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Engaging with the Domestic Violence Action Centre Survivor Experiences

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Research Summary

Why was the research done?

The Domestic Violence Action Centre (DVAC) provides specialised, trauma-informed support to survivors of domestic, family, and sexual violence in South-East Queensland. The aim of this exploratory study was to understand survivors' experiences engaging with DVAC's services, the most useful aspects of DVAC support, and the major challenges that survivors face on their journeys to safety and healing.

What were the key findings?

Survivors Journeys: Many survivors were not actively seeking help for gender-based violence when they were first referred to DVAC, but once engaged they benefited from advocacy, counselling, referral to other services, and safety planning. These services were highly beneficial for helping them come to terms with the violence they had experienced and begin to move forward with their lives. **Useful Aspects of DVAC Support:** DVAC support workers created a safe and welcoming environment where survivors felt comfortable to be open, honest, and ask for the help they needed. Affirming and survivor-led modes of delivery were critical for supporting survivors to build their confidence and feelings of self-efficacy. This empowered them to exert agency in their lives and make the choices they felt comfortable with. **Major Challenges:** Survivors spoke about DVAC having limited capacity to fully meet their support needs, both in terms of the long wait times to access the services, as well as the time-limited nature of the support. They also experienced a critical lack of understanding of domestic violence among the wider community. Survivors referred to financial hardship as one of the largest barriers they faced on their journeys to safety and healing.

What does this mean for policy and practice?

We recommend increased funding for specialist domestic violence services such as DVAC, to ensure survivors receive the longevity of support that they require. We further recommend the implementation of the *First Action Plan of the National Plan to End Violence against Women and Children 2022-232*, and the recommendations featured within the *Women's Economic Equality Taskforce Report*. This will help prevent domestic violence and ameliorate the financial hardship experienced by survivors so that no Australian is forced to choose between violence and poverty.

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INTRODUCTION

The Domestic Violence Action Centre (DVAC) provides specialised, trauma-informed support to survivors of domestic, family, and sexual violence in South-East Queensland. The aim of this exploratory study was to understand survivors' experiences engaging with DVAC's services. In doing so, this study contributes evidence of best practice in supporting survivors of gender-based violence; sheds light on the ways that domestic violence services interact with other aspects of the social structure to shape women's experiences; and identifies support gaps that are keeping women trapped in violent relationships and hindering their journeys to safety and healing. Based on our findings, we make several recommendations for policy makers and service providers to help prevent domestic, family, and sexual violence and mitigate its impacts on Australian women.

Domestic, family, and sexual violence in Australia

Domestic, family, and sexual violence is a pervasive public health issue that disrupts the lives of millions of Australians. In 2022, approximately one-third of homicides in Australia were linked to domestic, family, and sexual violence (Australian Bureau of Statistics [ABS], 2023). In the same year, more than forty-seven thousand domestic violence protection order applications were lodged across Queensland (ABS, 2023; Queensland Courts, 2024). While these figures are alarming, the ABS (2022) estimates that many more Australians have experienced domestic violence than report it. According to the 2021-22 Personal Safety Survey, around 27% (2.7 million) of Australian women and 15% (1.5 million) of Australian men have suffered economic abuse, emotional abuse, physical violence, and/or sexual violence at the hands of a cohabitating partner since the age of fifteen (ABS, 2023).

Experiences of domestic, family, and sexual violence are associated with numerous psychological, physical, interpersonal, financial, and social harms (Mazza et al., 2021; McNair & Boisvert, 2021). Survivors are at greater risk of experiencing anxiety, depression, post-traumatic stress disorder, and lowered agency and self-esteem (Brown et al., 2013; Cense, 2019). Furthermore, they are at greater risk of death at the hands of their partner—a risk that is especially heightened when attempting to escape the violence by separating from their abuser (AIHW, 2024).

This risk of retaliation, combined with societal stigma and the complex nature of coercive control, can make survivors reluctant to present to the police or engage with support services (Heron & Eisma, 2021). When victims do report, personal and systemic barriers increase the likelihood of withdrawal from the criminal justice process (Artz, 2011). Personal barriers include the anticipated or actual threat of violence by a partner, fear of the consequences of disclosing, and lack of confidence in the criminal justice system (Artz, 2011; Heron & Eisma, 2021). Systemic barriers include a lack of knowledge about legal processes, poor communication, and long wait times (Artz, 2011; Hulley et al., 2022). These complexities underline the need for support services that address the unique needs and circumstances of survivors as they undergo their journeys to safety, healing, and justice.

Supporting survivors of domestic, family, and sexual violence

When reviewing the empirical evidence concerning domestic violence support services, three major themes emerged: the importance of communication between different service providers, the significance of rebuilding survivors' social and emotional well-being, and service longevity.

The existing evidence highlights the necessity of coordination and continuity between care providers, including healthcare, social welfare, and legal services (Husso et al., 2021). Due to the complex nature of coercive control, survivors will not always present to service providers explicitly reporting violence. Instead, their first contact is often seeking help for physical injuries (Creedy, 2021; Husso et al., 2012). Thus, healthcare providers have the opportunity to play a large role in identifying and referring survivors to specialised support services (Creedy, 2021). However, 70% of women experiencing domestic, family, or sexual violence go undetected by hospital staff, as health workers are often unprepared to ask questions about the cause of injury (Australian Institute of Health, 2019; Creedy, 2021). When violence is identified, escalation of support is reliant on successful communication within and between services. However, in practice, breakdown in communication is common and often fatal for improving survivors' outcomes (Husso et al., 2021). Insufficient distribution of information, poor documentation, lack of education and training regarding gender-based violence, and poor designation of responsibilities between care providers is common (Goodman et al., 2016; Husso et al., 2021). Effectively supporting survivors of domestic, family, and sexual violence thus relies on amending the communication breakdown between care providers (Husso et al., 2021).

The importance of creating an informal social network when recovering from domestic, family, and sexual violence is also emphasised in the literature (Bird et al., 2022; Sullivan, 2018; Trotter & Allen, 2009). Services that prioritise the social well-being of survivors, increase their sense of self-efficacy and hope for the future, and facilitate direct access to community resources and support are most effective (Sullivan, 2018). Empirical research has demonstrated that survivors of gender-based violence partially base their decisions on expectations of their social circle and their desire to preserve autonomy. Survivors' relational autonomy tends to increase upon leaving their partner and receiving initial social support, but maintaining autonomy can become challenging after exiting shelters and support services (Nolet et al., 2021). Informal social networks help maintain survivors' autonomy in the longer term, thus increasing their likelihood of successful recovery (Nolet et al., 2021).

The literature also highlights the significance of service longevity and the importance of curating services to the long-term needs of survivors. Survivors of gender-based violence describe recovery as an ongoing journey that cannot be resolved within a court alone. Healing often requires years of assistance from support services, financial aid, the criminal justice system, and the community (Meyer, 2014). An evaluation of survivors' health outcomes over 16 years found that their mental health steadily improved with age, but they consistently experienced worse mental health compared to women who had not experienced violence or abuse (Loxton et al., 2017). Similarly, poorer physical functioning and general health were observed throughout survivors' lifetimes (Loxton et al., 2017). Women are aware of the time it takes to health from the trauma of gender-based violence and describe being fearful and disappointed when support services end prematurely (Loxton et al., 2017).

METHODS

To explore survivors' experiences engaging with DVAC, we conducted semi-structured interviews with 11 survivors of domestic, family, and/or sexual violence (all of them women) who had engaged with and were close to exiting DVAC services, or who had exited DVAC services within the past six months. These interviews aimed to gain insights into the ways

survivors were supported through DVAC, the challenges and barriers they encountered, and any additional supports that they needed to facilitate their journeys to safety and healing. Semi-structured interviews were conducted as they allowed research participants to tell their own stories in their own words while still enabling researchers to compare across cases and identify common themes.

Given their expertise and existing relationships with their clients, DVAC staff identified and invited survivors to participate in the research. This was crucial for ensuring that only survivors in a safe and stable situation would be approached. DVAC staff provided potential participants with information sheets explaining the research in an accessible manner. Once they expressed an interest in participating, DVAC connected them to the research team.

Given the potential vulnerabilities of the women who engage with DVAC's services, the research was conducted in a sensitive and trauma-informed way. Measures were taken to ensure the ethical inclusion of participants, including emphasising the voluntary nature of the research, reiterating that participants were welcome to withdraw at any point, purposefully implementing a two week period between agreeing to participate and the scheduled interview to allow participants time to reflect on their involvement with the study, ensuring all participants remained anonymous outside the research team, and ensuring that participants understood the purpose of the study. Survivors were connected with their DVAC support worker to debrief following the interview if they chose to.

With the participants' consent, interviews were recorded and later transcribed. All identifying information was redacted from the interview transcripts. One participant refused to be recorded; in this case, detailed notes were taken by the interviewer. The transcripts were then analysed thematically by two members of the research team. First, both researchers familiarised themselves with the transcripts. They then came together to create a coding frame that captured the core themes in the transcripts. Both researchers independently coded the first interview and compared the results to ensure that coding was being done consistently. The remaining 10 interviews were evenly divided between the two researchers for coding. After coding was complete, core themes were drawn out, synthesised, and are presented in this paper.

RESULTS

Nine key findings emerged from the analysis of the eleven interview transcripts. These findings fell under three broad themes; survivors' journeys with DVAC, the most useful aspects of DVAC's services, and major challenges faced by survivors.

Survivors' journeys with DVAC

The first theme captures survivors' journey with DVAC: how they first came to connect with DVAC, the types of services that they accessed once engaged, and how DVAC supported them to move forward with their lives.

Referral pathways

The survivors in our study reported several different referral pathways that prompted their engagement with DVAC. Significantly, most survivors did not initially set out to connect with DVAC. Rather, in most cases they were attempting to access other services who then referred the survivors on to DVAC. For example, the police were frequently mentioned as referral sources by participants. Although not mentioned as often as the police, helplines such as

Relationships Australia, Lifeline, and women's helplines, were another significant entry point into DVAC:

“My husband and I had decided to do marriage counselling, and I said we would try Relationships Australia, again. I rang them and I did an intake call with them. She said because there's active domestic violence still going on in your marriage, we can't do counselling with you. But she said, I recommend contacting DVAC.”

Many of the survivors had yet to acknowledge or come to terms with the extent of the violence they were experiencing prior to connecting with DVAC. This could help explain why so few of them were actively seeking help from a domestic violence service. In some cases, survivors were afraid of the repercussions from an abusive partner. Feelings of guilt, shame, self-doubt, and mistrust were also experienced as barriers to seeking help. Altogether, this highlights the importance of other key services within the community recognising when a person is in an abusive situation and providing referrals where appropriate.

Types of support accessed

Participants spoke of many different forms of support accessed through DVAC, including advocacy, counselling, referrals to other services, safety planning and upgrades, court support, and financial and in-kind support (e.g., help with food, medications). Survivors reported that these services were highly beneficial for helping them come to terms with the violence they had experienced and begin to move forward with their lives. In particular, practical guidance and support to keep themselves safe during times of risk were highly valued by the survivors. Here, we focus on the three forms of support most commonly spoken about: Advocacy, counselling, and safety planning.

Survivors spoke about DVAC's ability to advocate on their behalf, and how useful this was during times where they were still developing the confidence to speak up for themselves. This included DVAC advocating for: fines and bills accrued in the context of domestic violence to be waived; support payments to be implemented by Centrelink; and advocating for police to appropriately listen, and provide information, to survivors. For example:

“She was able to advocate for me with – I had, like – my son got a parking fine on his learners and [expartner] was the person who was [in the car with him]... She wrote to the council for me, so we got that waived. Those kind of things behind the scenes where I felt like she really went in to advocate for me and do a lot of ground work for me.”

“[Support worker] was very helpful in that way of ringing up on my behalf and things like that, and then something actually got done about it, you know, she was advocating for me.”

As the above quotes show, this advocacy was important as DVAC workers had the skills, knowledge, and capacity to navigate the systems and know what to ask for. This was experienced as extremely helpful by survivors whose primary focus was on staying safe and rebuilding their lives, and thus didn't always feel able to advocate for themselves at the time.

Survivors also spoke at length about how they engaged in counselling services provided by DVAC. Importantly, counselling wasn't just about working through and coming to terms with what had happened; it was about providing survivors with the coping skills they needed to help get through the day-to-day:

“The tools that [support worker] gave me to ground myself... she gave me the tools that I knew I had that I just need to, say, dust off and know that - and the confidence to be able to deal with anything thrown my way.”

“It was just someone to listen, to give me a bit of guidance and to help me to plan a bit of what was that next immediate step, because I couldn't think long term. It's okay, what's the next thing I've got to do? What's that next thing I've got to do?”

As we discuss in more detail under the second theme, counselling that was targeted at helping survivors process their experiences of domestic violence was seen as an especially valuable service. In addition to advocacy and counselling, safety planning was spoken about as a core and important feature of DVAC's services:

“When I spoke with [support worker] about that, we spoke about getting a safety plan in place. That was another long appointment because we had to do safety planning... Then, [support worker's] working out things like, okay, so once we get him out, then we can do X-Y-Z with security cameras and changing your locks, and Victim Assist, and all that kind of stuff.”

“It makes you quite frightened though, I have to say, when they go through, okay, safety plan, so we need to think about this, this, this and this. There are all these things that you didn't consider... Ways that you were vulnerable.”

As the second quote above suggests, although safety planning was experienced as practical and helpful, it also could contribute to feelings of fear and vulnerability. This foregrounds the significance of DVAC's coupling of safety planning with ongoing counselling for the survivors.

Moving forwards

The final finding for this theme related to survivors moving forwards with their lives. While they numerous challenges on their journeys to safety and healing, the support provided by DVAC enabled survivors to begin moving forwards towards the lives of their choosing. Many participants were in paid employment or were studying for the first time in a long time or, indeed, the first time in their lives. They expressed strong determination to build a better life for themselves and their children and were optimistic about their futures:

“...my achievement that I will have by mid next year will be that I will be in employment that I enjoy. I will have friends in my life, whether they're co-workers or not and my children will be happy. My children will be content like they are starting to really be...”

“I want to graduate nursing, and then just set myself up with the girls. They're going fantastic at school. Just be happy and healthy, which we are.”

“Well, I've started applying for jobs...I've never liked myself, before, but I feel like I like me for the first time. I'm not who I used to be. I feel content.”

What aspects of DVAC support are most useful?

The second theme highlights which aspects of DVAC's services worked especially well for supporting survivors to stay safe and begin to heal: creating a safe space, understanding and validation, and building self-efficacy.

Creating a safe space

A core foundation underpinning the positive experiences survivors had of DVAC was the relationships they built with DVAC support workers. The survivors we interviewed spoke very highly of their support workers, discussing how they often went ‘above and beyond’ to support them and meet their needs. This was an important first step for making survivors feel safe and supported through their interactions with DVAC:

“But as soon as I got here and I saw [support worker] and I spoke to her, she was just so kind and so comforting and all of those things that, I don’t know, you just kind of felt right at home.”

Support workers’ caring approach to supporting survivors was particularly valued as it went beyond supporting them with violence-related matters. Indeed, it included a range of wholistic support, including checking in on their wellbeing and being a ‘cheerleader’ to support the survivors through the ups and downs of their journeys:

“Just being able to share those little wins and the big wins and then if something doesn’t quite come off, just go in and go argh. That’s the thing with [Support worker], it’s the holistic thing. It’s everything... that’s one of the points that’s been so healing.”

Feeling like they were in a safe space and with a support worker they trusted and who cared about them was also key for enabling survivors to open up and share their stories freely. Where the survivors had previously encountered judgement and dismissal of their experiences, this was not the case in their interactions with DVAC. As some survivors explained:

“It’s not about persecution with DVAC. It’s about recovery. It’s just so much of those little things that we, as victims, we need. We need the support. We need to feel listened to. We need to get confidence back... DVAC made me feel that I could safely open up.”

“So that’s definitely like another positive thing is that the rapport that’s built with DVAC myself was never an inspected, a judgmental...It always felt relaxed which allowed me to make decisions on my life.”

As the above quotes foreground, the safe and supportive space created by the DVAC support workers was important for making the survivors feel comfortable to open up. More importantly, it also made the survivors feel safe and confident to make decisions about, and move forward with, their lives.

Understanding and validation

The survivors in our study also spoke about the importance of DVAC helping them understand that what they had experienced was indeed domestic violence. Several survivors spoke about not fully understanding the different forms of domestic violence beyond physical violence prior to engaging with DVAC. Once they connected with DVAC, the support workers were able to help the survivors understand the violence, come to terms with their experiences, and identify the ‘red flags’ to help keep themselves safe in the future. For example:

“[Support worker] made me realise a lot more of what was going on that was domestic violence related... It was very heavy stuff to process, and she helped me through that... DVAC

was that first step. That first step to being able to open up and wake up and realise that everything that I did go through was real and was domestic violence.”

Several survivors mentioned that their support worker had helped them identify, understand, and ultimately break the cycles of violence that had played out in their relationships and across their lives. As well as helping to understand that their experiences constituted domestic violence, survivors felt that DVAC was instrumental in validating their experiences. This was particularly important as some survivors reported lacking this form of validation from families, friends, and even other community organisations who did not fully understand the complexities of domestic violence:

“It’s also given me that feeling that you know what? I am being listened to. I’m not being called a liar. I can say this was going on and I don’t feel like I have to justify or feel like an idiot or feel stupid.”

The simple act of being listened to, and believed, was important for survivors to know that the violence they were experiencing was not normal or okay. It also helped contribute to the feelings of trust and safety that characterised their interactions with DVAC.

Building self-efficacy

Another important aspect of DVAC’s services was how they supported survivors to build their confidence and self-efficacy in a range of areas, including keeping themselves and their children safe from violence, speaking up for themselves, and rebuilding their lives after violence. For example:

“That I’m a damn good mum and I’m a good person and what he did was wrong. I can’t wait to have my say in court. Finding my voice, that’s the word. They helped me - DVAC and my counsellor - find my voice. I felt like I was heard.”

“I’m not the person that I was four months ago. I’m not - I didn’t have the strength that I have now. I didn’t have the inner personal confidence and esteem. That’s been from my journey from being able to rebuild my confidence, esteem and life simultaneously with just the sisterhood of DVAC.”

For some of the survivors, this confidence and self-efficacy was enabled by the constant support provided by DVAC and knowing that DVAC would be there to support them through. Some of the survivors spoke explicitly about how the support provided through DVAC not only improved their self-efficacy but was also instrumental in getting them to where they are today. For example, when talking about the support provided through DVAC, one survivor explained:

“I can’t really even put it into words. It’s been an absolute lifeline... I’m completely aware that this journey is going to take years of healing and possibly some things will never be healed. But at least we’re actually thriving now and we’re growing. We’re just in such a different place than we were nine months. It’s been extraordinary. Extraordinary.”

An integral aspect of supporting survivors’ journeys to self-efficacy was DVAC’s focus on being survivor-led. Being survivor-led meant that survivors were in control and did not feel pushed into doing anything they were not ready for. For example:

“What I loved from the start, she said, they’re not here to make the decisions for us, but that they’re here to support us in whatever decision we chose to make. That was really empowering... whatever I decide, they’re 100 per cent, I will support you in whatever you need to do.”

“It was really reassuring, and it’s nice knowing that you’ve got somebody holding your hand, but you’re in control of making that decision. When, for the last 23 years I haven’t had any control to make my own decisions at all.”

The support being survivor-led was experienced as both empowering, and important for supporting survivors to ‘follow their gut’ so they could feel safe. It positioned survivors as the experts in their own experiences and enabled them to feel an agency and control over their own lives, which their violent partners had previously taken away.

What are the major challenges survivors face?

This theme captures the major challenges survivors faced in their journeys to safety and healing, both in terms of DVAC support specifically as well as broader structural challenges. The main challenges mentioned by survivors related to the limited capacity of support providers, lack of community understanding and support, and economic hardship.

Capacity of support providers

In terms of DVAC support specifically, the survivors spoke about how the support itself was invaluable, but they felt there was not enough of it to fully meet their needs—or indeed the needs of other survivors. From the first intake call, survivors were made aware of just how in-demand DVAC’s services were, and how long they would have to wait to receive support. One survivor relayed that she was initially refused ongoing counselling from DVAC, apparently due to her ongoing mental health issues. She wondered if in truth it was a lack of resources that led DVAC to turn her away. DVAC’s decision was reversed after she complained, and she was extremely satisfied with the support she had received from them since. However, at the time she felt stigmatised, abandoned, and distressed.

Another survivor went on to explain how women who are unable to access support through DVAC often do not know where else to go for support:

“In the Facebook groups I’m in, I’ll always list all the numbers that women can reach out to. They’ll say, oh, I’ve rung DVAC, but, well, I can’t get in. Or, I can’t get in for six weeks, three months or whatever. What can they do? I don’t know, where do they go”?

This is significant, as making the call to ask for help was a big step for survivors, and one that took a lot of time, consideration, and courage. This foregrounds the importance of ensuring that when survivors make the step to ask for help, this help is made available to them.

One survivor raised the additional point that DVAC services are only available during working hours, and that this impacted who was able to access the services. In particular, this survivor noted that people who work standard hours, or have long commute times, may struggle to access the support they need.

Survivors also raised concern over the limited DVAC support periods. Although there appeared to be some confusion around whether eligibility to access DVAC services was based on the number of months engaged or the number of support sessions attended, several

survivors spoke about the anxiety that came with knowing their support period was coming to an end. For example:

“My biggest concern at the moment is when we get to the end of that time limit...I understand that they need to make room for new people coming in...But from a very selfish and personal point of view, to me, it's a bit challenging to have to move on and leave that and start afresh with someone new.”

“It was only for six months. That would be one thing I'd change. If it could last longer than six months if you needed it... I wish that - if I found out my court's next year that, say, two weeks before I could meet with [support worker] for a couple of sessions just to do those breathing techniques. It's just an extra confidence boost.”

For these survivors, the limited support periods were incongruent with their long-term journey to healing. After building strong and trusting relationships with their support providers and receiving intensive and quality support, they struggled with the idea of not being able to access that support anymore, particularly as they knew they still faced difficult challenges ahead. The survivors would have liked the option to dip in and out of DVAC support as they needed to over the long term.

Although survivors were not able to stay with DVAC in the long term, they did appreciate how DVAC was able to link them in with other support services that were able to provide support. For example:

“But within saying that, she did line up and say that she'll refer me onto other organisations. Now every week, I do go to another local support area for women.”

These findings are significant for three reasons. First, survivors' reluctance to disengage with DVAC speaks to the trusting and supportive relationships that the support workers built with the survivors, as well as the quality of the support DVAC provides. Second, they reinforce the limitations that arise when services are not adequately funded to meet demand. Third, they foreground how, even when DVAC was unable to continue providing services, they took steps to ensure survivors were linked in with other services that could provide continuity of care. To help combat the challenges of DVAC's limited capacity to provide ongoing support, one survivor suggested:

“I think it would be great if there were some kind of program or support group for victims, because we get each other. Because you don't want to just sit down and burden your friends with everything... If there was something local where you could actually build community and friendships, because we actually understand each other and understand the world that we're living in, that would be amazing.”

For this survivor, regular face-to-face interaction with other women who had similar experiences to her was identified as a useful means of building a supportive community network of others who had a deep understanding of what she was going through. The importance of supporting survivors to building understanding and supportive networks will become particularly apparent in the following section.

Lack of community understanding and support

As well as the challenges involved in having their service needs met, survivors also spoke about broader challenges they faced within the community; namely, a lack of community understanding of domestic violence, and a lack of community support. Police, in particular, were seen as having an insufficient understanding of the complexities of domestic violence. This, in turn, meant that survivors sometimes felt dismissed, disempowered, or at greater risk after engaging with the police:

“It's being believed...that's probably been one of the hardest things. Like I went and saw the police a couple of times last year, asking for help and various things and they dismiss because the ex or the perpetrator in question, they talked to them, and they come across so - I can only speak from my experience - but so well spoken and calm and “we really don't know what your problem is”.”

Survivors also spoke about how other organisations, such as lending institutions, Centrelink, and utility providers, also lacked an understanding of domestic violence. This made it difficult for them to access the support they required to rebuild their lives after violence. For example:

“I'm still trying to get back on my feet financially. Lending institutions... it's like they don't have that understanding out there that domestic violence it can take years to recover from. It's not just putting you on payment plans for two years and then going, well... we need to put you through financial counselling.”

Workplaces, too, were places where survivors felt they were not understood or well supported. One survivor spoke about how they had found a very understanding and supportive workplace that was able to be flexible to meet their needs. They were grateful for this as they found the job was manageable and within their comfort zone. However, the survivor recalled how a Centrelink financial advisor recommended she find a different job. For this survivor, the financial advisor's recommendation reflected a fundamental lack of understanding of the ongoing impacts of domestic violence and the importance of finding a job that felt safe and supportive. Survivors also experienced a lack of understanding and support from their friends and family. As the survivors explained:

“Nothing prepares you for the feeling of isolation when you leave... You're very, very isolated. People don't treat you the same. I feel like people just stopped talking to me.”

“Like for me and my family, I hid a lot from them because they never understood DV. It was that, why didn't you leave? Why did you let it happen to you”?

The isolation that the women felt was thus identified as stemming both from being ostracised by the community, as well as from self-isolation due to friends and family not providing adequate understanding and support. This lends support to the earlier suggestion that peer support groups may be a useful means for enabling survivors to build their own supportive networks.

Financial hardship

For most of the survivors we spoke to, financial hardship remained one of the biggest barriers that they faced on their journeys to recovery:

“In all honesty, the hardest thing with recovery from domestic violence is when you’re put in financial hardship from it. I mean, even now, I’m still trying to get back on my feet financially.”

“I’ve got my family, and my best friends, and support, and everything. But sometimes I feel like it’s not enough. I don’t have the money to go out and move. I don’t have the money to go and do things that the kids want to do... Everything costs money.”

This hardship was especially acute for the mothers we spoke to, many of whom were left supporting their children on their own while recovering from the violence they had experienced. Child support payments from ex-partners were often inadequate or not forthcoming. Some perpetrators weaponised financial processes post-separation as a way to continue exerting control over their former partners. For example, one participant spoke about how her ex-partner refused to submit the paperwork or attend mediation to reach a financial settlement:

“He hadn’t provided anything...and the only recourse I have is to take him to court to do it, which has cost me about \$15,000 so far, which not many people could do...Again, it’s just another way for them to keep perpetrating what they’re doing...”

Several survivors were left with debts or expenses accrued by their ex-partner:

“The person used my vehicle in a \$38,000 collateral loan and I’m wondering why I’ve got debt collectors coming to repossess my car. This person has pretended to be me, been found guilty of offenses of fraud, but it still affects me today... What do I do to recover that money? Go through them civilly? That’s a big thing.”

Meanwhile, survivors were struggling with these hardships against a backdrop of a rapidly rising cost of living:

“...when rent went up, it went from \$380 to \$430...It is a nightmare, so I’m worried because if he puts it up again, I can’t afford it. It’s already over the 30 per cent of my income and it’s ridiculous. It’s \$120 over my income and I’m only paying it because I don’t want to be homeless. I don’t want my kids to be homeless. I don’t want to be living out of my car.”

These findings underline the stark choice so many survivors of domestic, family, and sexual violence face: to stay in an abusive situation, or to leave and risk entering poverty. While one survivor emphasised that this was the right choice for her, it is a choice that no person should be forced to make:

“I was thinking about how hard we’re doing it financially, but I’ve never felt so free my entire life... We’re broke but we’re so fricking happy.”

CONCLUSIONS AND RECOMMENDATIONS

In this exploratory study, we spoke with eleven survivors of domestic, family, and sexual violence about their experiences engaging with DVAC, the aspects of DVAC support that they found most helpful, and the major challenges they faced on their journeys to safety and healing. The women unanimously agreed that the support they had received from DVAC had been instrumental in their becoming safe, beginning to heal, and rebuilding a life of their choosing. They spoke of feeling validated, believed, self-confident, and optimistic for the first time in a long time—or, for some of the women, the first time in their lives. However,

most were also experiencing financial hardship and encountered a lack of understanding and support when dealing with the police, courts, real estate agents, banks, utility companies, Centrelink, the child support agency, employers, their church, and sometimes even their family and friends. While DVAC often advocated for the women and acted as a go-between in their dealings with these actors and institutions, the survivors acknowledged that there was only so much DVAC could do.

The strengths of DVAC's services identified by survivors align with descriptions of effective policy within the literature, including collaboration between services, and holistic informal support (Goodman et al., 2016; Husso et al., 2021). The importance of collaboration between service providers was evident in survivors' reports of referral pathways to DVAC. Survivors explained that they were not explicitly seeking domestic violence support when they were referred to DVAC. For example, one survivor was referred to DVAC after calling Relationships Australia to request couples counselling, and another was referred by Lifeline after seeking financial advice. The survivors also highlighted the immense value of DVAC referrals to other services, and the support provided by DVAC to navigate the challenging aspects of these services. In cohesion with the literature, the survivors also highlighted the importance of creating informal social networks, including with other survivors, outside of the DVAC services (Bird et al., 2022; Sullivan, 2018; Trotter & Allen, 2009). The literature demonstrates that this is imperative to maintaining survivors' autonomy after initial service intervention (Nolet et al., 2021).

In light of these findings, we recommended that DVAC continues their current approach and that the Queensland Government provides adequate funding for them to do so. To address the ongoing challenges that survivors face, we further recommended that the Australian State and Federal Governments implement in full the *First Action Plan of the National Plan to End Violence against Women and Children 2022-232*, and the recommendations of the *Women's Economic Equality Taskforce Report*. All available evidence suggests that doing so will lead to a community that is more educated about and less accepting of gender-based violence. In addition, it will help prevent and ameliorate the financial hardship experienced by survivors of gender-based violence so that no Australian is forced to choose between violence and poverty.

Finally, the survivors in our study were clear that criminal justice proceedings and healing journeys last longer than the support that DVAC is currently able to provide. While the survivors looked forward to their futures with strength and optimism, they also expressed fear and sadness that their healing journeys with DVAC had or would come to a premature end. These challenges are reiterated within the literature, where longevity of support services is highlighted as crucial to survivors' recovery (Loxton et al., 2017). The empirical evidence demonstrates that the effects of domestic, family, and sexual violence can last decades, or even the entirety of one's life (Loxton et al., 2017). The premature end of DVAC services mirrors the stories of most domestic violence services, where a lack of funding and resources means that survivors don't receive the necessary long-term support. For this reason, we recommend that the Queensland Government increases funding to DVAC to help reduce intake times and provide longevity of support services.

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