, solution focused, trauma informed. (Practitioner, urban VIC)

Among those working closely with perpetrators (i.e., in contact with perpetrators on a daily basis), respondents similarly described using a mix of frameworks, for example:

> A mix of many frameworks, including strength based, feminist, narrative therapy, psychoeducational, trauma informed. (Practitioner, urban Victoria)

When asked to describe the training that they have had to apply this model or therapeutic framework, 265 people responded. In keeping with the responses to the questions about models and frameworks, around half of the responses to this question nominated university or vocational qualifications, rather than specific training courses or programs. These responses included the words diploma, degree, university, bachelor and certificate. Other responses referred to professional development and on the job training, short courses and workshops, and specific training for programs and modules.

5.2 Collaboration

Respondents were asked about how confident they felt with four aspects of collaboration: sharing information, referring clients, developing relationships with other organisations, and working with other parts of their own organisation. Results are shown in Figure 5.1. Relatively high proportions (over 50%) felt very confident with each aspect of collaboration, with the exception of sharing

information with other services, which was (43.1%). On each measure, relatively few said they did not feel very confident.

Figure 5.1 Level of confidence with aspects of collaboration

	Sharing information with other organisations		Referring clients to other services		Developing relationships outside of your organisation		Working with other parts of your organisation (eg other services, central office)	
	n	%	n	%	n	%	n	%
Very confident	484	43.1	609	54.1	586	51.8	598	53.0
Quite confident	486	43.2	443	39.3	427	37.8	405	35.9
Neither confident or unconfident	99	8.8	43	3.8	82	7.3	81	7.2
Not very confident	48	4.3	28	2.5	33	2.9	33	2.9
Not at all confident	7	0.6	3	0.3	3	0.3	12	1.1
All	1124	100.0	1126	100.0	1131	100.0	1129	100.0

Respondents were also asked what would help them collaborate more effectively. Some used the opportunity to explain that collaboration was a strength of their service, however, many felt additional supports were required. Some suggested time or other resources were required, such as time to attend networking meetings. For example:

> The time for interagency meetings simply to build rapport and relationships/partnerships. I mostly do this via phone and email however person to person meetings would be a better approach. (Frontline/support worker, urban WA)

> Due to funding of direct client times it is often difficult to build networks outside of agency as often focused on service delivery in a currently very stretched service. (Practitioner, regional QLD)

Others suggested better knowledge of the services and systems available, or more specific protocols or systems to facilitate collaboration. For example:

> Access to shared data bases for to support effect case planning, opportunities to communicate with family law court services/ mental health services, child protection etc . As an NGO it can be a challenge to collaborate and influence positive outcomes for with some of the statutory bodies. (Senior manager, urban NSW)

> Identifying a Lead Worker in the service providers who is supported (by the funding body and by training) to oversee and convene the collaboration. (Practitioner, urban ACT)

In some cases, workers felt collaboration could be better made a requirement of funding and service delivery:

> Having the requirement of collaboration with local services written into service agreements. (worker, regional TAS)

Others suggested initiatives to expose staff to a wider range of services and to improve information about other services, and to build personal relationships:

> A better idea of current capacity/vacancies at services to avoid referring clients into services that have a 6month+ wait time. (Practitioner, urban ACT)

> Being given the opportunity to meet with workers from other organisations, for example at local network meetings, would be helpful. (Practitioner, urban VIC)

> Good quality services, with good workers allow good referrals and information share; but it is personal relationships with other workers that allows the best outcomes as these relationships allow safe and transparent information sharing and referral pathways. (Practitioner, urban NSW)

Some felt competition in the sector was not conducive to collaboration. Examples include the following statements:

> Competitive tendering makes services protective of information, thereby preventing effective collaboration (Practitioner in remote area, NT)

> For other community service organisations to be open to dropping their guard and working together - but that also requires funding bodies to allocate funding differently to avoid competitive tendering and therefore siloed service provision. (Co-ordinator / team leader, VIC)

> I've found the field to be very competitive and a lot of services can be very selective in the referrals that they will accept. (Practitioner, urban area NSW)

5.3 Outcome measurement

Respondents were asked how strongly they agreed or disagreed with the statement "I am confident in measuring outcomes". Figure 5.2 shows that in each service context, at least half of respondents agreed or strongly agreed. However, higher proportions were confident in some

services: those focused on sexual assault for example, while those in specialist perpetrators programs and legal services were less likely to say they were confident with this aspect of their work.

Figure 5.3 shows the proportion of respondents who said the outcomes of their interventions were measured all of the time or most of the time. This ranged from 60.0% of respondents in those services focused on delivering services associated with Commonwealth Families and Children Activities, to 31.0% in Legal Assistance services. Some added comments to contextualise this, stating for example "continual quality improvement, reviews of case plans and frequent client contact" (frontline worker, regional NSW), or "I would like to do more but it is not a key focus of my agency" (practitioner, urban Victoria) and "Lots of outcomes get measured, but they're not usually client related!" (Co-ordinator / team leader, regional VIC)

The most common type of outcome measures used were those specifically developed by the agency (reported by 46.4% of respondents), measures required by a regulatory body or funder (46.3%), workers' own observations or professional judgment (35.6%), and standardised measures (23.5%).

When asked about measuring outcomes, 294 participants responded to the question, ‘Do you have any comments on outcome measurement practices in your service, and how they could be improved?’ Their responses were diverse and categorised into themes. The five themes which emerged, and illustrative quotes for each, are presented below. First, some reported that while activity and output measures are used, outcomes measures need to be developed. For example:

> Measures developed by an external body would be helpful. A reduction in data entry/onerous reporting required by funders would assist with creating time for outcome measurement. (Senior manager, regional VIC)

> I believe that the numbers of clients nor the days they are with the service does not measure the real outcome. (Practitioner, regional QLD)

A second set of comments highlighted that monitoring and data entry is onerous and not always meaningful. For example:

> We are struggling to find a balance between meeting requirements to collect outcomes measures and to make it meaningful to the work and the client group (CEO in urban area, QLD)

A third set of themes made the point that outcomes are complex to measure for clients of DFV/SXA services given the nature of their circumstances and support needs, and that the measures services are obliged to report do not reflect the ‘real’ work services do. Examples included:

> It is difficult to measure the flexible, holistic approach required to work with this complex client group. (Practitioner, urban VIC)

Figure 5.2 Proportion of respondents who agreed or strongly agreed with the statement "I am confident in measuring outcomes" (n=1154)

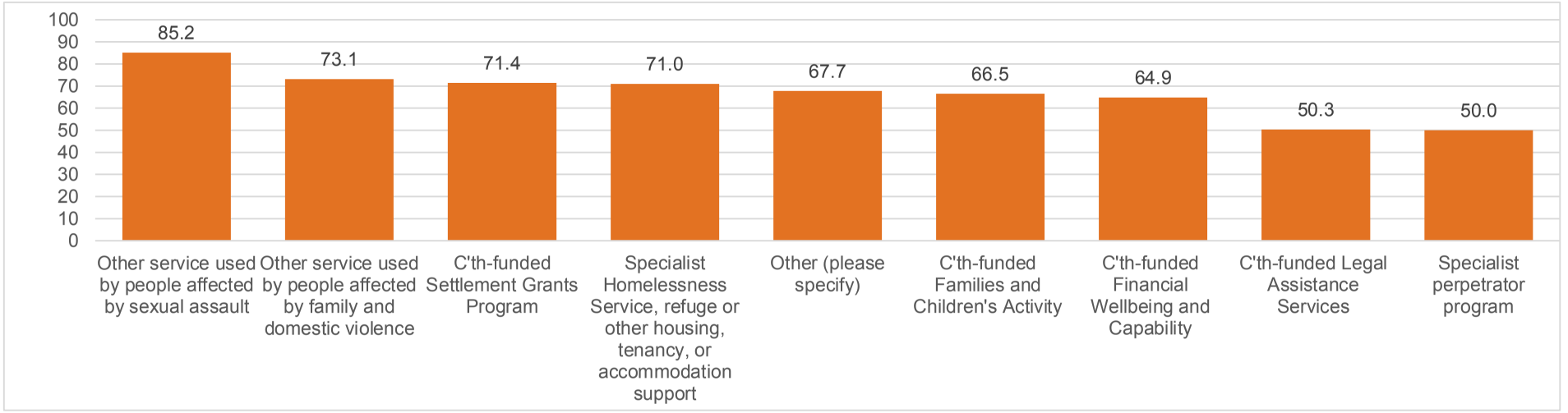
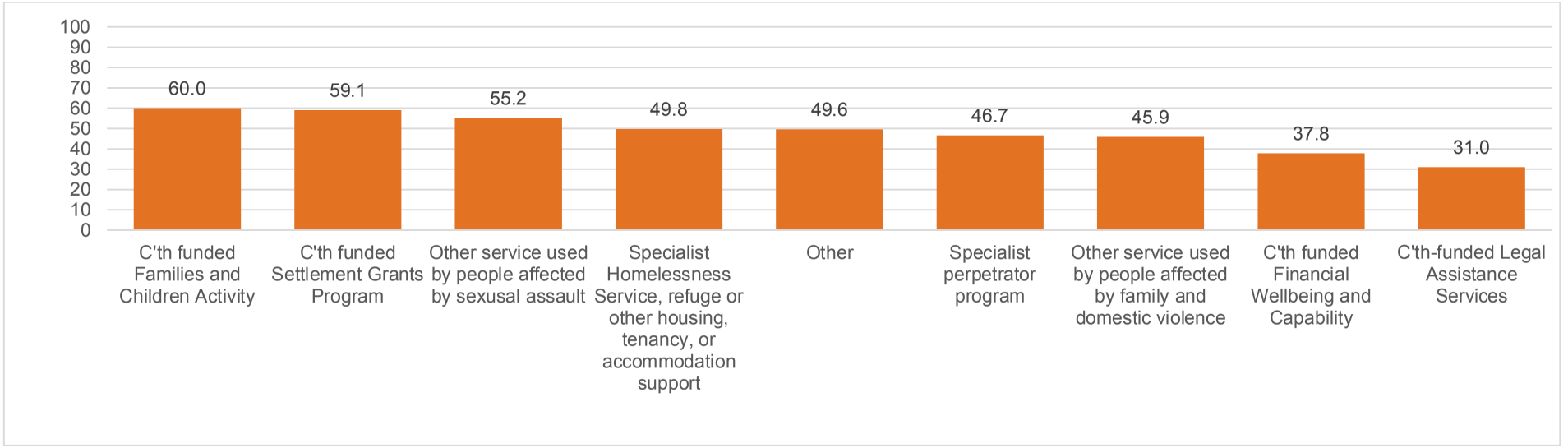


Figure 5.3 Proportion of respondents who reported that outcomes of their interventions were measured 'all of the time' or 'most of the time' (n=1157)



> “Success” varies. This makes it difficult to measure outcomes. […] I would be reluctant to see resources diverted from actually providing assistance, so any additional outcome measurement would need to be properly funded. (Manager, regional TAS)

> I work in law. It's difficult to define a successful outcome, especially when acting for alleged perpetrators. (Practitioner, urban VIC)

A fourth set of themes identified that outcomes measurement is a strength in the organisation.

> I feel we have designed a fairly comprehensive outcome measurement strategy. (Research officer, urban VIC)

> Regular measurement practices are in place already and they are working well. (Other frontline / support worker, regional QLD)

A final theme in respondents' comments indicated that outcomes measurement is an identified area for development. For example:

> Monitoring and evaluation is unfortunately a weakness at my organisation. This is both cultural - it hasn't traditionally been valued by senior management - and due to resources. We are so resource poor that money goes into front line services, and not enough is remaindered for proper monitoring and evaluation.’ (Co-ordinator / team leader, urban VIC)

6. Worker perspectives on training and support

This section discusses workers' reports of their access to and participation in training and development relevant to domestic and family violence and sexual assault along with management or leadership training. It also examines peer support and induction, which are other supports accessed by workers.

6.1 Training

All respondents were asked how many days, in the last 12 months, they had spent on training which was relevant to family and domestic violence and sexual assault. As would be expected, those in most contact with victims were both more likely to participate in any relevant training, and to receive more days of training. Figure 6.1 shows that among those who were only sometimes in contact with victims of DFV (i.e. monthly or less often), 44.4% had not received relevant training in the last 12 months. However, among workers focused on supporting victims (i.e. those who were in frequent contact with them), the figure was much lower (15.4%). While almost a third of those in frequent contact with victims of DFV had 1 or 2 days of training in the last 12 months, many had received larger amounts of training. A similar trend is evident in relation to workers' level of contact with victims of sexual assault. Among those in frequent contact with victims of sexual assault, there were higher proportions who reported receiving any relevant training, and higher levels of training were reportedly received. This is shown in Figure 6.2

Figure 6.3 shows that those in daily contact with perpetrators of DFV tended to be more likely to receive larger amounts of training and were less likely to report that they had none. This was also apparent among those working with perpetrators of sexual assault on a daily basis (Figure 6.4). However, there are still substantial proportions who are working closely with perpetrators and who did not receive relevant training during the 12-month period.

Figure 6.1 Number of days of domestic violence or sexual assault related training undertaken in last twelve months, by frequency of contact with victims of DFV (n=1146)

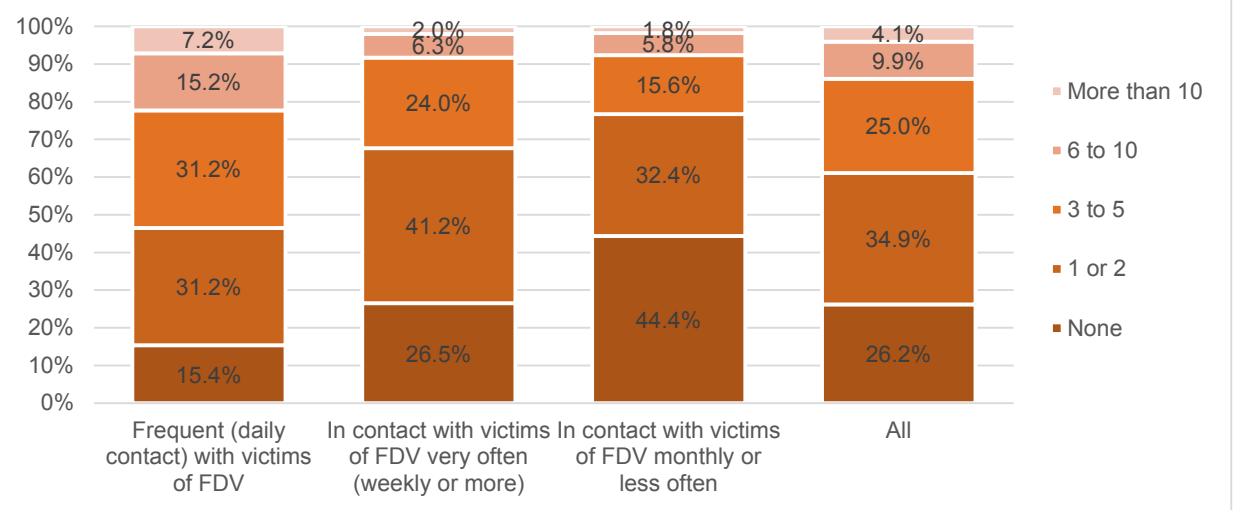


Figure 6.2 Number of days of domestic violence or sexual assault related training undertaken in last twelve months, by frequency of contact with victims of sexual assault (n=1098)

Figure 6.3 Number of days of domestic violence or sexual assault related training undertaken in last twelve months, by frequency of contact with perpetrators of DFV (n=1063)

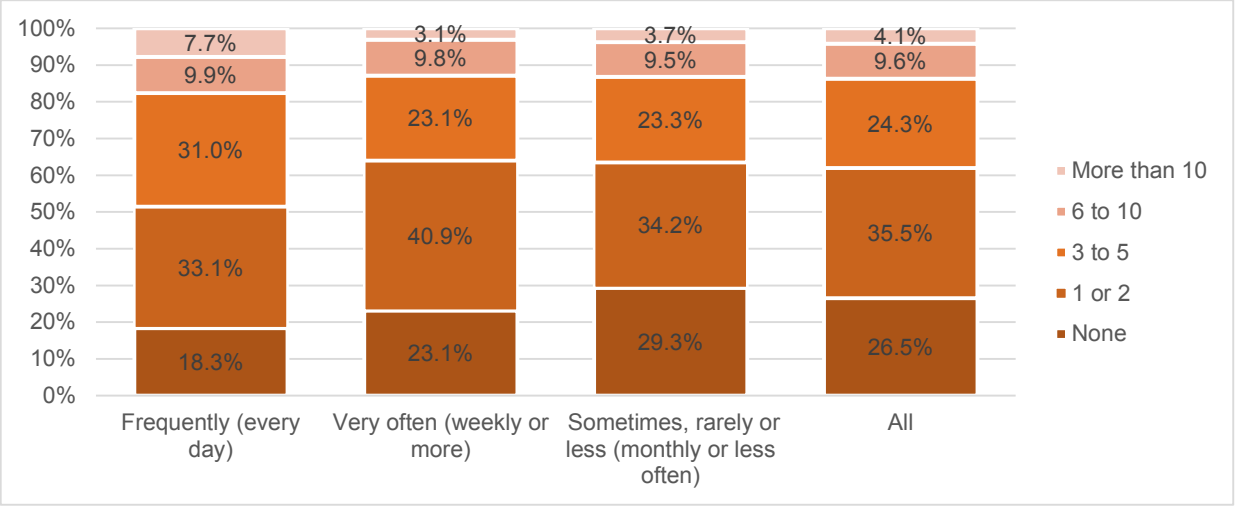
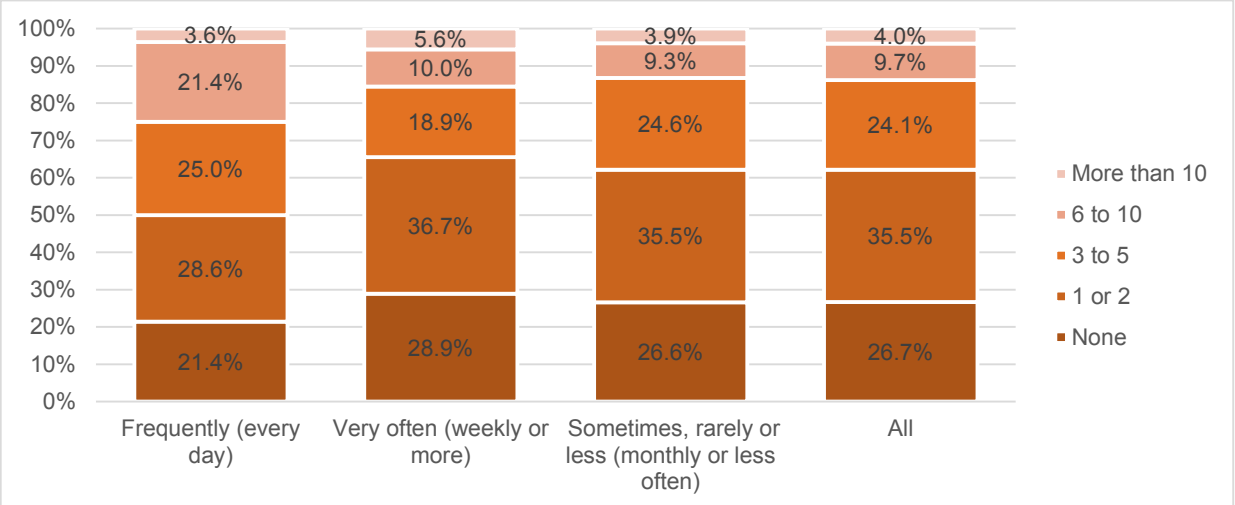


Figure 6.4 Number of days of domestic violence or sexual assault related training undertaken in last twelve months, by frequency of contact with perpetrators of sexual assault (n=1038)

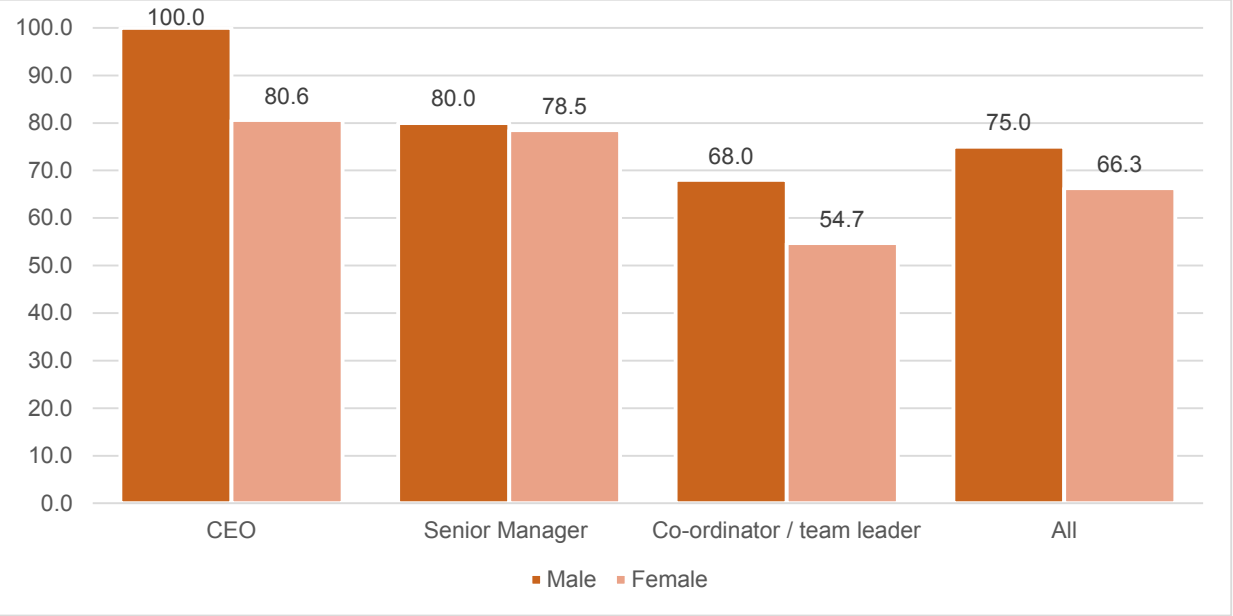


Results by service type are shown in Figure 6.6. This shows that relatively high proportions of staff (over 40%) in Financial Wellbeing and Settlement Grants services reported receiving no training relevant to domestic violence or sexual assault. Higher proportions of staff were receiving training in perpetrator services and those focused on sexual assault. When asked about payment for their last instance of relevant training, 95.8% said most or all of it was undertaken during paid work time, and for 91.3% of respondents, employers paid all costs of training.

Management and leadership training

Those in leadership positions (CEOs, senior managers, co-ordinators or team leaders) were asked if they had ever undertaken management or leadership training. A breakdown by gender is shown in Figure 6.5. While three quarters of male leaders had undertaken management or leadership training, only two thirds of female leaders had done so. No gender gap was evident among senior managers, but it was evident among CEOs and co-ordinators or team leaders (see Figure 6.5).

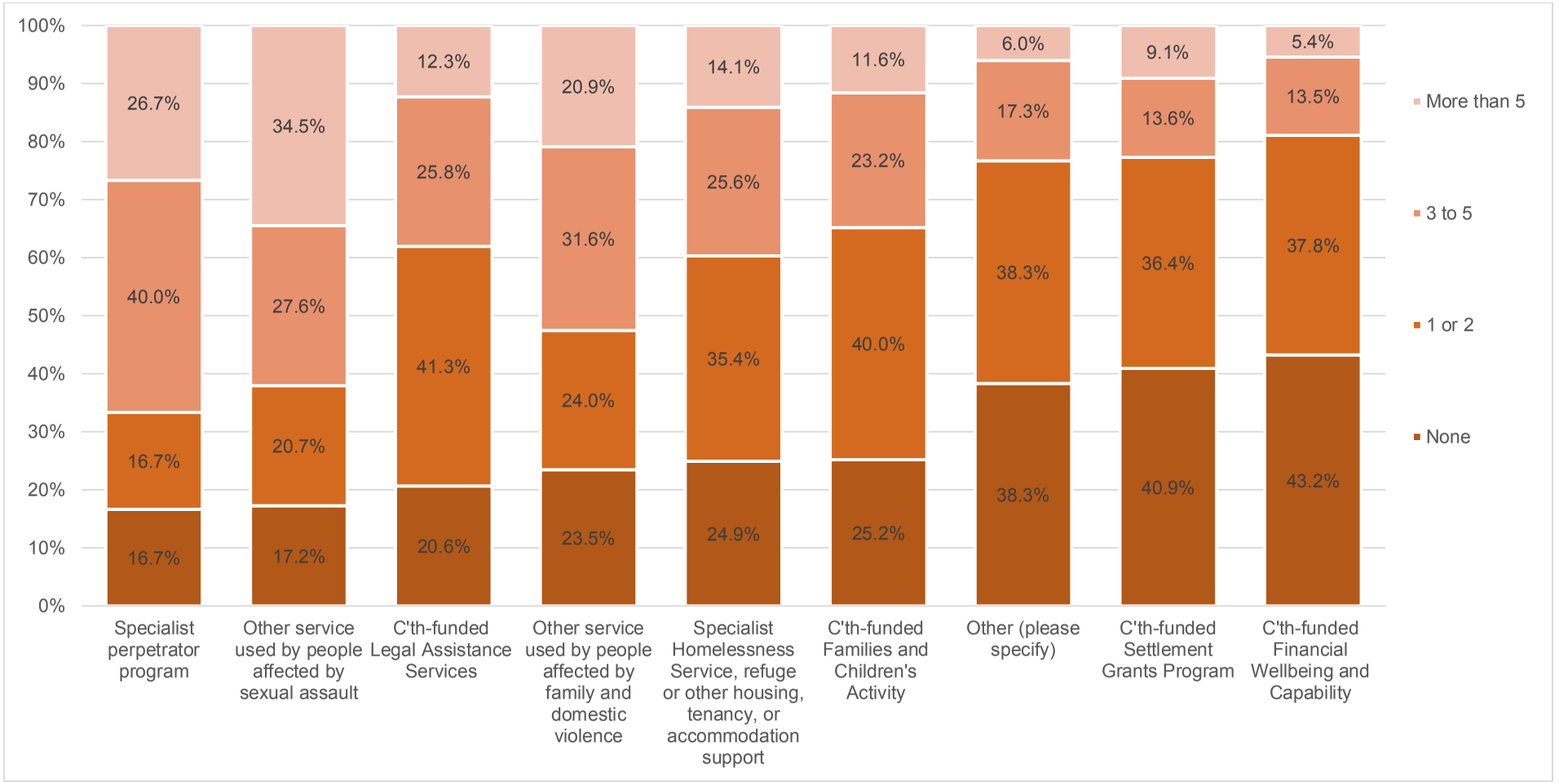
Figure 6.5 Proportion of staff who have undertaken management or leadership training (n=840)



6.2 Further training requirements

In terms of further training they felt were required, the most common were risk assessment (44.3%) and therapeutic approaches (43.9%), followed by legal training (34.9%), general counselling skills and practice (34.7%), screening (31.7%) and supervision training (25.8%). This differed according to respondents' job role (see Figure 6.7). For example, while frontline support workers most commonly reported that training in therapeutic approaches and general counselling practices would be valuable, CEOs and senior managers most frequently selected risk assessment and supervision training. Figure 6.8 shows perceptions of further training also differed according to the level of experience workers had in their current or similar role.

Figure 6.6 Days of domestic violence or sexual assault related training in the last 12 months



Notes: For data, see appendix B, Table B.5.

Figure 6.7 What kinds of further training do you feel would be most valuable for your work? (%) n=1157

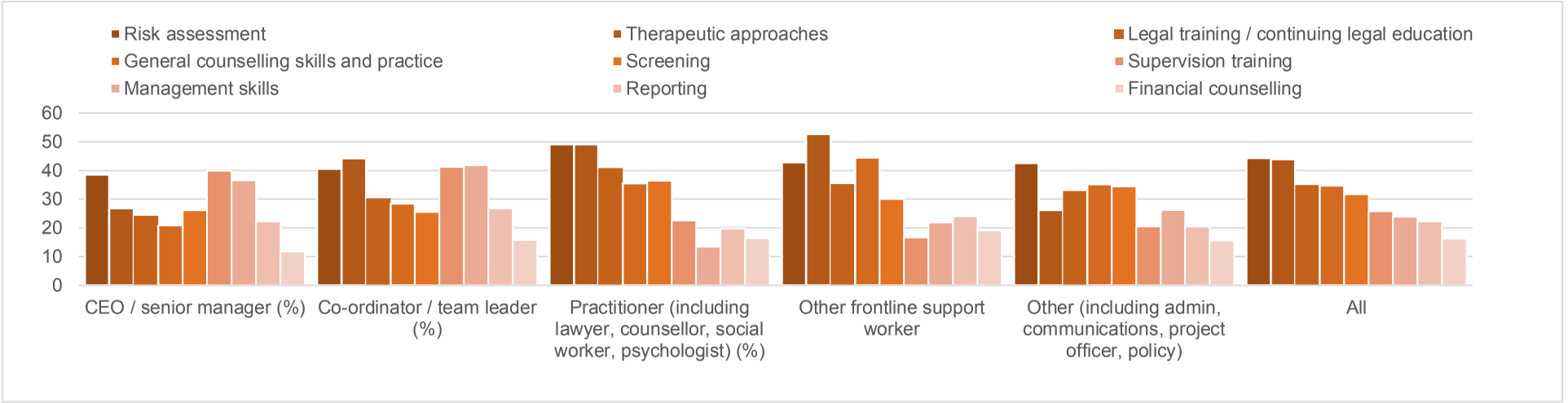


Figure 6.8 What kinds of further training do you feel would be most valuable for your work? By length of experience in current or similar role (%) (n=1154)

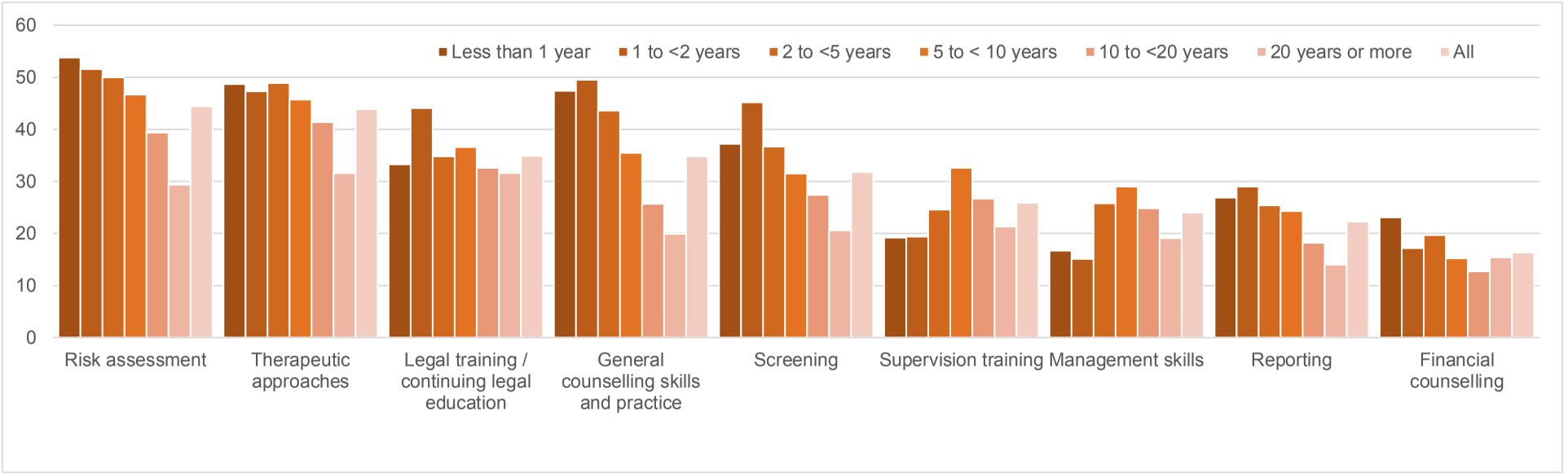
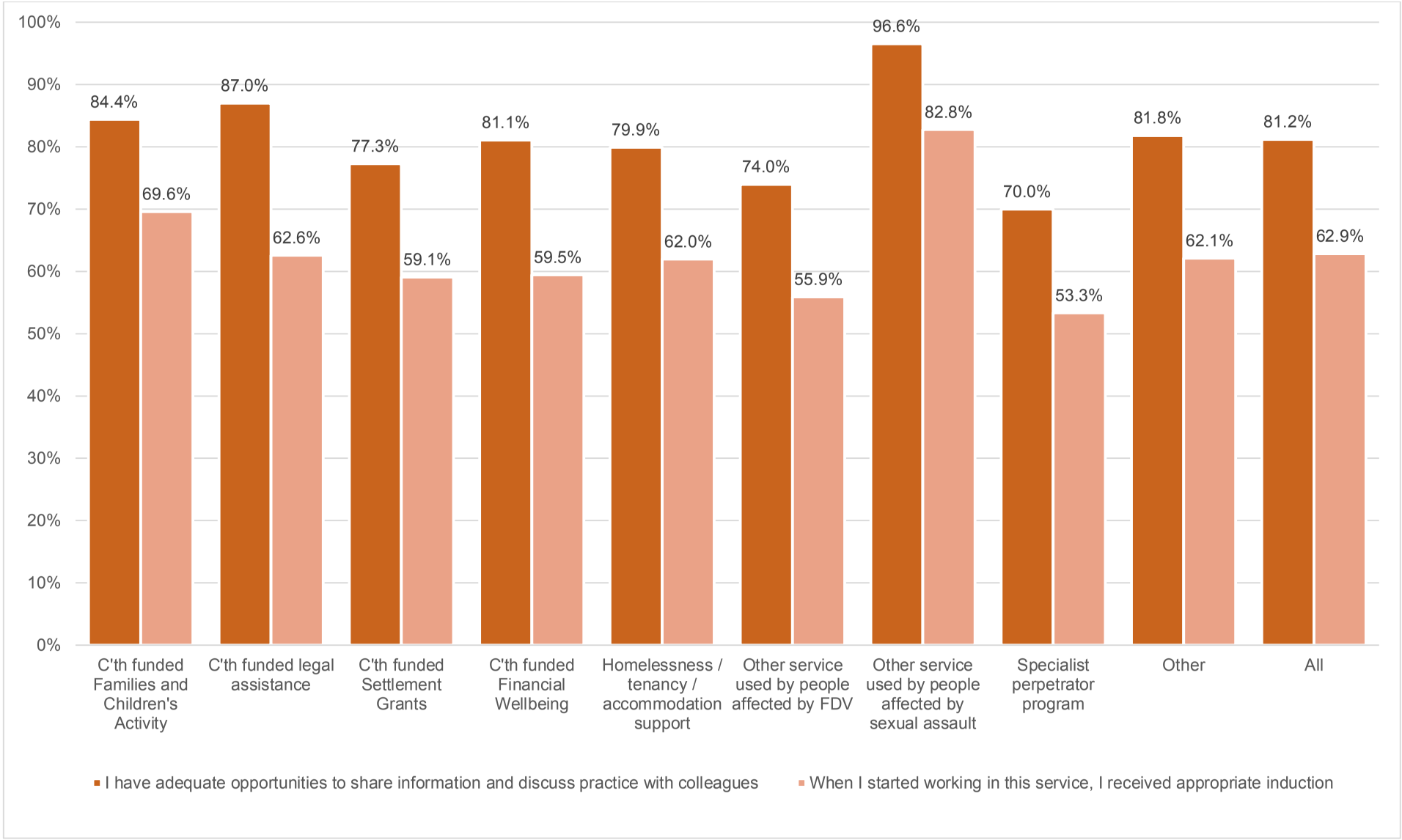


Figure 6.9 Proportion of respondents who agreed or strongly agreed with statements about induction and peer support



Notes: full data in Appendix B.

Comments on training

When asked at the end of the survey if there was anything else they would like to add, a number of respondents wrote about training, especially a need for training in family and domestic violence to be incorporated into professional development in a wide range of sectors. For example:

> I believe that major changes will occur for the benefit of clients if magistrates, police and corrections can receive the same training that DV workers have. (Practitioner, regional QLD)

> Tenancy workers need to be more equipped to deal with incidents and situations as we are often the first to witness, assess and assist in situations, however do not have the knowledge or training to do so. (Frontline support worker, urban VIC)

Some suggested domestic violence training should be included in all relevant undergraduate degrees. Several, such as this senior manager in urban Western Australia, thought there was a particular need for training that focused on working with perpetrators.

> I think there is a gap in skilling workers up to work with the perpetrators and not be afraid of them. (Senior manager, urban WA)

Others suggested there were health and safety reasons for ensuring a highly trained perpetrator workforce:

> There is a current push to have workers engage with perpetrators in the course of their work with families. Many lack the skills and confidence to do so, and may be triggered by their interactions with him- previous experiences of DFV and sexual assault. (Co-ordinator/team leader, urban NSW)

Another referred to the importance of training for supporting high standards of quality:

> Ongoing training in all areas is essential to keep skill levels to a good standard, you can never know it all. Training in more perpetrator programs is essential for men and women. Programs aimed towards men are essential and more training focussing on assisting men would be great. (Senior manager, regional NSW)

The need for more training on how to work effectively and safely with perpetrators of violence was evident in a number of comments:

> There are very few programs for perpetrators and even fewer workers who understand how to work effectively with them. This is a gap. (Practitioner, regional TAS)

> It would be beneficial to have a better understanding of the perpetrators so I can better support the women and children who are impacted by domestic violence. (Frontline/support worker, regional NSW)

> Understanding what evidence-based therapeutic model is good to use with perpetrators of violence. In depth training around family violence and a measure to

use on a regular basis to assess risk/safety. Being able to effectively measure perpetrator behaviour change often. (Practitioner, urban VIC)

It would be good to get some training on dealing with clients who are perpetrators. (Frontline/support worker, regional NSW)

In the family space, we generally work with the victims and children. I think there is a gap in skilling workers up to work with the perpetrators and not be afraid of them. (Senior manager, urban WA)

6.3 Induction and peer support

Figure 6.9 shows around 4 in 5 workers agreed with the statement "I have adequate opportunities to share information and discuss practice with colleagues". This ranged between 96.6% of respondents focused on services used by people affected by sexual assault, to 70.0% of workers from specialist perpetrator services. Figure 6.9 also shows the proportion of respondents who agreed with the statement "When I started working in this service, I received appropriate induction". Almost 2 in 3 respondents (62.9 %) agreed although again, there was some variation across service types, with the highest level of agreement coming from staff focused on sexual assault, 82.8% of whom agreed their induction had been appropriate.

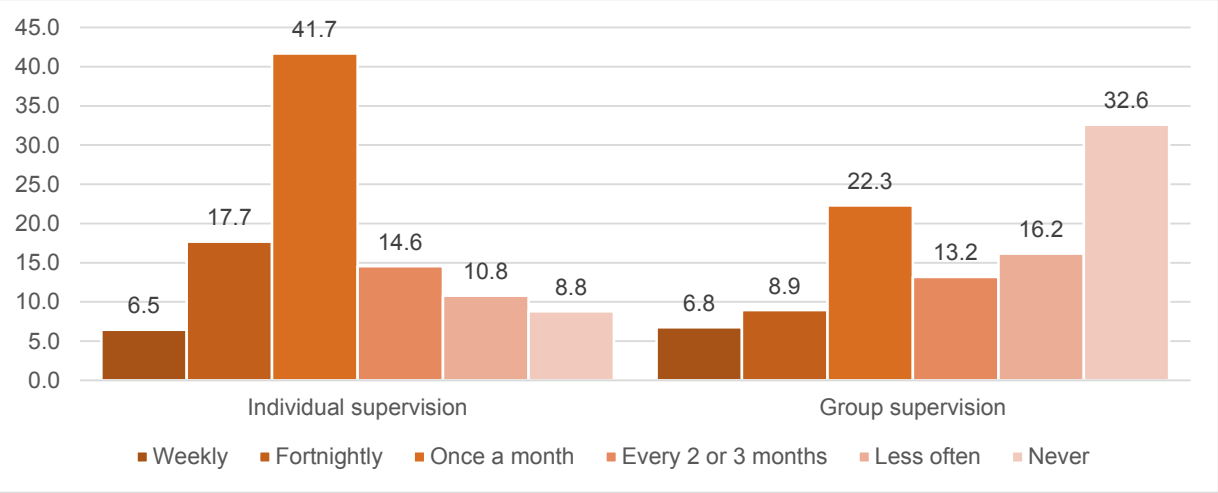
7. Workers experiences of supervision

This section explores respondents' experiences of receiving individual and group supervision (section 7.1) and providing supervision (section 7.2).

7.1 Receiving supervision

The survey asked respondents how often they received individual and group supervision and their satisfaction with various aspects of this. Results are shown in Figure 7.1 and Figure 7.2. Individual supervision was more commonly received than group supervision: 65.9% in total received individual supervision monthly or more frequently, and 8.8% never received it. By contrast, 38.0% received group supervision monthly or more often and 1 in 3 (32.6%) never received it. The most common arrangement was monthly individual supervision, which was received by 41.7% of respondents.

Figure 7.1 Receipt of individual and group supervision

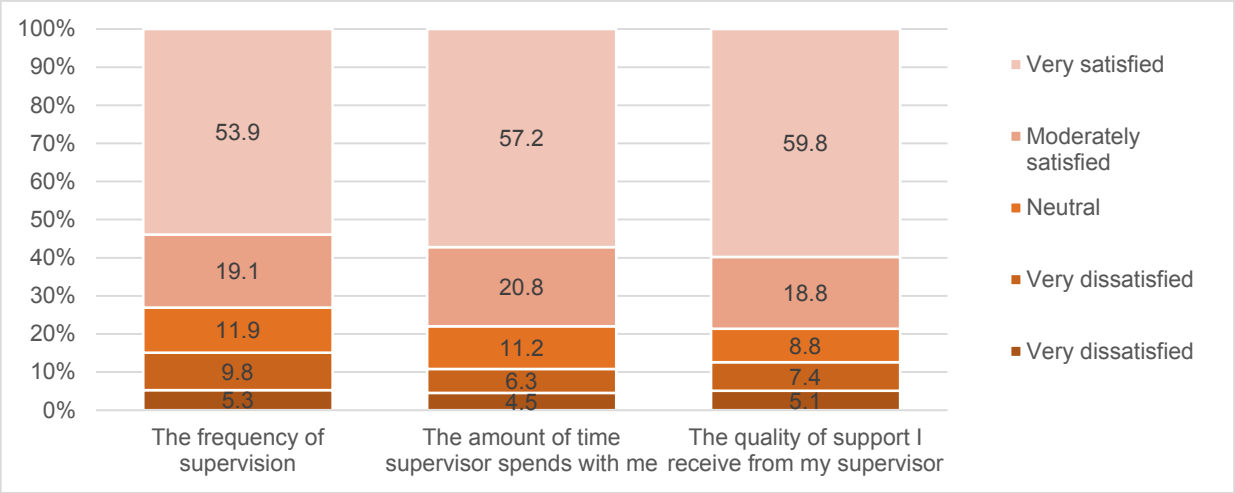


Note: n=1147 (individual), n= 1107 (group)

Levels of satisfaction with each aspect of supervision was generally high, with over 70% of respondents very or moderately satisfied with the frequency of supervision, the amount of time supervisors spent with them, and the quality of their support. There was however, some dissatisfaction with supervision, with 15.1% saying they were dissatisfied with the frequency of their supervision, 10.8% reporting dissatisfaction with time allocated by their supervisor, and 12.5% dissatisfied with the quality of supervision received. This is shown in Figure 7.2.

Only a minority of respondents were required to pay for their professional, clinical or practice supervision, with 5.3% of those who regularly received supervision contributing to the costs and 2.9% covering all of the costs.

Figure 7.2 Satisfaction with aspects of supervision received

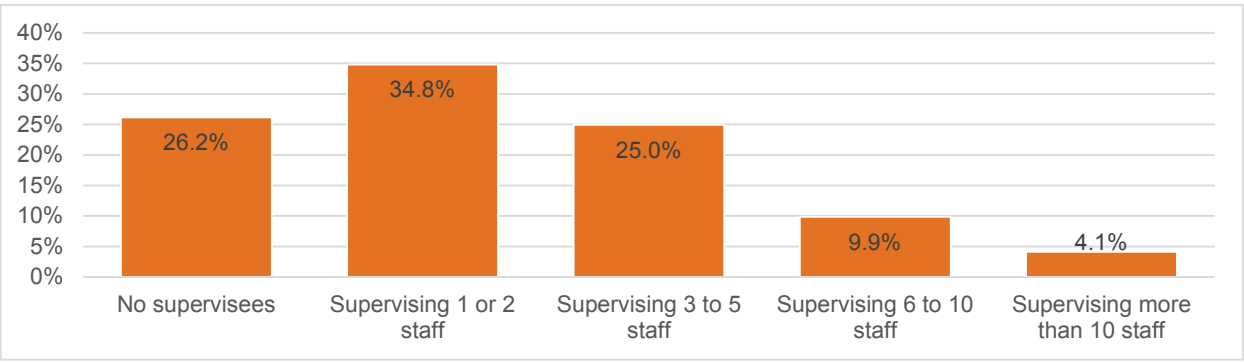


n=759 (frequency), n=750 (time), n= 754 (quality of support)

7.2 Providing supervision

Many respondents were also involved in providing supervision to other staff, although this is likely to include models of supervision ranging from general guidance to structured clinical supervision. A breakdown of numbers of staff supervised by respondents is in Figure 7.3. Data by respondents' main service type is in Appendix B (see Table B-5).

Figure 7.3 Number of staff respondents provided supervision for (n=392)



Comments on supervision

When asked at the end of the survey if there was anything further they would like to add, a number of respondents wrote about the amount of supervision and support that was available within their workplace and many highlighted unmet need. Often they felt that their management did not understand the challenges of their work and that they had access to too little supervision. Examples of comments are as follows:

> When stressed, clients lash out verbally at staff and we know why they do this but it is still wearing for staff to face on a daily basis. Working in a refuge is an isolating

> experience and [I don't] feel organisational management understands. (Frontline support worker, urban NSW)
>
> Employees and practitioners are having to continue working whilst experiencing burnout symptoms, and are under-supervised and under-supported. I believe this is an overarching systemic issue that requires action from our government. (Co-ordinator/team leader, urban Victoria)
>
> I get regular supervision from my manager however it is not an opportunity to talk about issues coming from work but rather plan for upcoming work and receive additional tasks. (Policy and advocacy worker, urban Victoria)
>
> Vicarious trauma is a serious concern for workers in my sector however due to the volume of work it can be difficult to set aside time to address this. (Frontline support worker, urban NSW)

For some law practitioners in particular, the lack of supervision seemed connected to being specialists in family and domestic violence but operating outside the family and domestic violence sector.

> I am a family violence lawyer and as such, ALL of my clients have experienced FV, or to a lesser degree, perpetrated FV. I find my organisation does not know how to debrief or support staff in terms of vicarious trauma. They organise group debriefs (which I exempt myself from because they just disturb me more). Instead, my colleagues and I (in the FV team) debrief each other (and our students). We are okay, but it's not ideal because the organisation is not taking responsibility for our well-being in a way they perhaps should. (Practitioner, urban NSW)
>
> Lawyers don't tend to have the kind of supervision which explores emotional responses to files and self-care. (Manager and practitioner, regional TAS)
>
> [We are] managed by people who are mostly uninformed and unappreciative of the clinical work we do and the supports we require. (Practitioner, urban Victoria)

8. Workers' perspectives on job quality

This section shows that although workers have strong sense they are making a difference through their work, many are dissatisfied with their pay, job security, and other working conditions (Section 8.1). Further, 2 in 5 workers regularly work unpaid hours (Section 8.2). Around 3 in 5 workers are planning to remain in their roles in 12 months, and among those intending to change positions, most are hoping to change roles in their current organisation or move to a similar organisation rather than leave the industry (Section 8.3). Problematically, Section 8.4 shows high rates of exposure to bullying, harassment, violence and threats, both from clients, and within the workplace.

8.1 Job quality

To understand perceptions of working in services used by people affected by violence, respondents were asked how strongly they agree or disagree with a series of statements relating to their pay and various aspects of their job quality, including job security, career advancement, work intensity, work-life balance. Overwhelmingly, respondents reported that their work makes a difference in people's lives (93.4%) (see Figure 8.1). Substantial proportions disagreed that they are paid fairly for the work they do (37.7%) and that they have good prospects for advancement (28.5%), however in both cases this was lower than the proportions of staff who agreed with the statements (43.5% and 40.2% respectively). Estimated pay rates are shown in Table B-11.

Figure 8.1 Proportion who agreed and disagreed with statements about positive aspects of their work (n=1154)

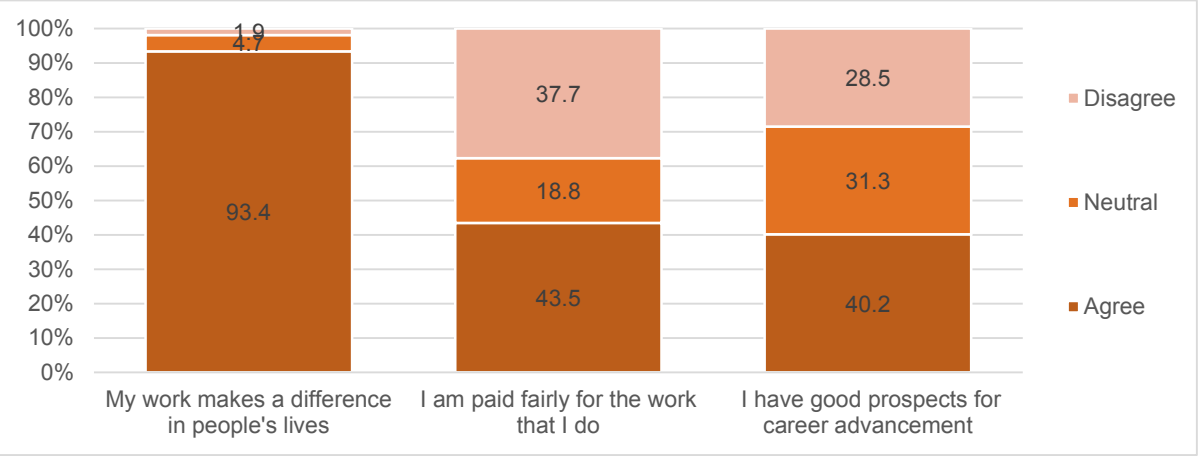
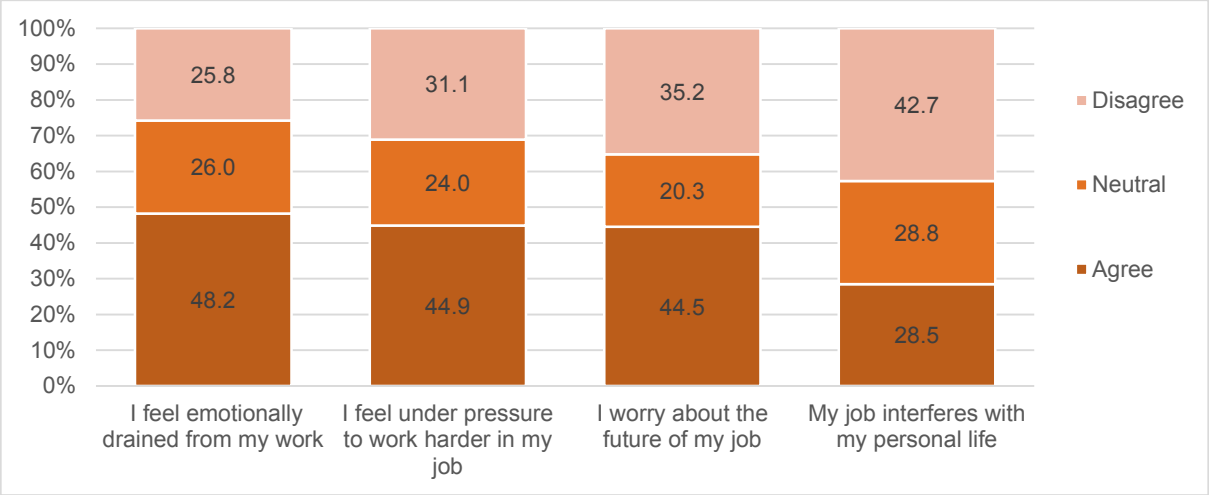


Figure 8.2 shows perceptions on negative aspects of work. Almost half agreed or strongly agreed that they felt emotionally drained from their work (48.2%), and substantial proportions reported feeling under pressure to work harder in their jobs (44.9%) and that they worry about the future of their job (44.5%). On each of these indicators, the proportion who agreed was larger than the proportion that disagreed. However, while a sizeable proportion (28.8%) were neutral on the indicator "My job interferes with my personal life", more disagreed than agreed (42.7% compared with 28.5%).

Figure 8.2 Proportion who agreed and disagreed with statements about negative aspects of their work (n=1153)



On these indicators, those working closely with perpetrators of DFV had similar perceptions to other workers. However, on two indicators their perceptions differed. As shown in Figure 8.3, those frequently in contact with perpetrators were more likely to agree with the statement "I feel emotionally drained from my work" and compared with other respondents, lower proportions disagreed. Similarly, among those in frequent contact with perpetrators, higher proportions agreed that their work interferes with their personal life (Figure 8.4).

Figure 8.3 Proportion who agreed and disagreed with the statement "I feel emotionally drained from my work" by frequency of contact with perpetrators of domestic violence

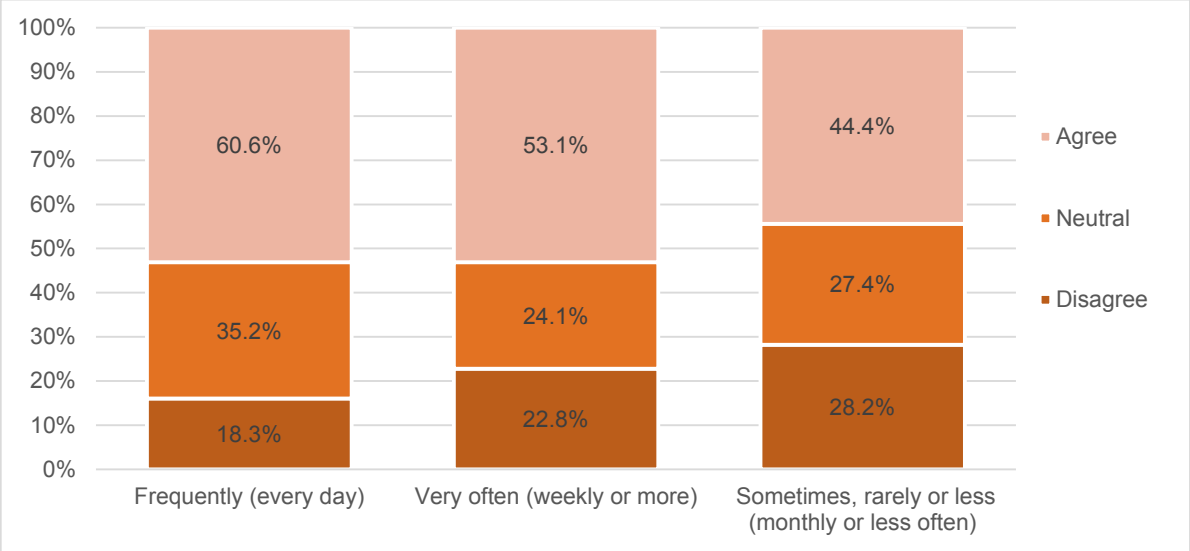
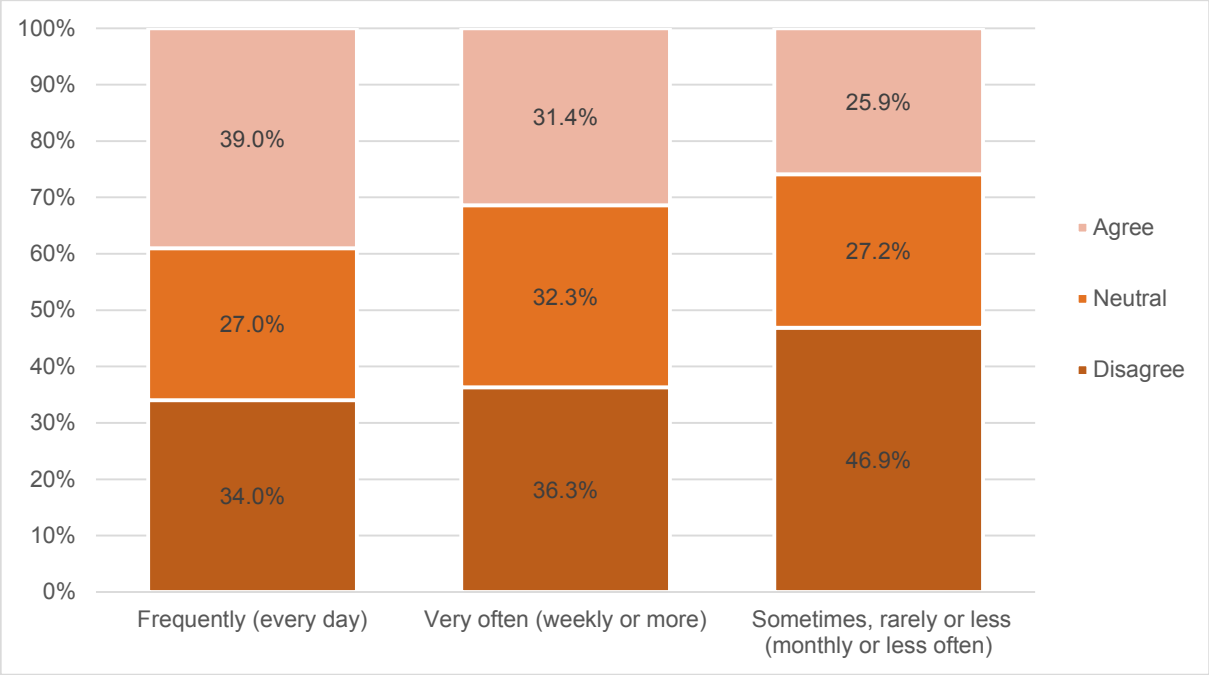


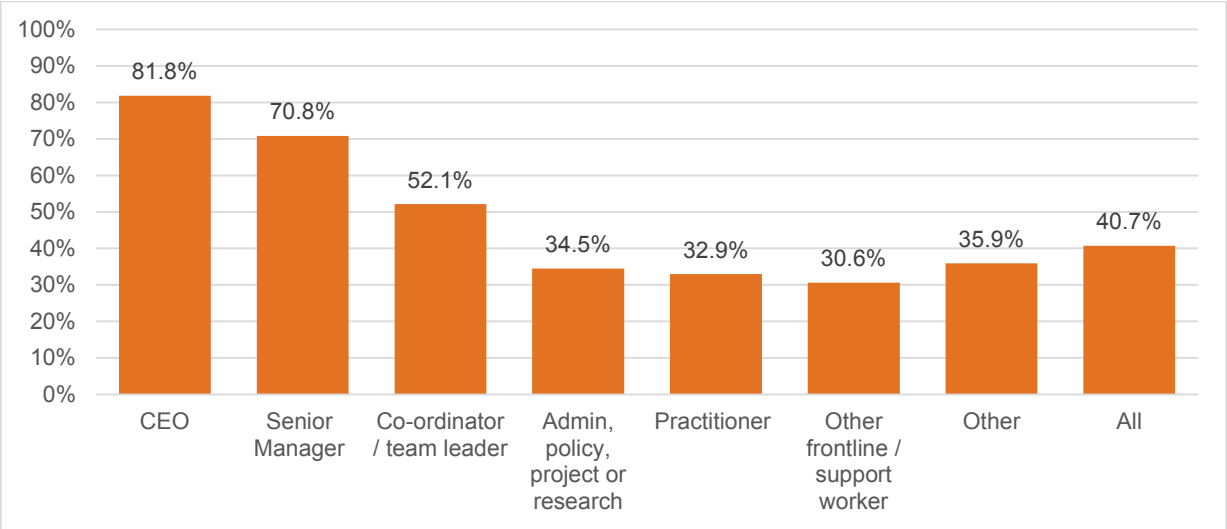
Figure 8.4 Proportion who agreed and disagreed with the statement " My job interferes with my personal life"



8.2 Unpaid hours

As another measure of job quality, respondents were asked how frequently they work additional, unpaid hours. As shown in Figure 8.5, this varied by position, as would be expected. While the proportion who were regularly working unpaid hours (i.e., at least once a week or more) was higher among those in leadership positions such as CEOs and senior managers, more than 3 in 10 practitioners and other frontline support staff regularly worked unpaid hours.

Figure 8.5 Proportion who work unpaid hours at least once a week



n=1155

8.3 Intention to leave

Workers' intentions to remain in their role or move provide a further indication of job quality. Overall, 61.3% of staff hoped to remain in their role in 12 months and 16.1% hoped to move to a different role in the same organisation. Around the same proportion (15.9%) hoped to move to a different organisation in the same industry. Some respondents however intended to leave the industry (6.7%).

Many practitioners are intending to leave their positions. Of those planning to move organisations (but remain in the industry), 4 in 5 (82%) were practitioners, frontline support workers or team leaders. Of those intending to leave the industry altogether, 7 in 10 were practitioners, other frontline / support workers, and co-ordinators or team leaders.

Figure 8.6 shows the proportion of staff hoping to remain in their role, leave their organisation, and leave their industry, by main service type. There was a relatively high proportion of staff hoping to remain in their roles among services focused on delivering Commonwealth-funded Financial Wellbeing and Capability services, sexual assault services, and Settlement Grants.

Figure 8.7 provides a breakdown of where respondents in contact with perpetrators hope to be working in 12 months time. Among those in daily contact with perpetrators, there was a relatively high proportion hoping to move to a different industry (1 in 8).

Figure 8.6 Workers' intention to remain in their role, by main service type (n=1151)

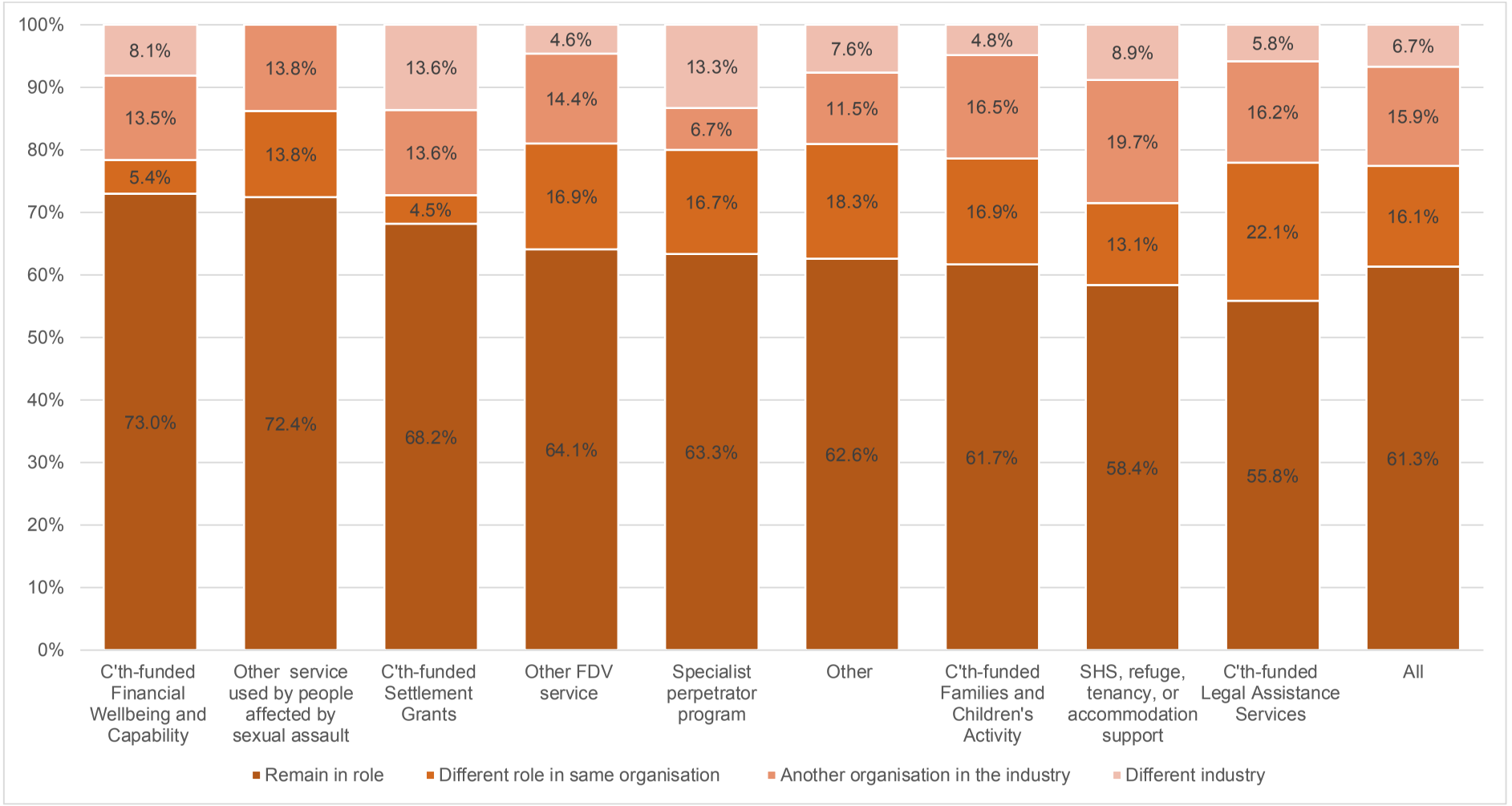
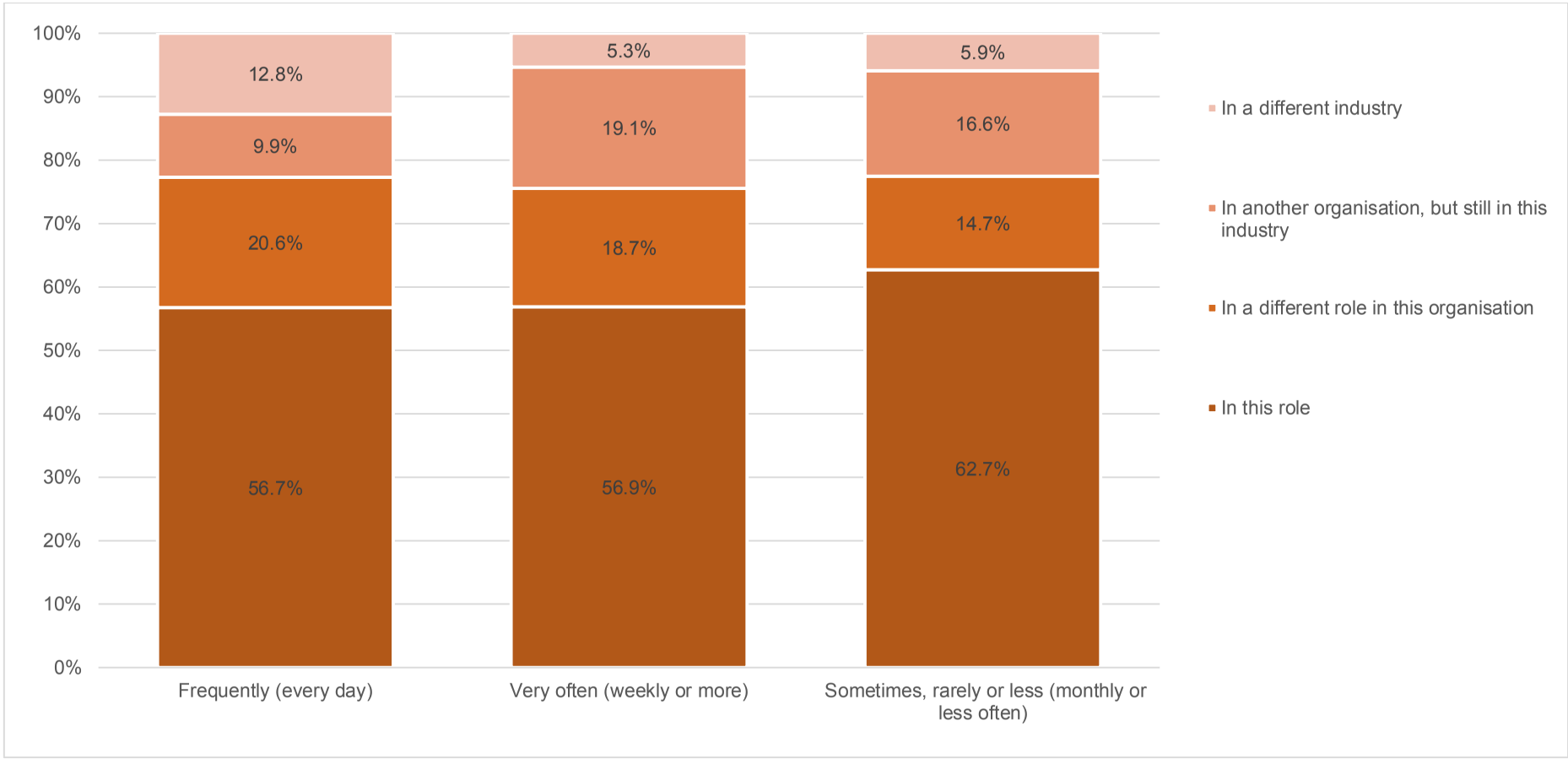


Figure 8.7 Workers' intention to remain in their role, by frequency of contact with perpetrators of domestic violence (n=1058)

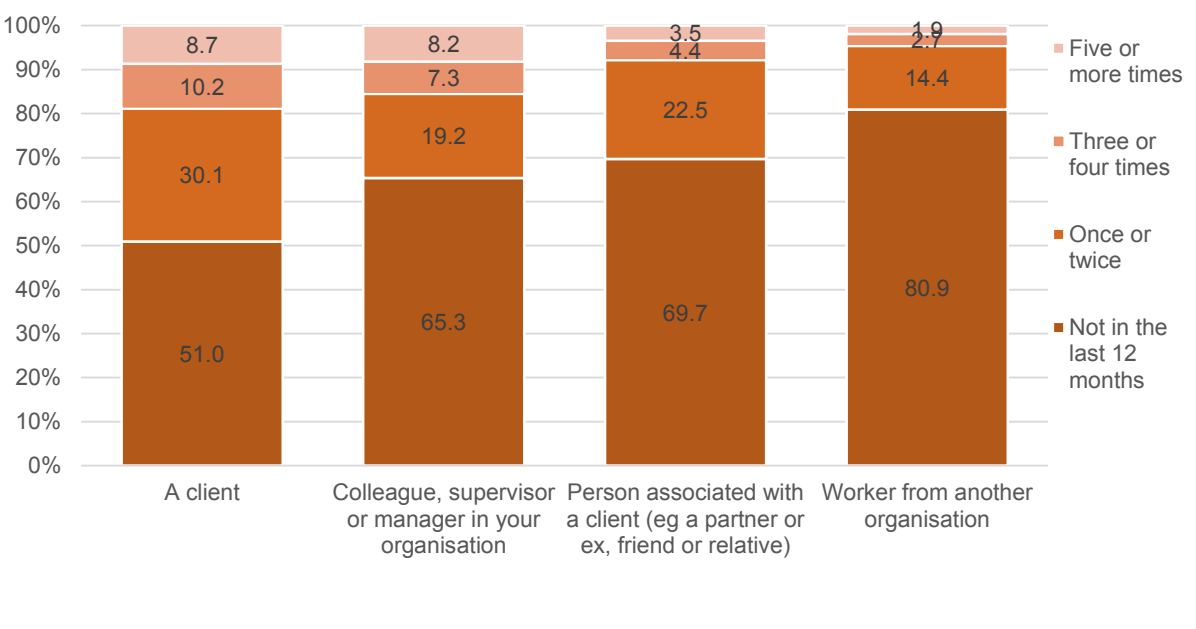


8.4 Bullying, harassment, violence and threats

The survey asked respondents about how many times, in the last 12 months, they had experienced bullying, harassment, violence or threats from different groups they may encounter in their work, such as clients or associates of clients, or colleagues in their organisation or in another organisation.

As shown in Figure 8.8, around half of workers had experienced bullying, harassment, violence or threats from a client in the last 12 months (49.0%). Of those who experienced it, more experienced it once or twice (30.1%) than more frequently. However, 10.2% of respondents had experienced it three or four times in the last 12 months and 8.7% had very high levels of exposure, reporting they had experienced it 5 or more times.

Figure 8.8 Number of times respondents had experienced bullying, harassment, violence or threats from different groups at work (n=1144)



Although half of staff reported some exposure to bullying, harassment, violence or threats by clients, levels were higher among those with more frequent contact with victims and perpetrators. Figure 8.9 provides a breakdown of exposure to these adversities for workers in frequent (daily) contact with victims and perpetrators of DFV. Those in frequent contact with perpetrators had higher levels of exposure to bullying, harassment, violence or threats by clients. Indeed, over a fifth (22.1%) had experienced five or more occasions of these behaviours in the last 12 months.

Figure 8.10 provides further information about exposure to adversity from a colleague, supervisor or manager in the organisation. While this was not experienced as frequently as adversity from a client, it was experienced by higher proportions of women than men.

Figure 8.9 Exposure to bullying, harassment, violence or threats from a client in previous 12 months among workers in frequent contact with victims and perpetrators of DFV

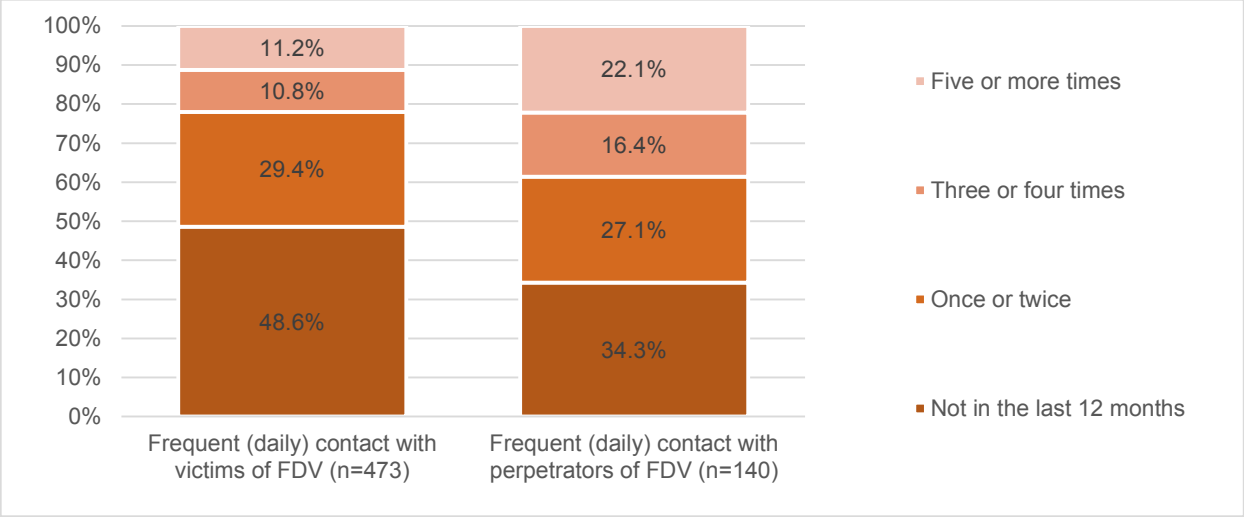
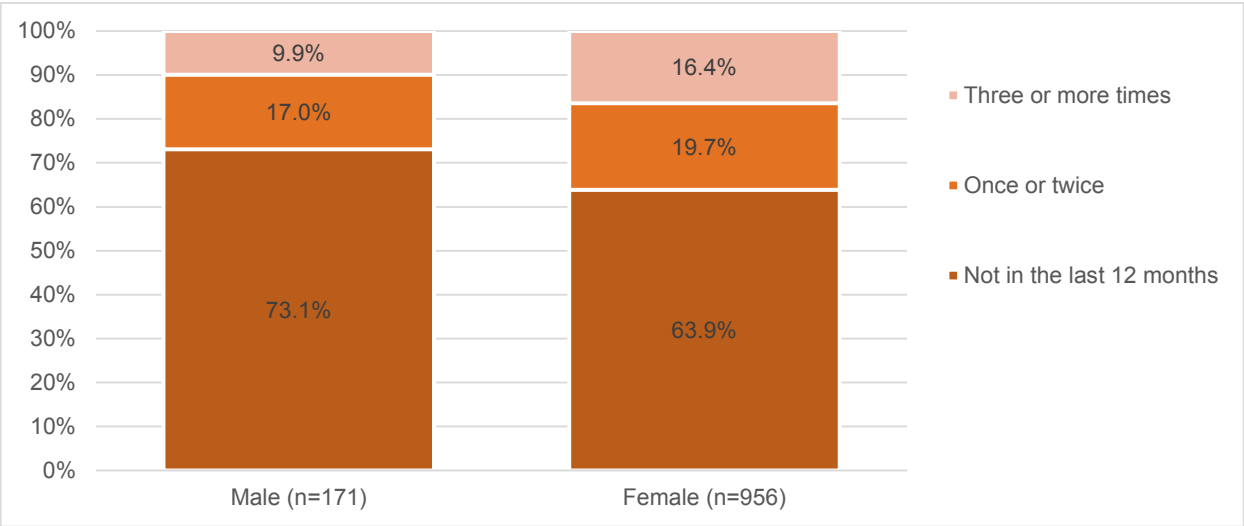


Figure 8.10 Exposure to bullying, harassment, violence or threats from a colleague, supervisor or manager in previous 12 months, men and women



Comments about bullying and harassment

Many staff also made comments in the survey about bullying, harassment, violence or threats. These related both to experiences of these behaviours among clients, but also from colleagues or workers in other organisations. Some focused on adverse behaviour from clients, and emphasised the complexity and personal risk involved in working in services used by people affected by violence. Examples of comments included:

> When stressed, clients lash out verbally at staff and we know why they do this but it is still wearing for staff to face on a daily basis. (Frontline support worker, urban NSW)

> Frontline caseworkers working with DV victims and offenders and their children are totally ill-equipped to deal with the complexities of these situations. We work independently and go to the houses on our own so this work is dangerous and there is no support or learning opportunities. (Practitioner, urban NSW)

> We also get abused and bullied by members and our community - not only specific perpetrators Our sector has many antagonists in the community. (CEO, urban NSW)

> It is important for Managers to be aware of Domestic Violence issues and to be prepared to recognise signs with staff that there may be further issues involved such as technological monitoring of staff by perpetrators. (Co-ordinator, regional NSW)

As the comments above underline, workers were exposed to danger and emotional strain associated with their work. While this was often understood implicitly as part of their work, they also required supportive workplaces to ensure these experiences did not lead to harm.

While some workers focused on bullying, harassment, violence and threats associated with clients, some pointed out these behaviours were also perpetrated by their colleagues, or workers in partner organisations. Some examples focused on experiences of workers in particular occupational contexts, such as lawyers. As one explained:

> The bullying I referred to by staff from another organisation is judicial bullying. Lawyers are routinely bullied by tribunal members, magistrates and judges. My view is that this has an effect on the ability of lawyers to advocate on behalf of some clients, and those experiencing family violence are certainly one of those groups - some magistrates in particular have almost no understanding of the nuances of family violence and react badly when lawyers reference it in their submissions in court. (Practitioner, urban Victoria).

Others mentioned bullying within their own organisational hierarchies:

> The current working environment is hampered by a new culture of bullying and unethical behaviour perpetrated by our team leader. Once resolved I'd like to see the service improve, grow and return to the therapeutic service and environment it once was. (Practitioner, urban WA)

> Some staff made comments which emphasised the supportive and collaborative nature of their workplace, sometimes in contrast to previous work environments:

> I was at another service that had a culture of management bullying and intimidation. I have found my new service to be a healthier environment to work in. (Practitioner, urban NSW).

Overall, these comments corroborate survey findings underlining the high levels of exposure of these workers to bullying, harassment, violence and threats.

9. Managers' perspectives

While the previous sections contributed analysis of workers' perspectives, as captured in the survey of workers, the material presented in this section contributes information derived from managers' accounts and perspectives. As indicated in Section 2, only one leader per service was invited to complete the survey of services. Managers' input is important as it offers oversight of workforce characteristics, capabilities and workforce development issues across a service. As such, it offers insights which would not be available based on workers' perspectives alone, including on topics of recruitment and retention across the service, and provision of training.

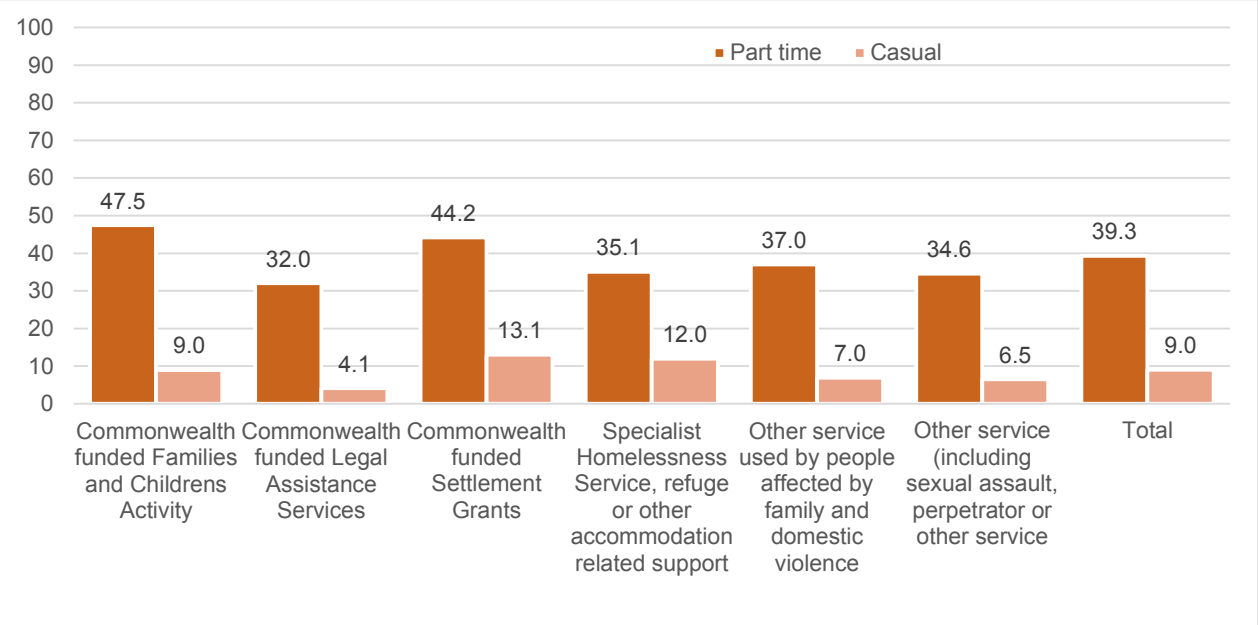
9.1 Workforce characteristics in responding services

Managers' perspectives complement information obtained from the worker survey, including by showing working arrangements and workforce characteristics across all staff in a service. For characteristics of responding services, see Appendix C.

Part time work

On average, service leaders reported that 39.3% of their staff were employed on a part time basis (ie less than 35 hours per week), and 9% were employed casually (see Figure 9.1).[4] This differed across service types, with relatively high employment of part-time workers in those services which were focused on a Commonwealth funded Families and Children Activity (average of 47.5%) and a relatively low proportion in Commonwealth funded Legal Assistance (average of 32.0%).

Figure 9.1 Mean proportion of part time and casual staff, by main service type

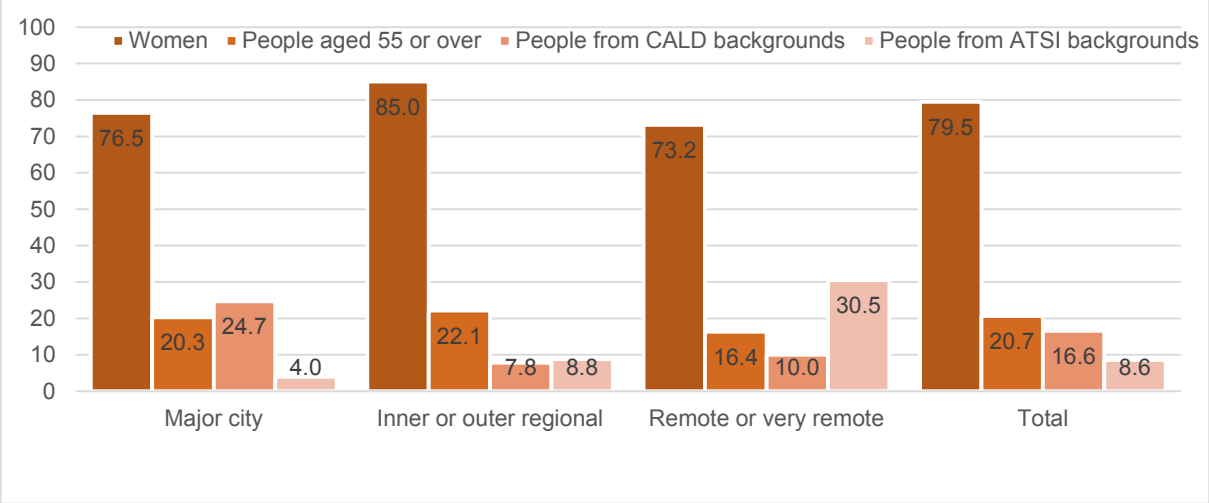


[4] On this basis, the worker survey appears to under-represent casual workers (see Section 3.5).

Demographic characteristics

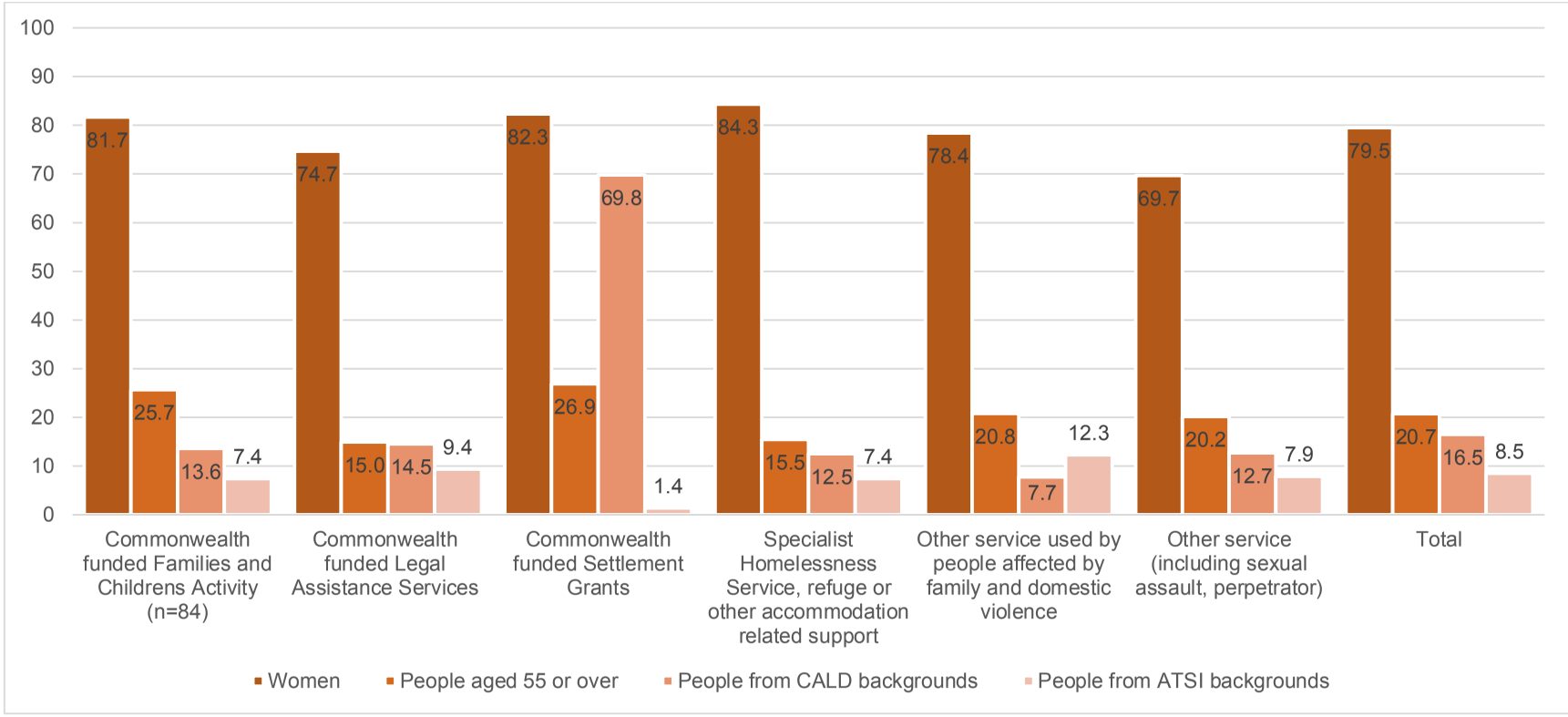
Managers were also asked to indicate the demographic characteristics of workers in their service. In all areas, services were strongly feminised. Services in major cities tended to employ higher proportions of workers from CALD backgrounds, while those in remote or very remote backgrounds had high proportions of employees from Aboriginal and Torres Strait Islander backgrounds. This is shown in Figure 9.2. Figure 9.3 provides a breakdown by main service type. As would be expected, there are higher proportions of workers from CALD backgrounds in Settlement Grants services.

Figure 9.2 Average proportion of staff in services who were women, aged 55 or over, or from CALD and Aboriginal and Torres Strait Islander (ATSI) backgrounds, by region



n=301

Figure 9.3 Average proportion of staff in services who were women, aged 55 or over, or from CALD and Aboriginal and Torres Strait Islander backgrounds, by main service



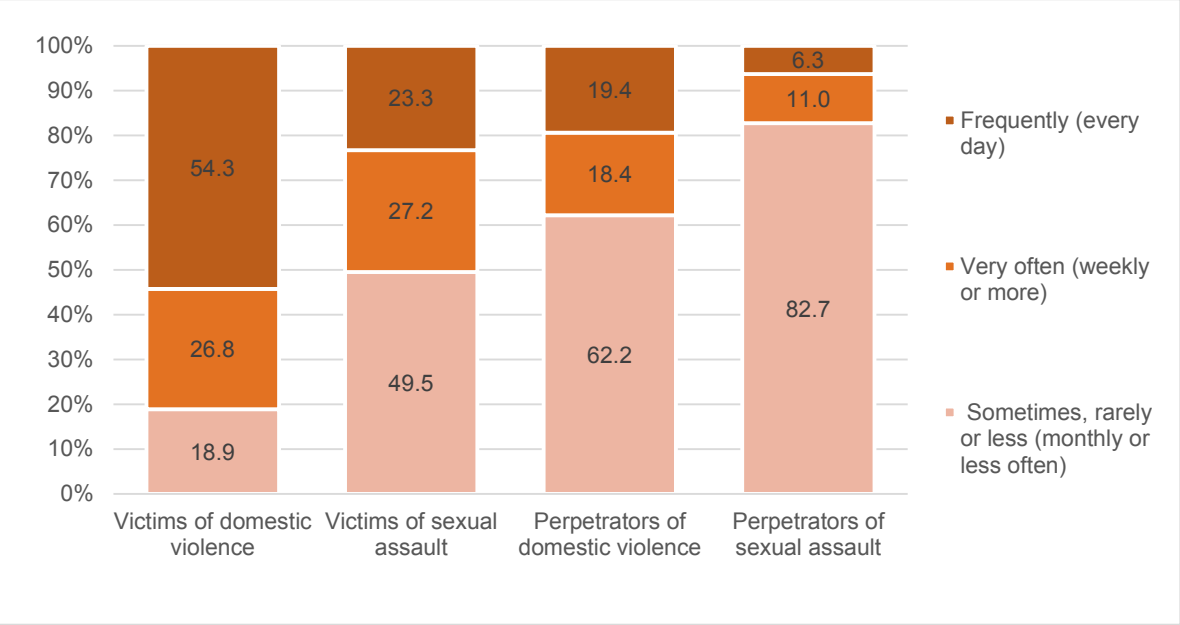
n=307

9.2 Service contact with people affected by violence

Figure 9.4 shows the level of contact services had with victims and perpetrators of domestic violence and sexual assault, as indicated by the service manager. As this is measured at the service level, results differ from questions asked of workers, reported in Sections 3 to 8. More than half of services (54.3%) had frequent contact with victims of DFV, and a further 26.8% said their service had contact very often (defined as weekly or more often). Lower proportions of services had frequent contact with victims of sexual assault (23.3%), and lower still reported having frequent contact with perpetrators of either domestic violence (19.4%) or sexual assault (6.3%). Although there were only 6 responding services which said their main service type was a 'specific service for perpetrators', 59 said their service was frequently in contact with perpetrators of domestic violence (i.e., every day) (19.4%), and a further 56 (18.4%) said their service was in contact with this group 'very often' (i.e., weekly or more). Similarly, there were 19 services 'frequently' in contact with perpetrators of sexual assault (6.3%), and a further 33 (10.3%) in contact 'very often'. This indicates that, amongst the sample, contact with perpetrators occurs across a range of services and that specific services for perpetrators tend to be small, and rather than being the main service type may be delivered alongside other services.

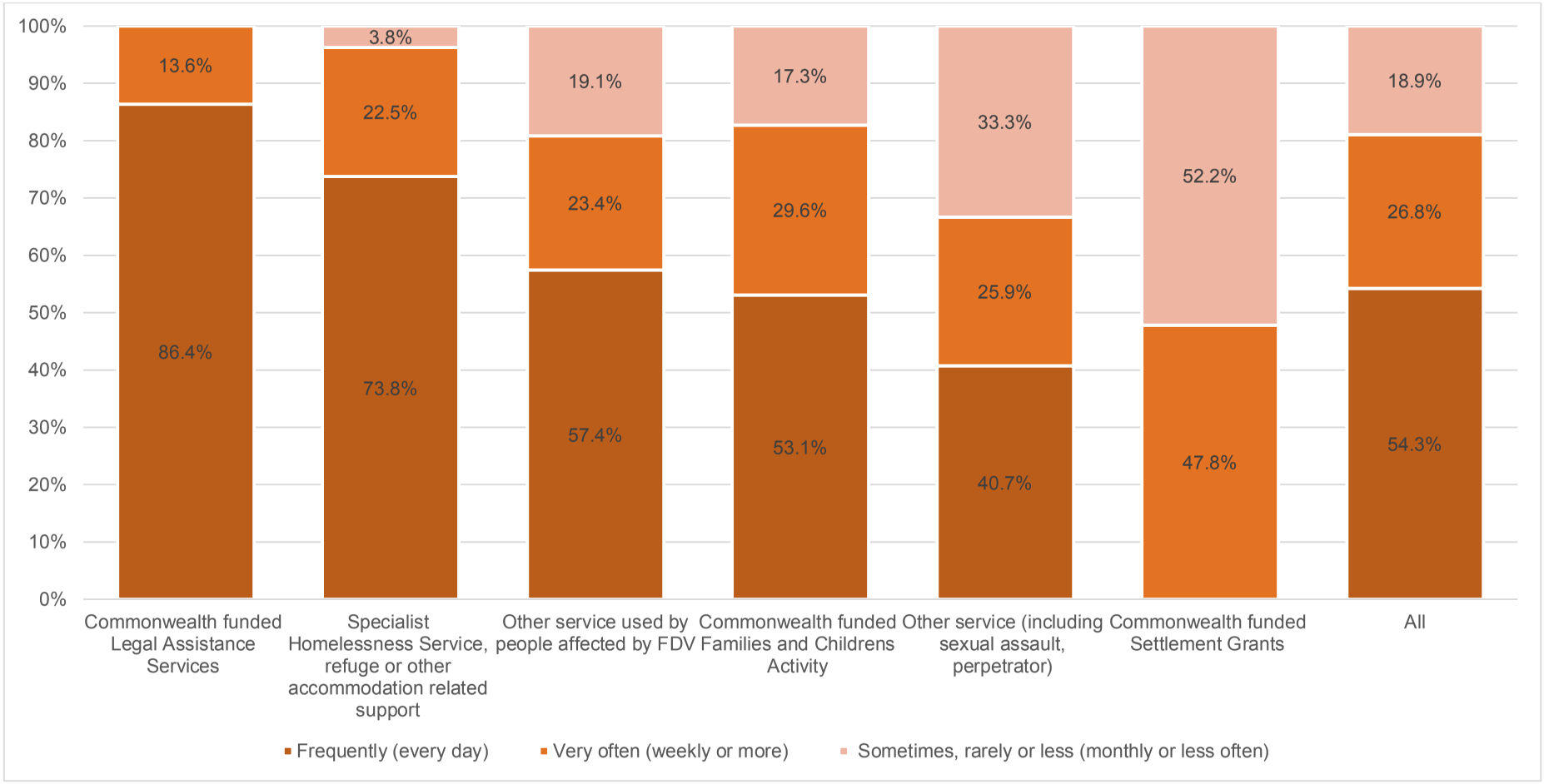
Figure 9.5 shows frequency of contact with victims of domestic violence by service type, showing that relatively high proportions of services focused on providing Commonwealth funded Legal Assistance or Homelessness Services had frequent contact with victims of domestic violence. Those focused on providing Settlement Services had less frequent contact, with more than half reporting they only sometimes, rarely or never had contact with this group.

Figure 9.4 Frequency of services' contact with victims and perpetrators



Notes: n=317 (victims of domestic violence); n=309 (victims of sexual assault); n=304 (perpetrators of domestic violence); n=301 (perpetrators of sexual assault).

Figure 9.5 Frequency of service contact with victims of domestic violence, by main service type

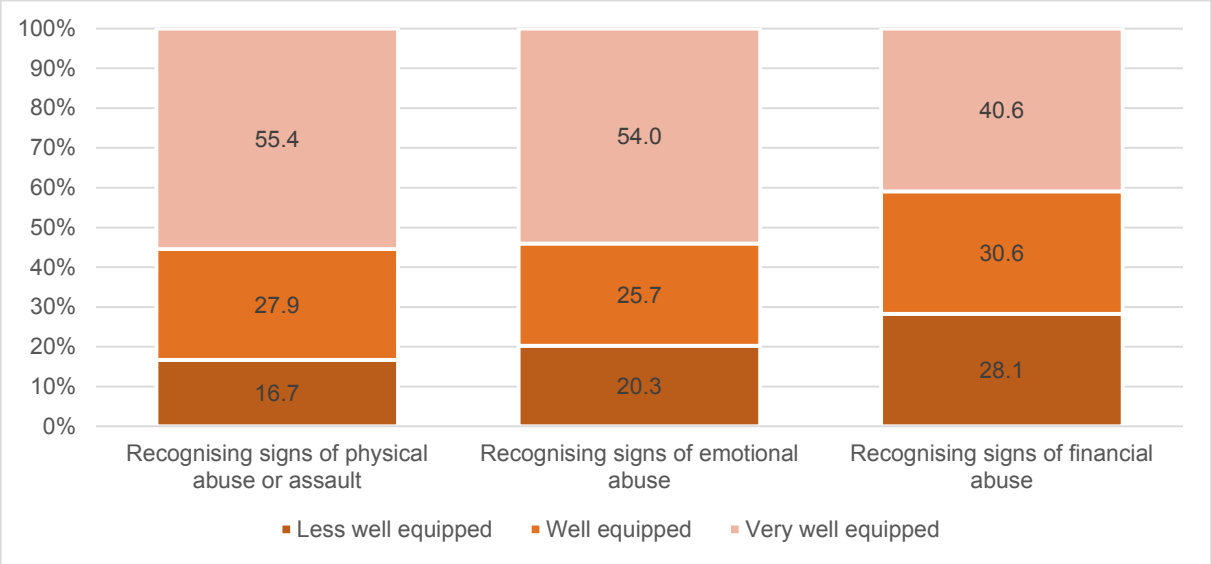


n=317

9.3 Recognising and responding to violence

To capture managers' assessments of levels of skill for recognising violence, the question was asked, how well-equipped respondents felt staff were, in general, to recognise signs of physical abuse or assault, emotional abuse, and financial abuse. Most reported staff were 'well equipped', or 'very well equipped' with respect to each form of violence (see Figure 9.6). However, a higher proportion of respondents felt staff were less well equipped with respect to financial abuse, compared with other forms of violence (28.1%). This reflects findings documented elsewhere about the difficulty of recognising financial abuse, especially given persistent social norms of men having more control over resources than women (Cortis and Bullen, 2015).

Figure 9.6 Leaders' perceptions of how well-equipped staff were to recognise different forms of abuse (%, n=307)



n=316 (physical abuse); n=314 (emotional abuse); n=313 (financial abuse)

Figure 9.7 provides a summary of managers' perceptions across service types. This shows the proportion which said staff were either 'well equipped' or 'very well equipped'. In general, there were higher proportions of respondents in homelessness services who reported that staff felt they were 'well equipped to recognise violence than others. By contrast, lower proportions of those in Settlement Services reported this, likely reflecting differences in how commonly staff work with people affected by violence.

Working with particular client groups

As well as asking about staff capacity to work with particular client groups, the service survey asked respondents how well equipped they thought staff in their service were for addressing the needs of particular client groups. Figure 9.8 shows that across all services, higher proportions of leaders felt staff in their service were well equipped to respond to the needs of parents, followed by children. Relatively high proportions reported staff were less well equipped to work with perpetrators, and people from migrant or refugee backgrounds. Figure 9.9 provides a summary of the proportion reporting staff were 'well equipped' or 'very well equipped' to work with particular groups across the regions.

Figure 9.7 Proportion reporting that staff in their service are 'well equipped' or 'very well equipped' to recognise signs of abuse, by main service type

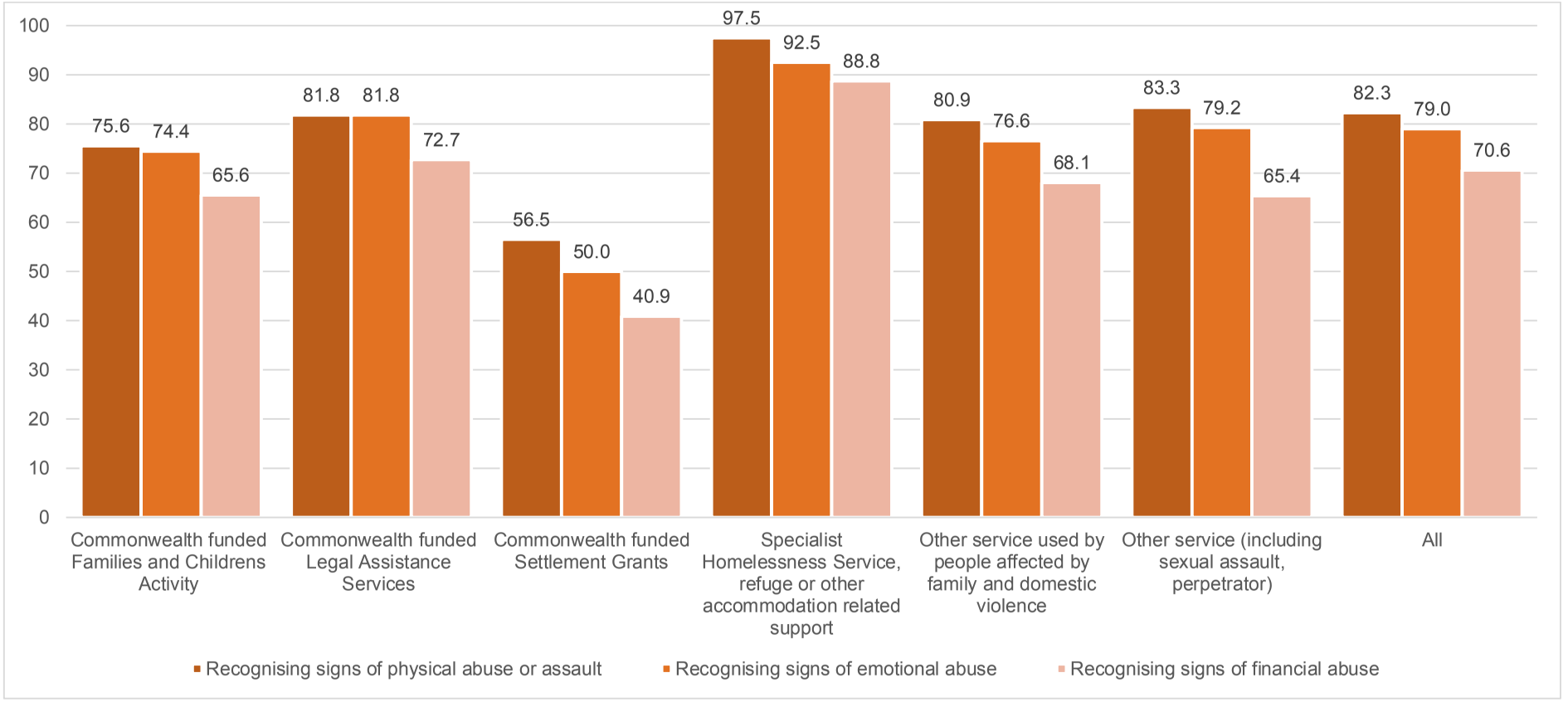
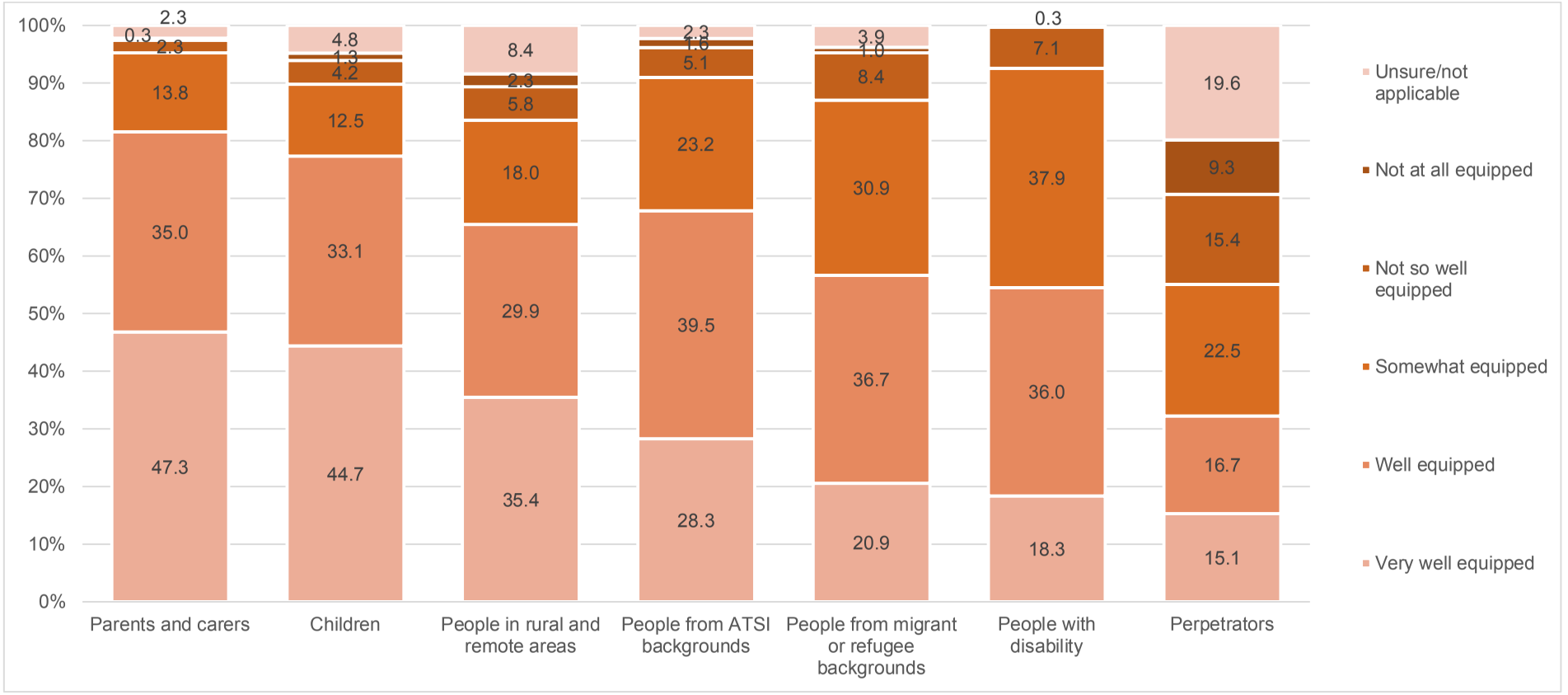
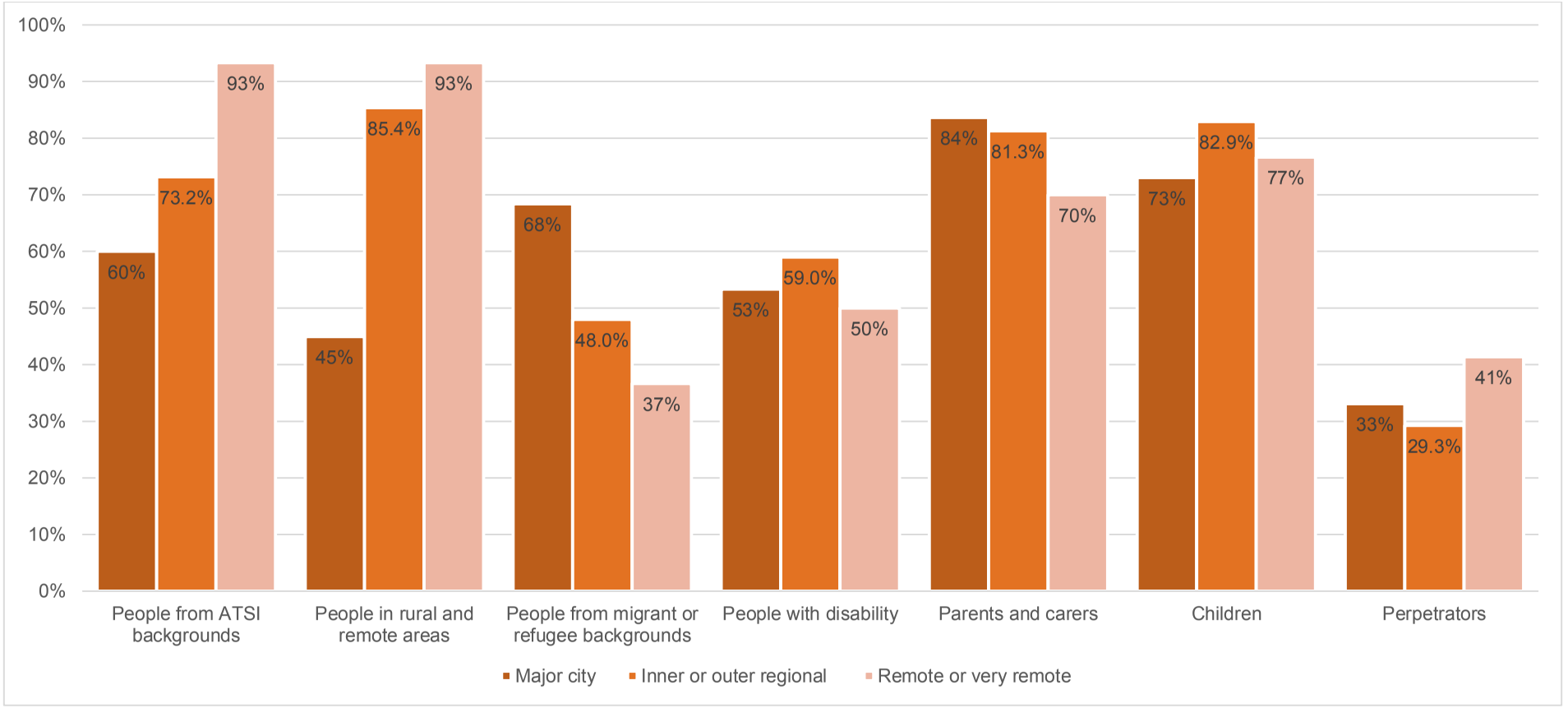


Figure 9.8 Proportion of services reporting staff are well equipped to work with particular groups



n=311 (People from Aboriginal and Torres Strait Islander (ATSI) backgrounds); n=310 (rural and remote; people with disability); n=316 (migrant and refugee); n-314 (parents and carers); n=313 (children); n=307 (perpetrators)

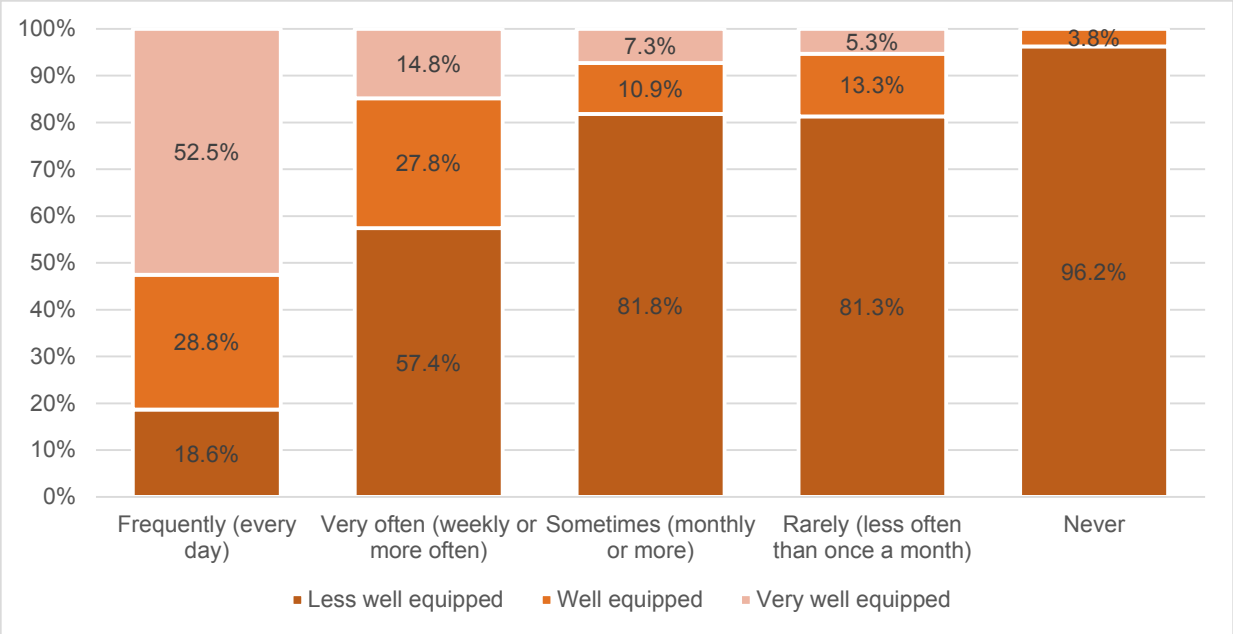
Figure 9.9 Proportion of services which reported staff were 'well equipped' or 'very well equipped' to work with particular groups, by region



Working with perpetrators

Figure 9.10 shows the proportion who said their staff were well equipped or very well equipped to work with perpetrators, according to how frequently they were in contact with this group. Of services in daily contact with perpetrators of domestic violence, a little over half rated staff as 'well equipped' or 'very well equipped' to work with this group and the figure was substantially lower for those less frequently in contact with perpetrators. This underlines the need to build capacity to work with perpetrators, both for those in services working closely with this group and for those working with them less frequently.

Figure 9.10 Proportion of services which reported staff were 'well equipped' or 'very well equipped' to work with perpetrators, by frequency of contact with perpetrators of domestic violence

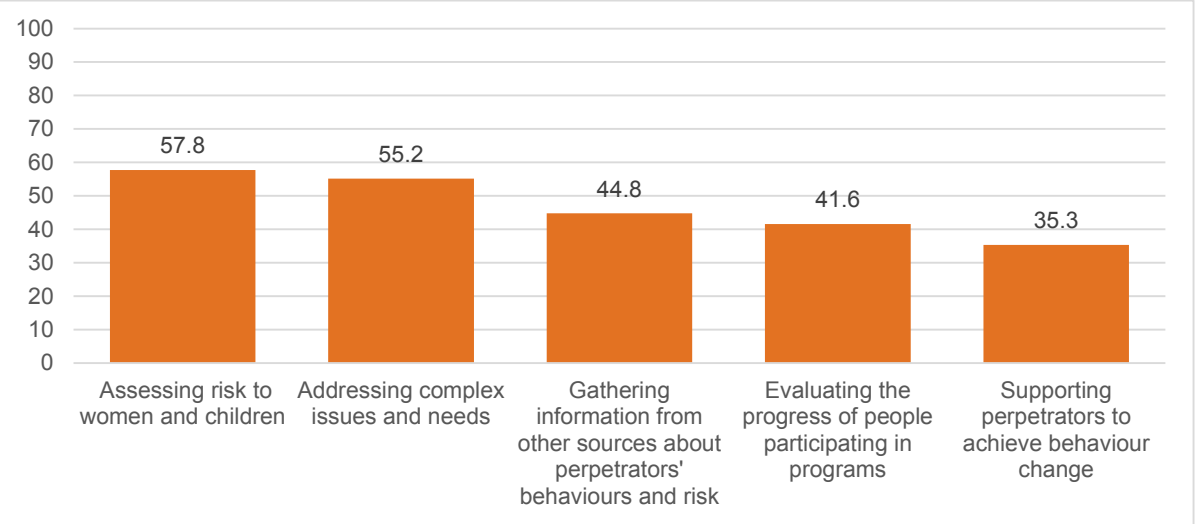


Leaders who said their service was in contact with perpetrators sometimes or more often were asked additional questions about the work they did with perpetrators. The largest group (39.0%) stated their services to perpetrators involved direct work with individuals and groups, while a further 33.1% stated their services to perpetrators involved direct work with individuals only, and 4.0% stated direct work with groups. A quarter (23.9%) said other, which included drop in, family work, providing information advice and referral, legal representation, while others stated they had only incidental contact with perpetrators, for example, through their direct work with children.

Figure 9.11 shows the proportion of service leaders who rated their staff as 'well equipped' or 'very well equipped' for different aspects related to working with perpetrators. A little over half said their staff were 'well (or very well) equipped' for assessing risk to women and children (57.8%) and for addressing complex issues and needs. However, fewer gave this rating for the other aspects: gathering information from other sources about perpetrators' behaviours and risks (44.8%), and evaluating the progress of participants (41.6%). Just over 1 in 3 said staff were 'well equipped' to support perpetrators to achieve behaviour change (35.3%). This indicates considerable scope to build capacity among those working with perpetrators. However, it should be noted that on this set

of measures, higher proportions of workers rated themselves as 'well equipped' compared with service leaders (as shown in Section 4.4).

Figure 9.11 Proportion of service leaders who said their staff were 'well equipped' or 'very well equipped' for various aspects of their work with perpetrators



Improving work with specific client groups

Service leaders were asked an open ended question, 'What (if anything) would help staff in your service to work more effectively with any particular client group?' Many service leaders felt their organisation worked well within their specific service type and client focus. They emphasised the capacity of staff to meet core service functions, but also the importance of good referrals, collaboration and access to other services to meet client needs.

> Our organization has bilingual bi-cultural staff with very good cultural competency skills and knowledge of the Greek and broader ethnic communities. What will benefit staff is ongoing training of staff through tailored programs, peer support programs where information can be shared and improved referral pathways with established DV services. (CEO, urban VIC)

> We work with many women who have mental health issues and there is a clear gap in what services will assist with. Once the woman has a diagnosis of Borderline Personality Disorder, all mental health services withdraw leaving domestic violence case managers to try and support these women which we are not set up for. (Manager, urban SA)

> More opportunities to partner with peak bodies, advocacy groups and community members to build and strengthen relationships for knowledge sharing, planning, research & health promotion. (Team leader, regional VIC)

> More specialist services in the community which are available to refer and link them into. (Manager, regional SA)

Like workers, service leaders felt that additional training was needed in particular areas, especially working with perpetrators, but also other groups such as Aboriginal people, newly arrived communities and people from CALD backgrounds, refugees, children, people with disability and LGBTIQ.

> We are not able to work with perpetrators as we work directly with victims and our premises are not set up to be able to see both. Ideally, we would have another site with a separate team to work with perpetrators but still be part of the same agency with the capacity work collaboratively in our approach helping families. We are exploring new strategies to engage people from Aboriginal and CaLD backgrounds and provide outreach services in a more culturally appropriate service delivery model. (CEO, urban WA)

> Culturally secure understandings and practices for Aboriginal consumers – we are reliant on a few staff to support this cohort. (…) Disability - more knowledge of impacts on women with a disability. LGBTQI - few staff have this knowledge - training across the organisation required. Again reliant on few staff to inform organisation. (Manager, urban WA)

They also spoke of the challenges that result from funding constraints relating to training, adequate staffing, and sufficient resources.

> Funding to enable: more training (cost of training and backfill for workers); more time engaging with other / specialist services rather than carrying out direct service work; more time for developing policies, procedures and strategies to address working with these client groups. (Manager, urban Victoria)

> Appropriate funding levels to provide full time work to staff. Access to subsidized quality training programs. (Co-ordinator, urban Queensland)

> Additional funding to assist with training and upskilling of staff as well as increasing the resource base. (CEO, regional Victoria)

Leaders who manage services in rural and regional locations specifically stressed the challenges of their location for recruiting qualified staff and engaging in training and accessing other services as needed.

> More funding to enable us to place more legal and support staff in regional locations to deliver family law, family violence and child protection services. (Manager, urban WA)

> We provide services in a remote Aboriginal area and our employees are all Indigenous and local, therefore the culture is well understood for those groups. The staff are not highly qualified and definitely need more training in domestic violence, counselling, child welfare. (Manager, remote NT)

> Access to mental health training that has been designed to support the needs of migrants and, particularly, refugees. (…) In regional Queensland, there are no

> professional development opportunities for training in this sector. (Manager, regional QLD)
>
> Continued general awareness training and online resources/supports for referral to services better equipped to support. Especially in a regional area where services are lacking. (Co-ordinator, regional SA)

In contrast to the worker survey respondents, those who completed the service survey emphasised the importance of having sufficient staff to meet the needs of particular client group.

> Firstly we need to be able to maintain an effective staff core group other than the very stable management group. Then we continue with the training and up-skilling / awareness off the respective fields. (CEO, remote WA)
>
> An increase in staff so we has the time to continue to perform our functions and train staff appropriately. (CEO, regional NT)

9.4 Education and training

Figure 9.11 shows the proportion of staff with degree qualifications in major cities, regional areas, or remote and very remote areas, as reported by service leaders. This shows how services in major cities tend to employ staff with higher qualifications. Indeed, 28.7% of services in major cities said over 80% of staff had a degree qualification, compared with 10.3% of those in remote areas, and 16.5% of those in regional areas.

Leaders were also asked whether they perceived the proportion of degree qualified staff in their service to be about right, or too high or too low. Corresponding with the lower proportion of degree trained staff in remote areas, a higher proportion of leaders of these services said the percentage of degree qualified staff was too low (see Figure 9.12). This reflect the need to support capacity of services to attract degree qualified staff in remote and very remote services.

Service leaders were asked how strongly they agreed with the statement "Staff in this service receive enough relevant training and development to do their jobs well". Results are shown in Figure 9.13. Across all services, almost three quarters of leaders (73.9%) felt their staff received enough relevant training and development to do their jobs well. However, this was higher in the major cities and notably lower in remote and very remote areas.

Figure 9.12 Percentage of staff with a degree qualification, by region

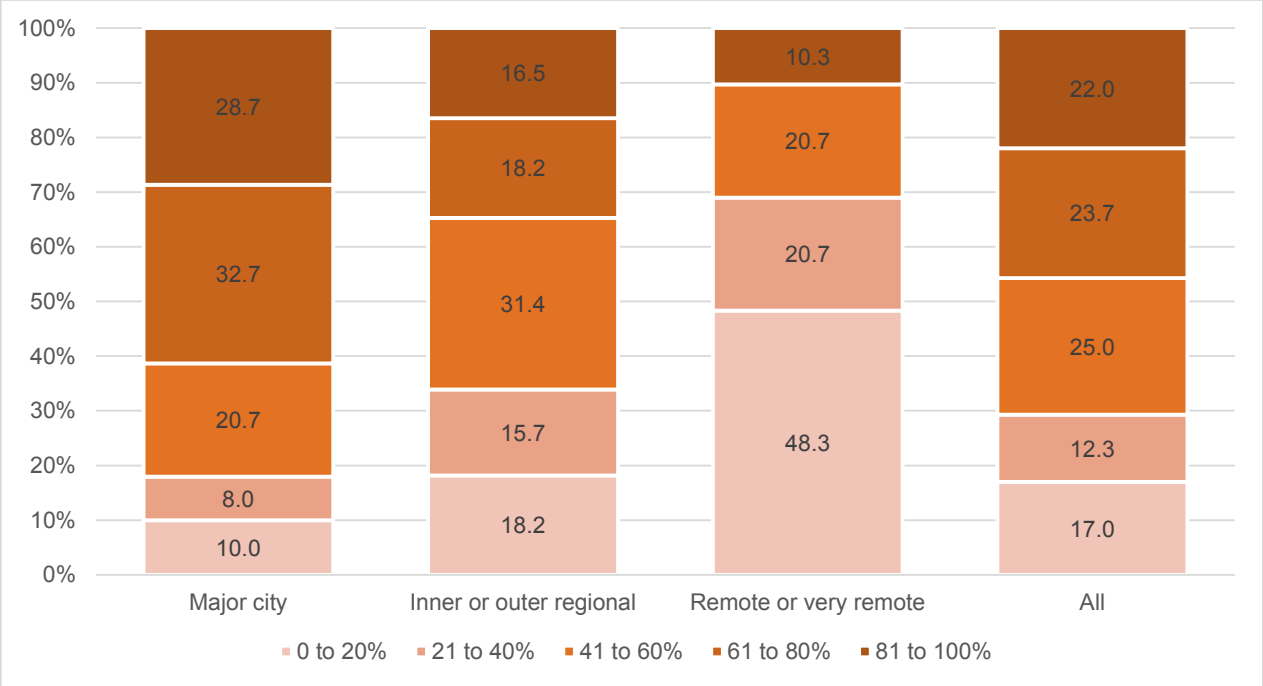


Figure 9.13 Leaders' perceptions of the percentage of degree-qualified staff in their service

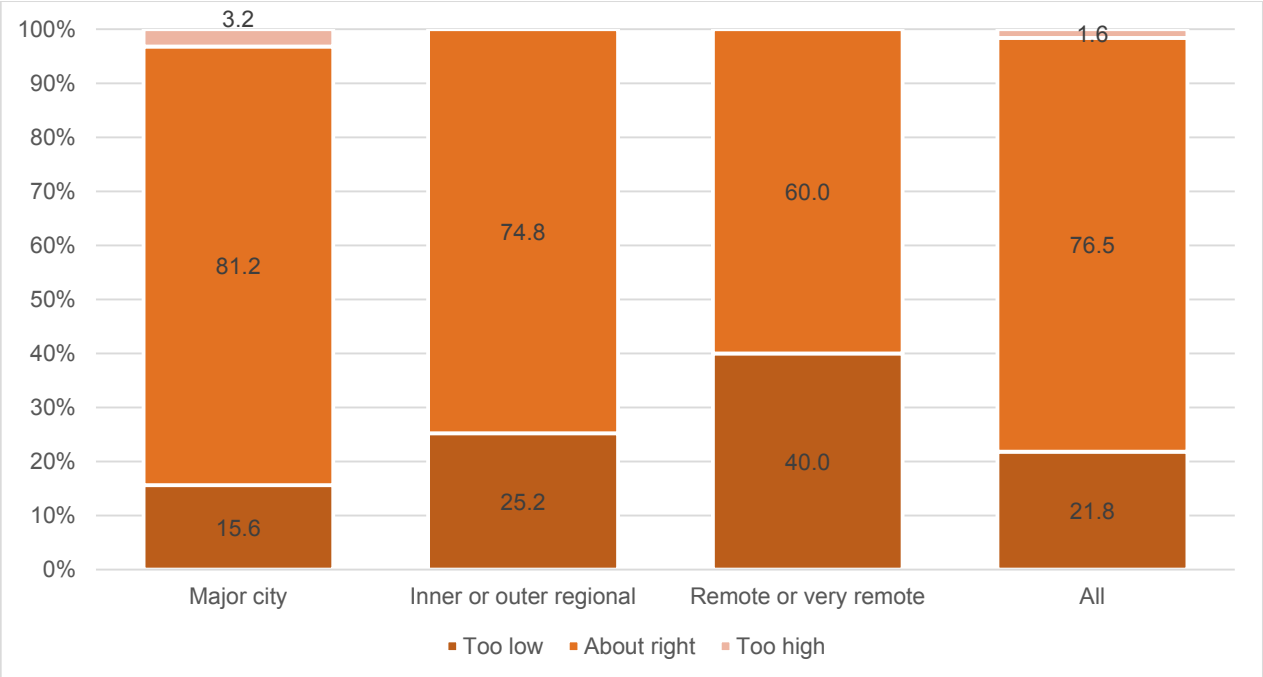
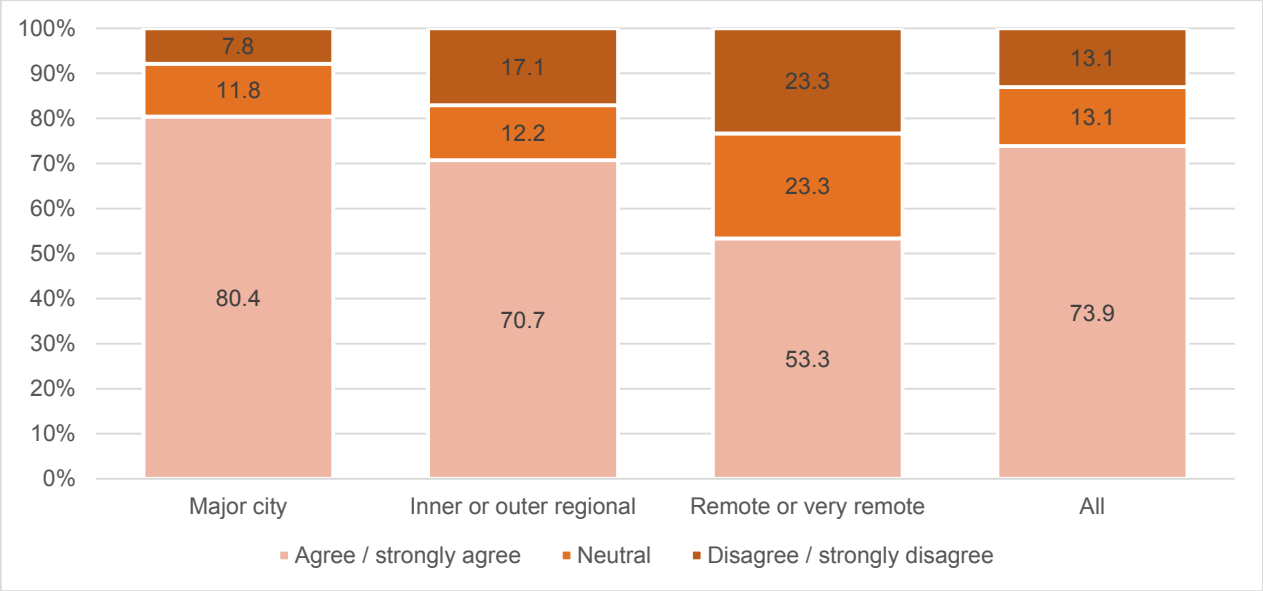


Figure 9.14 Agreement with the statement "Staff in this service receive enough relevant training and development to do their jobs well"



Notes: n=306

Figure 9.15 Service's supports for education, training and development

Notes: n=320

Improving staff training and development

The survey asked respondents to 'Please comment on what (if anything) could be done to improve staff training and development'. Those who managed services based in regional and remote locations found training particularly challenging.

Many service leaders tended to mention funding constraints and the high costs of training and backfilling positions. It was often a struggle to meet these costs, and some services said they rely on free courses when they can access them.

> Adequate funds to cover the cost of relevant training and assistance with back filling positions of workers who are undertaking extended training sessions of one week or greater. (CEO, regional Victoria)

> Our particular program does not have enough funding for professional development. My staff have received lots over the years and now we attend free training sessions or have guest speakers at meetings. Our Organisation can allocate a little funding if needed. (Co-ordinator, regional Victoria)

> Staff training and development is an expensive budget line item. We are a small service that has a small budget. At annual work reviews, the staff and I discuss what is coming up and I do all that I can to ensure that they attend the training courses they need to both develop them and keep them up to date in their field. We often access free or cheaper courses through Northern Territory Council of Social Services and other agencies. (Manager, regional NT)

For some, training costs were connected to their ability to employ suitably qualified staff. Those who frequently employed staff without the preferred level of qualification reported additional costs as they trained up new staff.

> Not for profit organisations such as ours do not receive enough funding to employ all people at a degree level of education. We try to inform staff of free education when available as much as possible. We encourage staff to further their education and support them with paid leave where possible to complete their studies but this leaves us vulnerable at times. I think some free courses for staff in these organisations would greatly assist. (CEO, regional Victoria)

Many leaders in organisations that operate in regional and remote locations spoke specifically about the challenges that training posed. Local courses did not always meet their training needs but travel to training in other locations was sometimes prohibitively expensive.

> Access to training in regional areas. The costs of attending training in Melbourne are large - time, travel, accommodation plus registration. There is no recognition that rural training budgets have to be larger than our metro counterparts. (CEO, regional Victoria)

> Offer training in rural areas. Our rural outlet is disadvantaged because there is less training available in the local area and yet workers from this area are more in need of it as only about 50% have formal qualifications. (CEO, regional Queensland)

9.5 Supervision and practice leadership

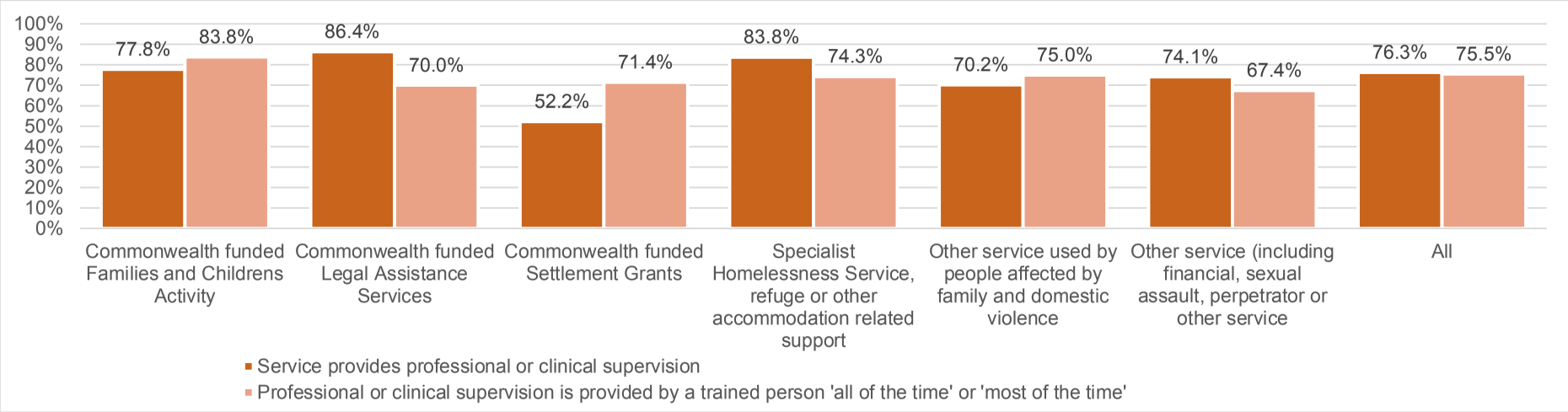
To capture information about services' provision of resources for supervision and practice leadership, questions were asked about whether the service provided professional or clinical supervision for relevant staff, and whether the service offered access to a senior practitioner.

Professional and clinical supervision

The information below shows the proportion of services which provided professional or clinical supervision for relevant staff, and the proportion for which it was generally provided by someone with specific training to provide it.

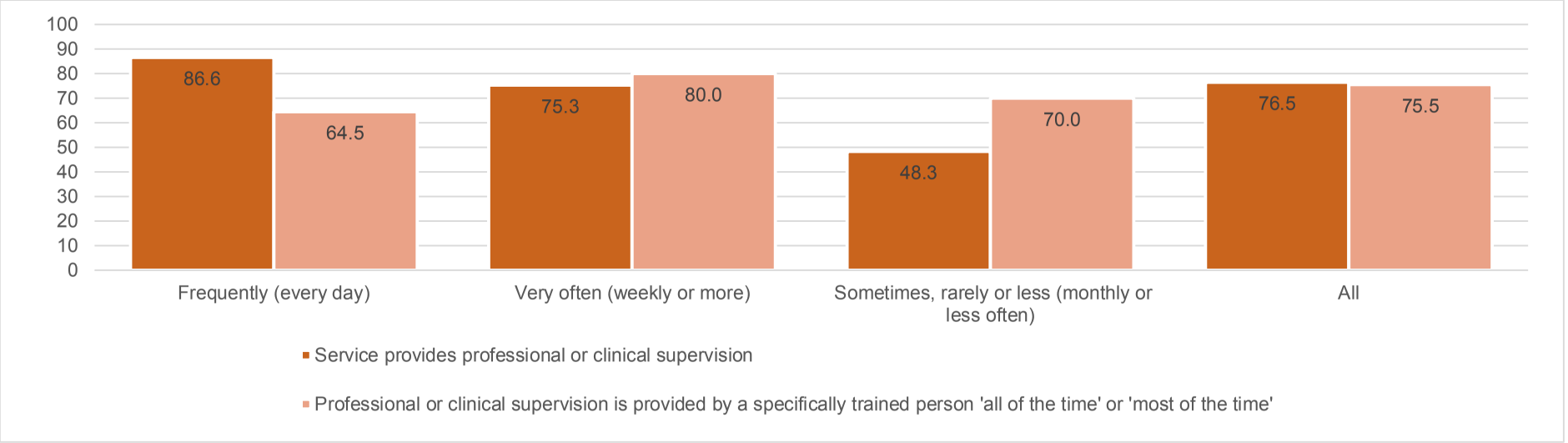
Figure 9.15 shows that more than three quarters of services provided professional or clinical supervision for staff working directly with clients (76.3%), and around the same number reported this supervision was provided by somebody specifically trained to do so either all of the time or most of the time (75.5%). Figure 9.16 provides a breakdown according to services' frequency of contact with victims of domestic violence. Of those in contact with victims frequently, 86.6% provided supervision, which was higher than for those who saw victims less often. However, when these services did provide supervision, a specifically trained person did not necessarily provide it. Of services which frequently saw victims, only 64.5% reported supervision was commonly provided by a specifically trained person, which was less than in services which had less frequent contact with victims.

Figure 9.16 Proportion of services providing professional or clinical supervision for staff working directly with clients, by main service type



Notes: n=316

Figure 9.17 Proportion of services providing professional or clinical supervision for staff working directly with clients, by frequency of contact with victims of domestic violence

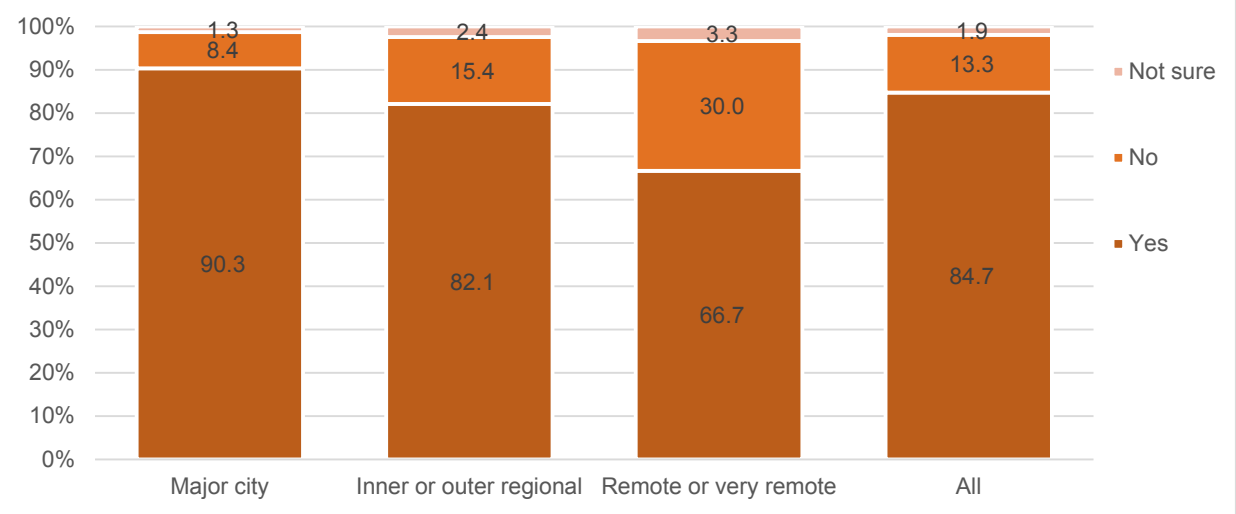


Notes: n=315

Access to a senior practitioner

Services were also asked whether staff had access to a senior practitioner to provide guidance on complex matters. In the vast majority of services (84.7%) staff did have access. However, as shown in Figure 9.17, figures were lower in services based in regional and remote areas. Whereas 90.3% of services based in major cities provided access to a senior practitioner, this was the case for 82.1% of those in inner or outer regional areas, and 66.7% in remote and very remote areas.

Figure 9.18 Proportion of services in which staff have access to a Senior Practitioner



Notes: n=308

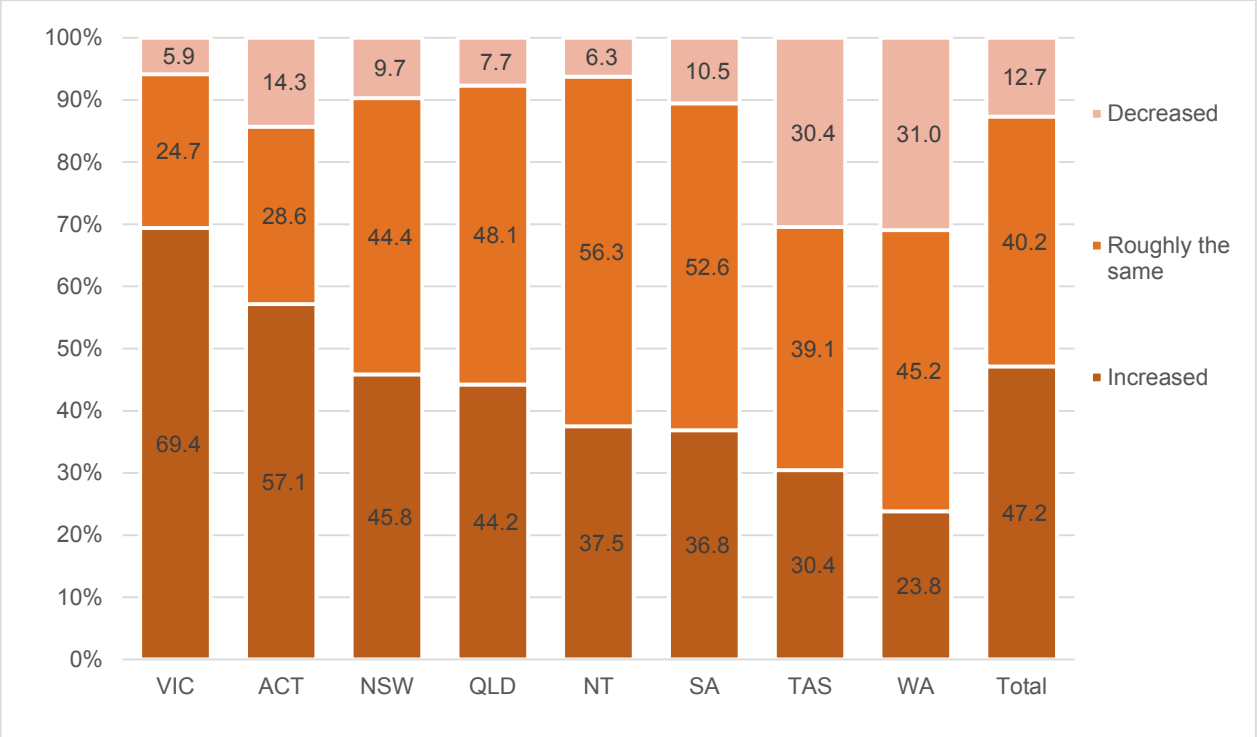
9.6 Recruiting and retaining staff

Leaders were asked a series of questions about employment growth in their organisation and any challenges relating to recruitment and retention. Overall, the dynamic of change appears to be growth, with almost half of organisations experiencing increases in total employment numbers in the last 12 months. As shown in Figure 9.18, 47.2% of services reported increases in staff, while only 12.7% reported decreases; however, this varied by jurisdiction. Reflecting investment in services based in Victoria, 69.4% of services experienced increases in staff over the last 12 months, and only 5.9% experienced decreases. Proportions of services experiencing growth were lower in Western Australia and Tasmania.

Services were also asked to select the main reasons for changes in their staff numbers. In the largest number of cases, the increase in staff was from expanding existing services or programs (29.1% of services), followed by establishment of new programs (25.6% of services). The most common reason for a decrease in employee numbers was loss of funding or the end of a contract, which was not renewed (7.8% of services).

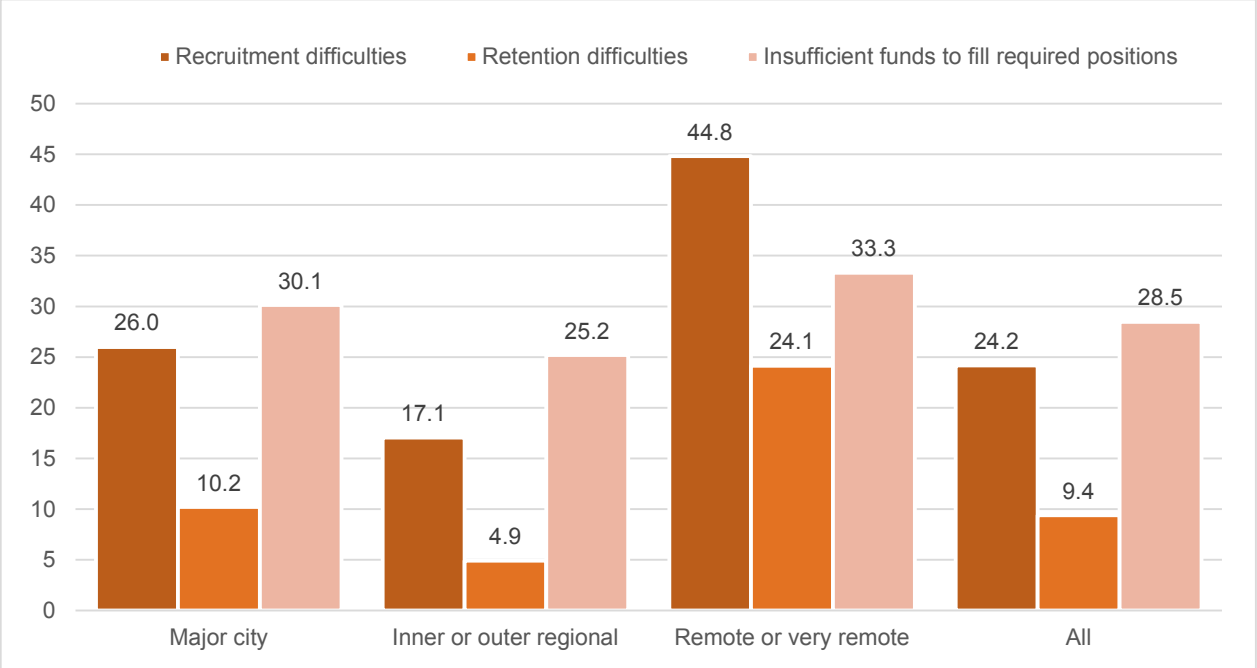
The service survey captured leaders' experiences of difficulties experienced by the service in recruiting and retaining staff. Higher proportions of services in remote areas experienced recruitment difficulties to a 'great' or 'very great' extent (44.8%) compared with those in major cities (26.0%) (see Figure 9.19).

Figure 9.19 Responses to the question: "Compared with this time last year, has the total number of employees in your service increased, decreased or stayed the same?"



Notes: n=316

Figure 9.20 Proportion of services reporting experiencing difficulties to a 'great' or 'very great' extent



Note: n=305. Full data is in Appendix D, see Table D-3.

Leaders' perspectives on recruitment and retention

When asked to specify the main issues for the service in recruiting and / or retaining staff, many explained they found recruitment more difficult than retention, and felt it was worse in non-metropolitan areas, corroborating the data above. Example of comments were:

> We have no issues in retaining staff our staff are all long-term workers with the organisation. Hiring new staff to replace retiring staff is extremely difficult due to qualifications required for staff by funding bodies as rural areas do not attract qualified people and rates of pay small non-profits can provide are not as attractive as those offered by larger organisations or in the cities. (Senior manager, regional QLD)

> (We are] an NGO and cannot provide salaries and /or conditions commensurate with mining, local government and government. (Manager, remote WA)

> Being in a remote and regional area, it is difficult to find skilled or experienced people available as those with the skills are already working. (Co-ordinator, remote QLD)

Some specified that they experienced difficulties in relation to particular skills or roles. One explained for example:

> We find the more senior clinical role much more difficult to recruit as they require a mix of leadership, managerial and clinical understandings. (CEO, regional VIC)

> Service requires bilingual workers due to client base limiting number of applicants. Applicants don't have the appropriate qualifications. Small number of applicants due to nature of organisation (ethno- specific) limiting options. (CEO, urban VIC)

Some highlighted the level of complexity of the work, and the specialisation required, in their accounts of recruitment difficulties, for example:

> The main issue is recruiting staff that can either work with sexual assault survivors daily (counselling), speak about sexual assault publicly (community education) or greet sexual assault survivors daily (admin). Not everyone can undertake this as working in the area of sexual assault often results in vicarious trauma. (Manager, regional area, NT)

Others highlighted the importance of finding individuals to work closely in small teams. As one stated:

> Suitability/ability to work effectively individually and as part of team, with client group - we identify need for ability to work in highly specialised sector. Need to get right 'fit' with team due to size (small) and interaction of team. (CEO, remote SA)

In terms of retention, many identified it was difficult to hold staff for long periods due to the nature of the work. Examples include:

> Difficult roles in a resource stretched environment where demand exceeds supply and options for people are limited. (Manager, urban VIC)

> It is hard to fully explain the nature of the work to candidates. Sometimes the work doesn't meet expectations, sometimes staff have used positions with us to springboard into government work. Sometimes staff believe this is the work they want to do, but when they actually get the position the commitment needed to work in a crisis service that also involves, cleaning, responding to crisis etc. is not the right fit for them. (Team leader, urban QLD)

> Lack of fulltime funding for roles and the short term nature of work are the main contributing factors to the difficulties in attaining and retaining staff. (Manager, regional QLD)

Some specifically mentioned wages, for example:

> Award rates are still not enough to attract highly experienced workers (CEO, urban NSW)

> Wages do not keep up with the price rises and the only time there is a rise is when the government raise the level across the board. (Co-ordinator, regional TAS)

As a specialised service it can be hard to find staff with appropriate skills /experience. Also the pay levels offered are low. We have managed to maintain staff by providing flexibility with days/ hours of work and a supportive work environment, as well as the opportunity for professional supervision and training.

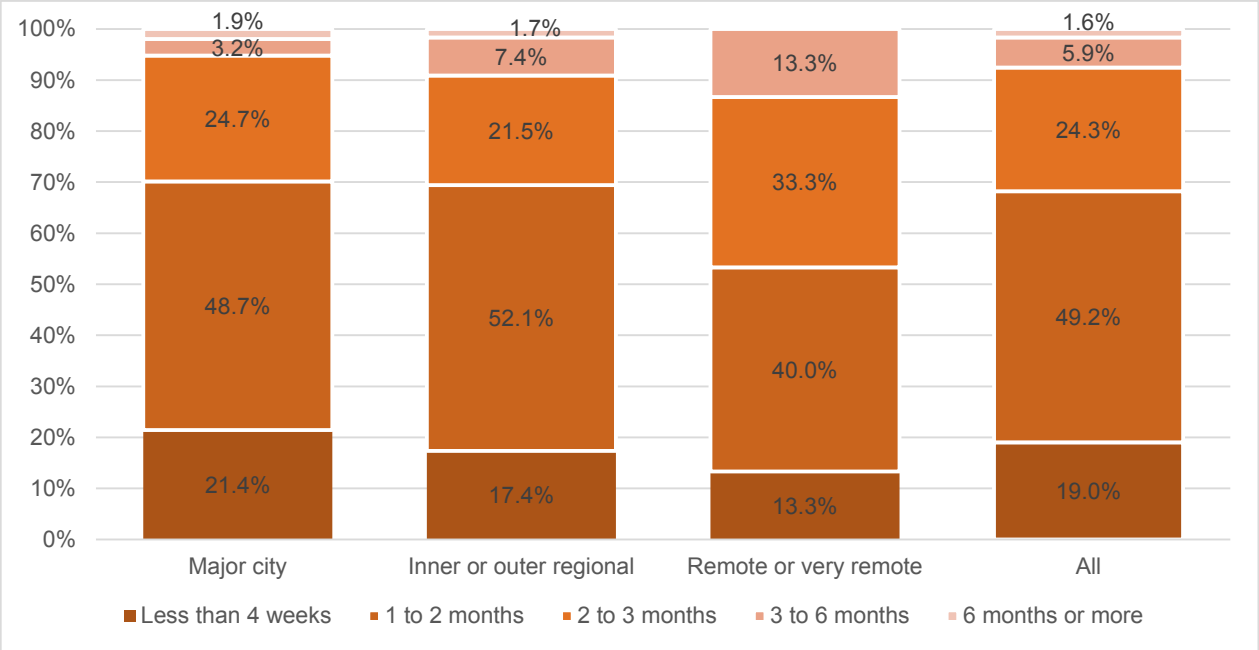
Filling vacancies

Service leaders were also asked about the time it usually took to fill vacancies. While there were not huge differences between those in major cities and regional areas, higher proportions of respondents in remote or very remote areas reported that filling vacancies took more than 3 months, and fewer reported filling vacancies took less than 4 weeks (see Figure 9.20).

When asked which positions were hardest to fill, respondents mentioned specialist roles, such as clinical psychologists or teachers, and specialists in regional and remote areas. Others mentioned it was difficult to find experienced managers, experienced Aboriginal members of staff, bilingual workers, and male workers. Others used the opportunity to mention that they received many applications for every advertised position and did not generally face difficulties filling positions.

In terms of perceptions of the main reasons positions are difficult to fill, more than half felt the main difficulty was the level of pay on offer (57.2%). This was followed by the location of work (35.6%), the complexity of client issues (29.7%), and short term contracts (29.4%). Some commented about the level of competition in the sector for a pool of local staff and the constraints of short term funding. Others mentioned competition with government salaries. Other comments related to the difficulty of finding people able to work cross-culturally, while others simply commented there is a lack of people with required skills and qualifications.

Figure 9.21 Time usually taken to fill vacancies



Notes: n=312

Respondents were also asked what their service had done in the last 12 months to help address staff shortages. The most common was training existing staff to fill areas of need (48.4% of services), followed by paying staff to work additional hours (43.8%). Improving working conditions in attempts to attract or retain staff was reported by 37.8%), 36.6% used student placements or volunteers, and 28.8% were able to increase pay to attract or retain staff.

9.7 Leaders' perspectives on resourcing

Many held concerns about funding for their service and across the sector, with some reporting concerns that short term funding contracts were undermining the viability of working in family and domestic violence services. Comments included:

> Constant threat of loss of funding which leads to high levels of stress within staff due to job insecurity. (CEO, urban WA)

> Overall, I believe long-term funding stability and predictability is very important for fostering an effective workforce. (CEO, remote WA)

Many were also concerned that underfunding meant the sector was not able to adequately meet demand or develop high quality services to meet the complex needs of people affected by DFV.

> Services like refuges need to have a continuity in funding and staff and ability to achieve outcomes with appropriate resources such as staff and infrastructure to

> cope with the demands of life threatening situations such as domestic violence, sexual assault which generally leads to 'suicidal thoughts'. (Manager, remote WA)
>
> I believe it is vital (…] that we emphasise long-term interventions with ongoing funding are needed. 'Band-Aid' solutions funded by small 'droplets' from the funding bucket don't work. (…] Fundamentally funding bodies whether State or Commonwealth need to respect the intensive and complex work that frontline staff do in this sector, which would then appropriately respect our clients and their experiences. (Co-ordinator, urban NSW)

Many other service leaders emphasised the need for a response to family and domestic violence that is far reaching and includes all of the community sector, plus policing and legal services.

> All community services work with people who are impacted by family violence. Funding and training is often not extended to all though. (CEO, regional Victoria)
>
> Family Violence is present with individuals and families presenting through all service systems. Achieving and shared awareness of the problem and recognition of signs will progress earlier intervention to increase the possibility of strengthening relationships, reducing and repairing trauma rupture. (CEO, urban Victoria)
>
> The work of Community Centres/Neighbourhood Houses in preventative services across the range of areas is grossly undervalued. (Manager, regional Queensland)
>
> With the increase awareness of family violence and sexual assault, and the myriad contributing factors e.g. mental health substance abuse, inter-generational, cultural, gender, isolation, it is crucial that the sector has a trained and skilled workforce who are appropriately resource to work effectively in this space. (Manager, regional Victoria)

10. Concluding discussion

This report provides new information about the characteristics of workers in services used by people affected by domestic violence and sexual assault. The findings show many characteristics and strengths of the workforce, but also that there are some areas where skills and capacity needs to be strengthened.

As expected, we found the workforce to be predominantly female, although men are better represented among those working closely with perpetrators of violence. Almost a quarter of workers will reach retirement age in the next ten years. Services tend to experience more difficulty with recruitment than retention and most employees intend to remain in the industry in coming years. However, those working closely with perpetrators were more likely than workers who deal less frequently with perpetrators to say they intend to leave the industry. This suggests potential staffing problems in any expansion of services targeting perpetrators.

The workforce is diverse; however, many workers and service leaders feel a need to build further capacity to support specific groups affected by violence, including Aboriginal and Torres Strait Islander people, LGBTIQ people, asylum seekers and people with experiences of homelessness.

The data also showed that a high proportion of employees are tertiary educated. However, the majority of workers did not report that their formal qualifications prepared them very well to work with victims or perpetrators of DFV and sexual assault. Workers with qualifications in social work or community services, youth work or welfare studies, generally felt better prepared. This underlines the need to embed skills to prevent and address gender-based violence in curricula, recognising the multiple pathways to working in services used by people affected by violence.

Both service leaders and workers identified a need to improve capacity to work effectively with perpetrators, including in relation to promoting behaviour change and monitoring outcomes. Among those working closely with perpetrators, the major challenges were working with perpetrators resistant to interventions and promoting behaviour change. There were also high proportions of staff working closely with perpetrators who reported their work was emotionally draining, and that their work interfered with their personal life, indicating a need to consider health and safety in workforce development strategies.

Overall, the findings provide baseline information that could be built on with an ongoing initiative to monitor workforce capacity and development to enable trends to be tracked over time, and for subgroups, including those working with perpetrators. This offers to guide governments and services in their development of plans for the future and build a competent, well supported workforce. While this study provides a basis for planning and development, further research could expand the sampling to explore issues for workers in other contexts, such as those working with perpetrators or victims in corrective services, justice departments and child protection. Including workforce information in the reporting requirements of services receiving government funding may also provide the basis for a monitoring strategy.

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Appendix A Themes from consultations

Stakeholders recognised the high levels of general and specialist skills among workers in services used by people affected by domestic violence and sexual assault, and the achievements of service provider organisations, peak bodies and others in supporting workforce capacity development. However, there was general concern that more needs to be done to build capacity nationally, as skill levels and development opportunities currently vary across jurisdictions, regional areas and organisations. Rather than being systematic and co-ordinated across the workforce, capacity and prospects to build capacity tends to depend on the initiatives and approaches of individual employers, and the extent to which they have knowledge of, and are willing to be guided by, the National Plan and State/Territory Plans.

The sector needs a wide range of skill

Stakeholders described how DFV workers hold a unique set of skills that can create significant opportunities for change in both victims and perpetrators lives. They discussed how services employ workers with a range of skill types and levels, including degree qualified workers and people with direct experience of violence. They noted the importance of workers in the sector being able to utilise a wide range of skills, including counselling, risk assessment, advocacy, facilitating groups, capacity to navigate multiple systems, being able to use interpersonal skills in crisis situations, understanding violence and how it affects women, using feminist and women-centred approaches, navigating cultural difference, and managing high workloads. Some stakeholder interviewees also underlined the importance of skills for working collaboratively, including under co-located/integrated service models or in multi-disciplinary teams. Several mentioned the importance of developing skills of resilience and self-care, discussing how workers need capacity to manage vicarious trauma.

Those working with perpetrators mentioned utilising a range of counselling, psycho-educational and case management skills, including screening and assessment. They also mentioned skills of facilitation and relationship building, and presentation skills to deliver workshops in community settings, such as in health services, schools, sports clubs, or child protection contents. As such they saw a need for workers who could adapt content to deliver key message to suit different audiences. As well as communication skills, workers were perceived to need compassion, knowledge of support services, and safety planning. Interviewees mentioned that few have skills and knowledge for working with Aboriginal communities. One also raised concerns that male practitioners in men's behaviour change programs may not recognise the need to address their own male privilege and entitlement and use of gender-based power, which could raise difficulties, including among female colleagues.

Some employers considered VET level qualifications more effective for developing the required skill base, while others required workers with degree level professional training or used student placements as opportunities to build skill among students who would subsequently obtain positions in the agency. Other participants prioritised the employment of CALD or Aboriginal staff or peer workers and were keen to point out that any moves to professionalisation should not come at the expense of maintaining workers with lived experience of violence or disadvantage.

Recruitment difficulties and responses

Stakeholders described varied access to skilled domestic violence workers, with many considering the pool of applicants for positions to be limited at a time that demand for services was rising. Some outlined how experienced domestic violence workers were in short supply, especially outside the major cities. Finding quality staff to work in men's behaviour change programs was described as 'incredibly difficult'. Sudden injections of funding for men's behaviour change and other perpetrator interventions was seen to create sudden demand for organisations to recruit new practitioners, who may not be ready to work and may need substantial training and supervision.

Stakeholders pointed out that both victim and perpetrator services are generally under-funded, and policy changes often increased expectations on services, without increasing staff numbers and capacity. Low funding was viewed to generate low pay, contributing to problems in attracting professional staff from public and private sector positions, including lawyers. Where they experienced staff shortages, many employers responded by recruiting staff completing student placements, or staff identified as having appropriate values and whose skills and capacities could be built through training and on the job support.

Skill development

Informants explained how access to training and support tended to depend on employers' initiative, and the resources available in different areas. Stakeholders generally supported expanding training and development opportunities and ensuring they were appropriate to current needs but felt widespread lack of funds across organisations precluded workplaces paying for staff to attend training, or covering positions while people attended. Some had innovative ways of building capacity, such as sharing training resources across partner agencies, and systems, such as sharing training between health and legal services. 'Good' employers had training budgets and were able to support staff to undertake training and professional development and in some cases to obtain formal qualifications. One case was mentioned of a funding agency providing funds for contracted organisations to support staff to attend training. However, this appeared the exception rather than common practice. One felt there were opportunities for learning through networking across victim and perpetrator services, including around safety planning. Another mentioned a need for training in how to share sensitive information between victim and perpetrator services.

Retention

Informants observed that loss of staff, especially during the early career stage was common, and attributed this to poor pay, challenging work, low organisational support and limited career pathways. Funding instability and shifts in contracts between organisations was considered a major source of retention problems. Even though funding was often rolled over, funding uncertainty and poor job security (such as short-term jobs linked to funding length) was seen to make it difficult to retain staff. Capacity of rural agencies to retain staff was also affected by opportunities in available in other local agencies. Loss of staff was perceived as problematic especially when it disrupted client-worker relationships, and when staff left the industry (not just their employer). Recognition of seniority and creation of levels of management was seen to help retain people and encourage development and pathways.

Preventing burnout

Preventing burnout was also seen as an important retention tool, and informants described how the design of job roles could assist. Staff working with perpetrators could need a lot of support and respite, which was not always logistically possible. Some organisations were managing caseloads to ensure workers did not burnout, including by designing their jobs to involve other activities, such as attending meetings or network, or delivering community education, so they were not constantly exposed to crisis. A mix of tasks was seen to help prevent vicarious trauma, whilst supporting service delivery. Perceptions that workers were working up against systems could be demoralising and contribute to burnout. Institutional policies and practices were often far behind best practice models of working with people affected by violence, which could contribute to a feeling that systems were failing clients, and subsequent demoralisation and burnout.

Supervision

Informants described varied approaches to supervision, reflecting the range of types of practitioners and types of supervision needs among workers in services used by people affected by violence. While some workers would have access to regular, high quality clinical supervision, and in some instances externally provided consultation, others had more basic line management supervision. Some interviewees observed how access to clinical supervision/consultation had reduced in recent years, contributing to a lack of confidence in practice, and heightened risk of vicarious trauma. Some noted differences in different organisations and areas, and noted that funding bodies generally do not require employers to provide clinical supervision. One interviewee mentioned that supervisors' live or video reviews of practice with perpetrators could help ensure poor practice was detected and addressed.

Building capacity

To build capacity, stakeholders suggested that funders consider introducing requirements for employers to report on their provision of staff training, supervision, wages and recruitment and retention trends. Another suggested that funders establish funds and set obligations in funding contracts for employers to provide training, supervision and other supports to workers. Government funding to ensure practice standards for perpetrator interventions were met, were also suggested. Tighter regulation of capacity development would help to monitor trends and ensure funds are allocated to organisations supporting workforce development. Other suggestions were to retain multiple pathways into the sector, to ensure professionalisation did not come at the expense of loss of staff able to draw on lived experience.

Appendix B Supplementary Data (Worker survey)

Table B-1 Frequency of contact with people affected by violence

	Victims of domestic violence		Victims of sexual assault		Perpetrators of domestic violence		Perpetrators of sexual assault	
	n	%	n	%	n	%	n	%
Frequently (every day)	475	41.4	177	16.1	142	13.4	28	2.7
Very often (weekly or more often)	396	34.6	349	31.8	225	21.2	90	8.7
Sometimes (monthly or more)	174	15.2	346	31.5	269	25.3	246	23.7
Rarely (less often than once a month)	78	6.8	183	16.7	250	23.5	392	37.8
Never	23	2.0	43	3.9	177	16.7	282	27.2
All	1146	100.0	1098	100.0	1063	100.0	1038	100.0

Table B-2 Age of respondents by region

	Major city		Inner or outer regional		Remote or very remote		All	
	n	%	n	%	n	%	n	%
20 to 24	14	2.2	15	3.3	0	0.0	29	2.6
25 to 34	180	27.7	87	19.0	8	28.6	275	24.3
35 to 44	144	22.2	115	25.2	7	25.0	266	23.5
45 to 54	179	27.6	114	24.9	6	21.4	299	26.4
55 to 64	109	16.8	106	23.2	7	25.0	222	19.6
65 and over	23	3.5	20	4.4	0	0.0	43	3.8
All	649	100.0	457	100.0	28	100.0	1134	100.0

Table B-3 Gender by main service type

	C'th-funded Families and Children Activity	C'th-funded Legal Assistance Services	C'th-funded Settlement Grants	C'th-funded Financial Wellbeing and Capability	SHS, refuge, tenancy, or accommodation support	Other DFV service	Other service used by people affected by sexual assault	Specialist perpetrator program	Other	All
	n	%	n	%	n	%	n	%	n	%
Male	31	26	3	12	49	14	1	16	19	171
	12.5	16.9	13.6	32.4	16.1	7.1	3.4	53.3	14.3	14.8
Female	214	124	16	24	251	182	28	14	112	965
	86.3	80.5	72.7	64.9	82.6	92.9	96.6	46.7	84.2	83.7
Other / prefer not to say	3	4	3	1	4	0	0	0	2	17
	1.2	2.6	13.6	2.7	1.3	0.0	0.0	0.0	1.5	1.5
All	248	154	22	37	304	196	29	30	133	1153
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table B-4 Length of time in current position, by main service type

		Less than 6 months	6 months to <1 year	1 year to <2 years	2 to <5 years	5 to <10 years	10 years or more	All
C'th funded Families and Children Activity	n	38	43	36	69	31	31	248
	%	15.3	17.3	14.5	27.8	12.5	12.5	100
C'th funded Legal Assistance	n	19	26	23	29	26	32	155
	%	12.3	16.8	14.8	18.7	16.8	20.6	100
C'th funded Settlement Grants Program	n	3	3	6	2	2	6	22
	%	13.6	13.6	27.3	9.1	9.1	27.3	100
C'th funded Financial Wellbeing and Capability	n	0	3	5	11	14	4	37
	%	0.0	8.1	13.5	29.7	37.8	10.8	100
Homelessness / tenancy / accommodation support	n	30	35	53	91	57	38	304
	%	9.9	11.5	17.4	29.9	18.8	12.5	100
Other service used by people affected by DFV	n	37	31	32	45	29	21	195
	%	19.0	15.9	16.4	23.1	14.9	10.8	100
Other service used by people affected by sexual assault	n	5	6	6	4	4	4	29
	%	17.2	20.7	20.7	13.8	13.8	13.8	100
Specialist perpetrator program	n	6	7	7	6	1	3	30
	%	20.0	23.3	23.3	20.0	3.3	10.0	100
Other	n	7	10	26	31	38	21	133
	%	5.3	7.5	19.5	23.3	28.6	15.8	100
All	n	145	164	194	288	202	160	1153
	%	12.6	14.2	16.8	25.0	17.5	13.9	100

Table B-5 Length of time in similar positions, by main service type

		Less than 1 years	1 year to <2 years	2 to <5 years	5 to <10 years	2 to <20 years	20 years or more	All
C'th funded Families and Children Activity	n	15	21	61	67	67	19	250
	%	19.2	22.6	23.1	24.3	21.8	14.0	21.7
C'th funded Legal Assistance	n	12	13	34	34	39	23	155
	%	15.4	14.0	12.9	12.3	12.7	16.9	13.4
C'th funded Settlement Grants Program	n	3	3	3	3	5	5	22
	%	3.8	3.2	1.1	1.1	1.6	3.7	1.9
C'th funded Financial Wellbeing and Capability	n	2	2	9	8	12	4	37
	%	2.6	2.2	3.4	2.9	3.9	2.9	3.2
Homelessness / tenancy / accommodation support	n	18	25	71	74	80	36	304
	%	23.1	26.9	26.9	26.8	26.1	26.5	26.3
Other service used by people affected by DFV	n	18	16	46	41	51	24	196
	%	23.1	17.2	17.4	14.9	16.6	17.6	17.0
Other service used by people affected by sexual assault	n	3	2	4	5	13	2	29
	%	3.8	2.2	1.5	1.8	4.2	1.5	2.5
Specialist perpetrator program	n	3	2	6	8	7	4	30
	%	3.8	2.2	2.3	2.9	2.3	2.9	2.6
Other	n	4	9	30	36	33	19	131
	%	5.1	9.7	11.4	13.0	10.7	14.0	11.4
All	n	78	93	264	276	307	136	1154
	%	100	100	100	100	100	100	100

Table B-5 Number of staff supervisors provide supervision to										
	C'th-funded Families and Children Activity	C'th-funded Legal Assistance Services	C'th-funded Settlement Grants Program	C'th-funded Financial Wellbeing and Capability	Specialist Homelessness Service, refuge or other housing, tenancy, or accommodation support	Other service used by people affected by family and domestic violence	Other service used by people affected by sexual assault	Specialist perpetrator program	Other (please specify)	All
	n	%	n	%	n	%	n	%	n	%
	63	32	9	16	76	46	5	5	51	303
None	25.2	20.6	40.9	43.2	24.9	23.5	17.2	16.7	38.3	26.2
	100	64	8	14	108	47	6	5	51	403
1 or 2	40.0	41.3	36.4	37.8	35.4	24.0	20.7	16.7	38.3	34.8
	58	40	3	5	78	62	8	12	23	289
3 to 5	23.2	25.8	13.6	13.5	25.6	31.6	27.6	40.0	17.3	25.0
	22	11	2	2	34	27	7	4	5	114
6 to 10	8.8	7.1	9.1	5.4	11.1	13.8	24.1	13.3	3.8	9.9
	7	8	0	0	9	14	3	4	3	48
More than 10	2.8	5.2	0.0	0.0	3.0	7.1	10.3	13.3	2.3	4.1
	250	155	22	37	305	196	29	30	133	1157
All	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Table B-6 How well equipped respondents felt in meeting needs of particular client groups

	Aboriginal and Torres Strait Islander people		People in rural and remote areas		People from migrant, refugee, or non-English speaking backgrounds		People with disability		Parents and carers		Children		Perpetrators	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Not at all equipped	24	2.1	44	4.1	35	3.1	19	1.7	11	1.0	34	3.1	176	16.8
Not so well equipped	120	10.7	186	17.4	176	15.7	179	15.9	63	5.6	108	9.8	239	22.8
Somewhat equipped	383	34.1	298	27.8	410	36.5	392	34.8	247	22.0	236	21.5	277	26.5
Well equipped	393	35.0	319	29.8	355	31.6	387	34.4	453	40.3	395	35.9	226	21.6
Very well equipped	200	17.8	216	20.2	142	12.6	143	12.7	349	31.0	323	29.4	115	11.0
Unsure	3	0.3	8	0.7	6	0.5	5	0.4	1	0.1	4	0.4	13	1.2
	1123		1071		1124		1125		1124		1100		1046	

Table B-7 Agreement with the statement "When I started working in this service, I received appropriate induction"

		C'th-funded Families and Children Activity	C'th-funded Legal Assistance Services	C'th-funded Settlement Grants Program	C'th-funded Financial Wellbeing and Capability	Specialist Homelessness Service, refuge or other housing, tenancy, or accommodation support	Other service used by people affected by family and domestic violence	Other service used by people affected by sexual assault	Specialist perpetrator program	Other (please specify)	All
Strongly disagree	n	9	13	2	4	28	13	0	2	10	81
	%	3.6	8.4	9.1	10.8	9.2	6.7	0.0	6.7	7.6	7.0
Disagree	n	24	21	3	7	45	34	1	8	21	164
	%	9.6	13.5	13.6	18.9	14.8	17.4	3.4	26.7	15.9	14.2
Neutral	n	43	24	4	4	43	39	4	4	19	184
	%	17.2	15.5	18.2	10.8	14.1	20.0	13.8	13.3	14.4	15.9
Agree	n	116	70	7	11	103	58	12	8	51	436
	%	46.4	45.2	31.8	29.7	33.8	29.7	41.4	26.7	38.6	37.7
Strongly agree	n	58	27	6	11	86	51	12	8	31	290
	%	23.2	17.4	27.3	29.7	28.2	26.2	41.4	26.7	23.5	25.1
Total	n	250	155	22	37	305	195	29	30	132	1155

Table B-8 Agreement with the statement "I have adequate opportunities to share information and discuss practice with colleagues"

		C'th-funded Families and Children Activity	C'th-funded Legal Assistance Services	C'th-funded Settlement Grants Program	C'th-funded Financial Wellbeing and Capability	Specialist Homelessness Service, refuge or other housing, tenancy, or accommodation support	Other service used by people affected by family and domestic violence	Other service used by people affected by sexual assault	Specialist perpetrator program	Other (please specify)	All
Strongly disagree	n	5	5	0	2	10	14	0	2	5	43
	%	2.0	3.2	0.0	5.4	3.3	7.1	0.0	6.7	3.8	3.7
Disagree	n	14	5	0	2	19	16	0	5	11	72
	%	5.6	3.2	0.0	5.4	6.3	8.2	0.0	16.7	8.3	6.2
Neutral	n	20	10	5	3	32	21	1	2	8	102
	%	8.0	6.5	22.7	8.1	10.5	10.7	3.4	6.7	6.1	8.8
Agree	n	91	61	7	13	102	77	6	10	51	418
	%	36.4	39.6	31.8	35.1	33.6	39.3	20.7	33.3	38.6	36.2
Strongly agree	n	120	73	10	17	141	68	22	11	57	519
	%	48.0	47.4	45.5	45.9	46.4	34.7	75.9	36.7	43.2	45.0
Total	n	250	154	22	37	304	196	29	30	132	1154

Table B-9 Proportion of respondents who felt 'very confident' or 'quite confident' with recognising signs of physical, emotional, financial and sexual abuse, by field of study of highest qualification

	Physical abuse or assault (%)	Emotional abuse (%)	Financial abuse (%)	Sexual abuse (%)
Psychology (n=115)	94.8	97.4	79.1	82.6
Social work (n=265)	94.3	96.2	86.4	78.1
Social science / social policy (n=106)	92.5	92.5	85.8	75.5
Community services / youth work / welfare / counselling (n=399)	92.2	92.0	81.5	70.9
Science / engineering / technology (n=20)	85.0	85.0	75.0	50.0
Health / nursing (n=57)	84.5	89.7	72.4	70.7
Law / legal studies / dispute resolution (n=158)	84.2	84.2	79.7	57.0
Arts / humanities (n=70)	81.7	76.1	66.2	57.7
Business / management / economics (n=77)	80.5	79.2	71.4	64.9
Education / early childhood (n=55)	76.4	81.8	63.6	52.7
All (n=1,322)	88.9	89.3	79.3	67.9

Note: Respondents could select more than one field of study.

Table B-10 How well equipped respondents felt to perform various aspects of their worker

	Not at all equipped (%)	Not so well equipped (%)	Somewhat equipped (%)	Well equipped (%)	Very well equipped (%)	Unsure (%)
Assessing risk to women and children (n=792)						
Frequently (every day)	3.6	8.7	16.7	29.0	42.0	0.0
Very often (weekly or more)	4.2	8.0	26.3	39.4	22.1	0.0
Sometimes, rarely or less (monthly or less often)	4.8	10.7	31.0	31.0	21.2	1.4
All	4.4	9.6	27.2	32.9	25.1	0.8
Gathering information from other sources about perpetrators' behaviours and risk (n=782)						
Frequently (every day)	3.7	14.1	17.0	34.8	30.4	0.0
Very often (weekly or more)	6.2	16.3	26.3	33.5	16.7	1.0
Sometimes, rarely or less (monthly or less often)	8.3	18.3	32.6	27.8	11.2	1.8
All	6.9	17.1	28.2	30.5	16.0	1.3
Addressing complex issues and needs (n=792)						
Frequently (every day)	3.6	5.8	21.7	34.1	34.8	0.0
Very often (weekly or more)	4.1	6.9	24.8	48.6	15.6	0.0
Sometimes, rarely or less (monthly or less often)	5.5	10.6	32.3	32.0	18.4	1.2
All	4.8	8.7	28.4	37.0	20.5	0.6

	Not at all equipped (%)	Not so well equipped (%)	Somewhat equipped (%)	Well equipped (%)	Very well equipped (%)	Unsure (%)
Evaluating the progress of people participating in programs (n=730)						
Frequently (every day)	3.8	18.9	26.5	29.5	21.2	0.0
Very often (weekly or more)	10.8	16.9	25.6	34.4	12.3	0.0
Sometimes, rarely or less (monthly or less often)	9.5	17.7	30.6	27.9	12.9	1.5
All	8.8	17.7	28.5	29.9	14.3	0.8
Supporting perpetrators to achieve behaviour change (n=728)						
Frequently (every day)	7.5	18.0	23.3	29.3	21.8	0.0
Very often (weekly or more)	14.6	20.2	32.3	26.3	6.6	0.0
Sometimes, rarely or less (monthly or less often)	23.8	25.6	28.1	15.2	4.8	2.5
All	18.3	22.7	28.4	20.8	8.4	1.4
Working with perpetrators who are resistant to intervention (n=723)						
Frequently (every day)	7.5	25.4	23.9	28.4	14.2	0.7
Very often (weekly or more)	19.9	23.4	29.4	22.9	4.5	0.0
Sometimes, rarely or less (monthly or less often)	31.5	28.9	23.5	9.6	3.4	3.1
All	23.8	26.7	25.2	16.8	5.7	1.8

Table B-11 Estimates of average hourly pay rates by role

	Men		Women		All		Women's earnings as % of men;s
	n	Mean	n	Mean	n	Mean	%
CEO	0	NA^	28	$50.77	28	$50.77	NA^
Senior Manager (eg service manager, regional manager etc)	22	$53.87	82	$49.91	105	$50.75	92.6
Co-ordinator / team leader	19	$38.91	120	$40.61	140	$40.35	104.4
Practitioner (including lawyer, counsellor, social worker, psychologist)	66	$39.59	321	$38.16	391	$38.46	96.4
Other frontline / support worker	35	$32.81	213	$33.53	255	$33.50	102.2
Administration, communications, policy, project or research, other	6	$40.10	84	$36.60	90	$36.80	91.3
Total	148	$40.04	848	$38.74	1013	$38.93	96.7

Hourly rates were calculated based on a 35-hour week for full time workers, while hourly rates for part time workers were estimated based on the mid-point of their category. Pay rates for male CEOs could not be estimated due to low numbers in the sample.

Appendix C Characteristics of services from the service survey

Service characteristics

A profile of respondents according to their main service type is in Table C-1. A quarter of responding services were part of the Commonwealth-funded Families and Children Activity (25.6%) and around the same number were specialist homelessness services, refuges, or housing, tenancy or accommodation support services (25.3%). A further 14.7% were other services used by people affected by family and domestic violence. Many of the 13.1% who indicated 'other' indicated they provided services across multiple streams and were unable to select a main type, or indicated other services such as women's health services, Aboriginal health services, and services for people with disabilities[5]. For further analysis by service type, categories with 10 or fewer respondents were reclassified. Commonwealth-funded Financial Wellbeing and Capability services classified with Commonwealth-funded Families and Children Activity services to reflect DSS arrangements, while sexual assault and perpetrator services were placed in the 'other' category.

Table C-1 Main service type of responding services

	n	%
Commonwealth-funded Families and Children Activity (eg family and relationship services, family law services, Communities for Children)	82	25.6
Commonwealth-funded Legal Assistance Services (legal aid commissions, community legal centres, family violence prevention)	22	6.9
Commonwealth-funded Settlement Grants Program	23	7.2
Commonwealth-funded Financial Wellbeing and Capability (financial counselling, financial capability and resilience)	10	3.1
Specialist Homelessness Service, refuge or other housing, tenancy, or accommodation support	81	25.3
Other service used by people affected by family and domestic violence	47	14.7
Other service used by people affected by sexual assault	7	2.2
Specific service for perpetrators	6	1.9
Other (please specify)	42	13.1
Total	320	100.0

[5] Because many of those who selected 'other' did not provide sufficient detail about their service's focus on victims or perpetrators of domestic violence or sexual assault, they could not be reclassified into more specific service categories.

Analysis also showed the vast majority of responding services were run by not-for-profit organisations (94.7%), with only 10 (3.1%) reporting they were part of a government agency or statutory authority and 7 reporting they were part of a private company (2.2%). Most services had annual incomes over $1 million, with 36.9% having incomes between $1 and $5 million and a further 25.2% reporting incomes over $5 million (see Figure C-1). Figure C-2 shows around half were based in major cities (50.3%), with the remainder based in inner regional (26.9%), outer regional (12.8%), remote (6.7%) or very remote (3.2%) areas.[6] Around half were based in Victoria or New South Wales, although they may have also operated in other jurisdictions (see Figure C-3).

Across services, the average number of staff employed was 85, with a median of 20. The smallest 25% of services had less than 10 staff and the smallest 10% had less than 5 staff. The largest 10% had 250 or more. As would be expected, services based in major cities were larger, with 109.9 staff on average, compared with 54.1 in inner or outer regional areas and 51.8 in remote or very remote areas. Together, services that participated in the survey reported employing 27,214 staff.

Figure C-1 Annual income of responding services (n=290)

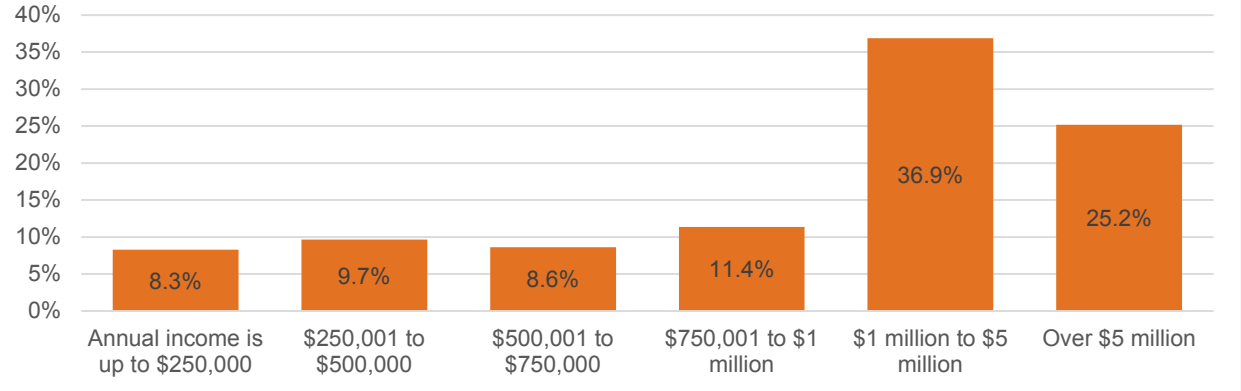
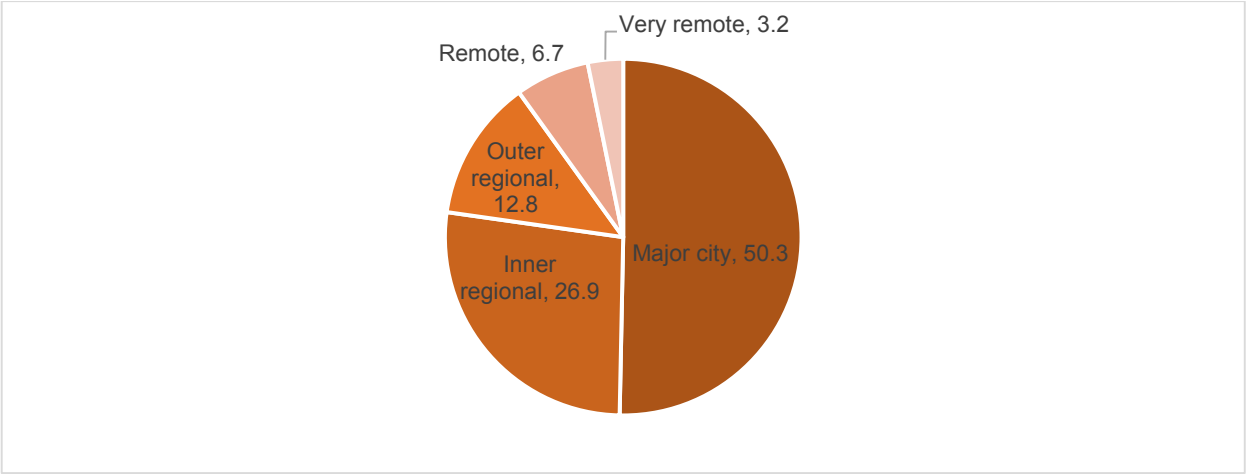
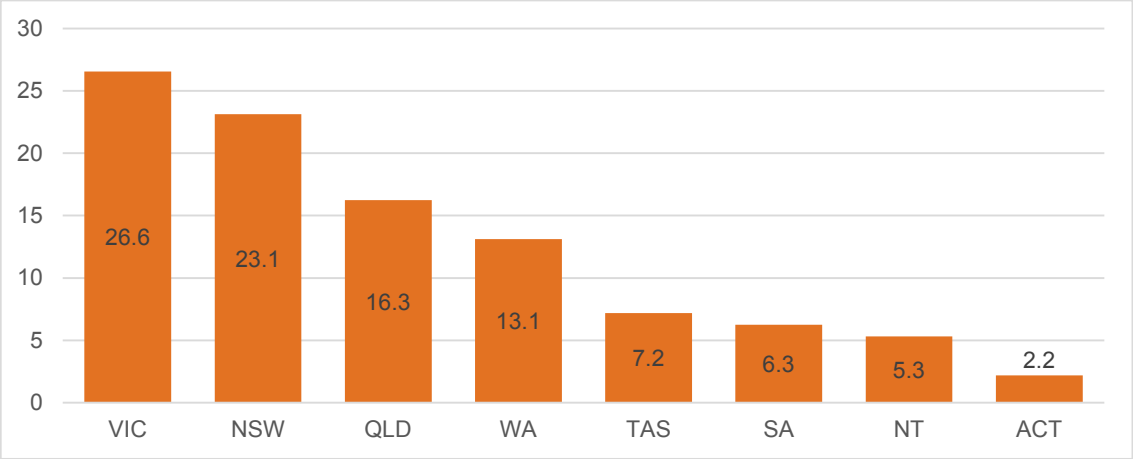


Figure C-2 Responding services by remoteness (%, n=312)



[6] This categorisation is based on the postcode in which the service was based, and does not capture all locations in which the service may operate.

Figure C-3 Responding services by jurisdiction (%, n=320)



Appendix D Supplementary Data (Service Survey)

Table D-1 Frequency of contact with victims and perpetrators, by service type

		C'th funded Families and Children Activity (%)	C'th funded Legal Assistance Services (%)	C'th funded Settle-ment Grants (%)	Specialist Homelessness Service, refuge or other accommo-dation related support (%)	Other service used by people affected by DFV (%)	Other service (including financial, sexual assault, perpetrator or other service) (%)	All (%)
Victims of domestic violence	Frequently (every day)	53.1	86.4	0.0	73.8	57.4	37.5	54.3
	Very often (weekly or more)	29.6	13.6	47.8	22.5	23.4	28.1	26.8
	Sometimes, rarely or less (monthly or less often)	17.3	0.0	52.2	3.8	19.1	34.4	18.9
Victims of sexual assault	Frequently (every day)	13.8	27.3	4.8	32.9	26.7	25.8	23.3
	Very often (weekly or more)	26.3	40.9	4.8	40.5	24.4	16.1	27.2
	Sometimes, rarely or less (monthly or less often)	60.0	31.8	90.5	26.6	48.9	58.1	49.5
Perpetrators of DV	Frequently (every day)	23.5	42.9	0.0	11.7	22.2	20.3	19.4
	Very often (weekly or more)	28.4	4.8	4.8	18.2	17.8	15.3	18.4
	Sometimes, rarely or less (monthly or less often)	48.1	52.4	95.2	70.1	60.0	64.4	62.2

		C'th funded Families and Children Activity (%)	C'th funded Legal Assistance Services (%)	C'th funded Settle-ment Grants (%)	Specialist Homelessness Service, refuge or other accommo-dation related support (%)	Other service used by people affected by DFV (%)	Other service (including financial, sexual assault, perpetrator or other service) (%)	All (%)
Perpetrators of Sexual Assault	Frequently (every day)	3.8	14.3	0.0	6.5	8.9	6.8	6.3
	Very often (weekly or more)	14.1	9.5	0.0	10.4	15.6	8.5	11.0
	Sometimes, rarely or less (monthly or less often)	82.1	76.2	100.0	83.1	75.6	84.7	82.7

Table D-2 Level of agreement with the statement "Staff in this service receive enough relevant training and development to do their jobs well", by region.

	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Unsure		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Major city	0	0.0	12	7.8	17	11.1	87	56.9	36	23.5	1	0.7	153	100.0
Inner or outer regional	2	1.6	19	15.4	15	12.2	52	42.3	35	28.5	0	0.0	123	100.0
Remote or very remote	1	3.3	6	20.0	7	23.3	11	36.7	5	16.7	0	0.0	30	100.0
	3	1.0	37	12.1	39	12.7	150	49.0	76	24.8	1	0.3	306	100.0

Table D-3 Extent of recruitment difficulties in the last 12 months

	Not at all		To a slight extent		To a moderate extent		To a great extent		To a very great extent		Not sure		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Difficulties recruiting staff														
Major city	37	24.7	36	24.0	45	30.0	19	12.7	11	7.3	2	1.3	150	100.0
Inner or outer regional	32	26.0	32	26.0	31	25.2	17	13.8	10	8.1	1	0.8	123	100.0
Remote or very remote	4	13.8	5	17.2	6	20.7	7	24.1	7	24.1	0	0.0	29	100.0
All	73	24.2	73	24.2	82	27.2	43	14.2	28	9.3	3	1.0	302	100.0
Difficulties retaining staff														
Major city														
Inner or outer regional	56	37.3	49	32.7	27	18.0	12	8.0	3	2.0	3	2.0	150	100.0
Remote or very remote	62	50.4	36	29.3	18	14.6	3	2.4	3	2.4	1	0.8	123	100.0
All	4	13.8	7	24.1	11	37.9	2	6.9	5	17.2	0	0.0	29	100.0
Insufficient funds to fill required positions														
Major city	40	26.1	33	21.6	29	19.0	24	15.7	20	13.1	7	4.6	153	100.0
Inner or outer regional	41	33.6	20	16.4	28	23.0	18	14.8	12	9.8	3	2.5	122	100.0
Remote or very remote	7	23.3	10	33.3	3	10.0	6	20.0	4	13.3	0	0.0	30	100.0
All	88	28.9	63	20.7	60	19.7	48	15.7	36	11.8	10	3.3	305	100.0