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Exploring Social Work Practice Responses to Domestic Violence against Women

Thesis submitted by

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For the degree Doctor of Philosophy

In the College of Arts, Society and Education

James Cook University

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COVID-19 lockdowns created insurmountable obstacles to these offers, her determination to find another way to continue supporting me revived my persistence.

Statement of the Contribution of Others

Principal Advisor: Professor Debra Miles

Co-Advisor: Associate Professor Susan Gair

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Abstract

Domestic violence against women is a significant health problem in Australia and internationally. Women are more likely than men to be killed or need assistance as a result of gendered violence. Historically, feminism became prominent in challenging men's perception of entitlement to control in relationships and has provided a basis for analysing patriarchy and culturally sanctioned violence against women. Equally, in this practice context, social workers are frontline workers. However, social workers have reported being underprepared to intervene in this complex area, and many social workers have identified the need for more comprehensive training when working with domestic violence. The primary aim of this research was to explore social work practitioners' responses to domestic violence within the current social and political practice context. The four study objectives sought to identify the contextual factors, education and training, professional supervision, and personal and professional experiences that influence social workers' interventions with domestic violence to help explain the reasons social workers have reported feeling unprepared to intervene with domestic violence against women.

Participants in the study were required to be social workers practising in Australia and eligible for membership of the Australian Association of Social Workers. This mixed-methods study used a two-part, sequential design to collect quantitative and qualitative data. The phases of the study explored the same phenomena, commencing with an online survey. Upon completing the online questionnaire, respondents could nominate to participate in an interview to further explore their practice frameworks, training and supervision, and the effects of current policies when working with women who have experienced domestic violence. The quantitative data were analysed using cross-tabulation reports to determine correlations between variables. Qualitative data were

thematically analysed. A critical feminist lens and a Bourdieusian explanatory framework highlighted the implications of habitus and the fields in which social workers practice and the evolution of the profession in a changing environment. The findings highlight underfunded services in a neoliberal context, with a preference for micro-interventions that divert attention away from the structural elements that maintain violence against women and limit professional discretion. Consistent with the emphasis on individualised micro-interventions, feminist analysis of violence against women has been marginalised, and social workers are constrained by funding and service designs that limit their ability to provide comprehensive interventions. A gap between social work values and the free-market ideology has emerged, and professional development is increasingly linked with employment, rather than professional standards. Under these circumstances, organisational and private practice social workers can be conflicted between the values of their profession and organisational realities, resulting in increased risk of social workers succumbing to narrowed service delivery owing to the standardisation of services legitimised through performance measures and reinforced by insecure employment. The findings reveal the importance of individual social workers developing an understanding of their habitus and their practice fields. Further recommended is the expansion of professional development and expert roles within the practice field of domestic violence, and advocacy for increased professional discretion upheld by the national professional association through professional practice standards.

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Glossary

The Australian Association of Social Workers is also referred to by the abbreviation and trademark 'AASW' (Australian Association of social Workers, 2021a). The Australian Association of Social Workers (2021b) is the professional body for social workers who set benchmarks for professional education and practice in social work focused on social justice and human rights.

Clinical supervision can be used in place of professional supervision. This research does not make distinctions between clinical and professional supervision.

Domestic violence is also abbreviated as DV and pertains to the behaviour of partners in a current or previous intimate relationship. In Australia, the following terms are used to describe domestic violence:

- physical abuse
- emotional abuse
- verbal abuse
- social abuse
- sexual abuse
- spiritual abuse
- image-based abuse
- dowry abuse
- elderly abuse.

Stalking, reproductive coercion, coercive control and post-separation violence also encompass domestic violence (Australian Association of Social Workers, 2011; Day & Bowen, 2015; Morgan et al., 2018).

Dual role supervision describes professional, and organisation or management supervision provided by a social worker with management responsibilities for the social worker and concurrently providing professional supervision. Dual role supervision maintains accountability to both organisational and professional practice. This arrangement is complex and has the potential for conflict of interest situations (Australian Association of Social Workers, 2010), requiring discussion between supervisee and supervisor and a management strategy to address potential disputes.

Elder abuse is defined as ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect’ (World Health Organization, 2021b). Elder abuse was not explicitly addressed in the research; however, the term has been included as raised by research participants as a specialist area within domestic violence.

Family violence is used to describe violence and control between family members, including intimate partners. Family violence is the term more often used in Aboriginal and Torres Strait Islander communities (Council of Australian Government, 2019).

Gendered violence refers to violence that ‘disproportionally affects women more than men (on the whole), that ... occurs in a broader social context where power and resources are distributed unequally between men and women, and ... reinforces ...gendered power imbalance’ (Our Watch, 2019a, p. 17).

Intimate partner violence, abbreviated as IPV, is often used in place of domestic violence (US Department of Health & Human Services, Office of Women’s Health, 2021). This term is recognised as more inclusive of same-sex couples (Simic, 2019).

For accuracy, the term ‘intimate partner violence’ has been included in this study only when included as a cited reference. This research has used the term ‘domestic violence’.

Operational or management supervision are the two terms used to refer to supervision that concentrates on an employee’s accountability to organisational standards and policies. This supervision also may include the oversight of a social worker’s professional practice, which is subsequently accountable to the organisation and its policies (Australian Association of Social Workers, 2014b).

Professional supervision is integral to competent and accountable social work practice (Australian Association of Social Workers, 2014b). Professional supervision focuses mainly on professional competencies and values; it can include organisational matters and is ‘a forum for reflection and learning’ (Davys & Beddoe, 2010, p. 21).

Accountability for professional supervision follows the Australian Association of Social Workers’ (2010) *Code of Ethics*. In this study, professional supervision describes supervision as separate from operational supervision, which has its primary focus on organisational or managerial accountability.

Social worker is the term used to describe a qualified social worker who is a member of the Australian Association of Social Workers or has eligibility for the association’s membership. In Australia, the title ‘social worker’ is not a legally protected title as it is in countries such as England and the United States. Consequently, in Australia, the term is frequently used to describe workers in community services who have a range of qualifications that may not include the Australian Association of Social Workers’ eligibility. For consistency, it was essential to limit this study to social workers who have fulfilled the core requirements determined by the Australian Association of Social Workers (2013).

Victim /Survivor are often used to describe a person who has experienced domestic violence. This research acknowledges the strength of women living with trauma resulting from domestic and family violence from past or present experiences. Thus, the term ‘victim’ or ‘survivor’ are only used in this study when included in a cited reference for accuracy. Instead, the researcher uses the phrase ‘women who have experienced domestic violence’.

List of Abbreviations

| | |
|--------|---|
| AASW | Australian Association of Social Workers |
| ANROWS | Australia's National Research Organisation for Women's Safety |
| KPMG | Klynveld Peat Marwick Goerdeler International Limited |
| WHO | World Health Organization |

Note: All abbreviations and acronyms used by research participants or within the literature are included verbatim. While these are included as cited, the abbreviations and acronyms used by the researcher have been minimised to include only the most frequently occurring abbreviations to allow for clear communication.

Chapter 1: Introduction

Women in Australia continue to experience domestic violence despite increasing awareness of this violence in women's lives since the 1970s (Australian Government, Australian institute of Health & welfare, 2019; Boxall et al., 2020; Connor et al., 2012; Piper & Stevenson, 2019). Data indicate that women are more likely than men to be killed or injured because of domestic violence. The Australian Government, Australian Institute of Health and Welfare (2018) has recognised domestic violence as primarily gendered and the main health risk for women aged between 25 and 44, accompanying financial and social disadvantage (Sutherland et al., 2016).

Similarly, the Australian Association of Social Workers recognises domestic violence as linked with gender inequity and outlines the practice context and the role of social workers in addressing violence against women (Australian Association of Social Workers, 2015). Accordingly, the Australian Association of Social Workers, *Position statement: Violence against women* (2015) provides the basis for this research.

Participation in the study is therefore limited to social workers with a qualification providing eligibility for membership of the Australian Association of Social Workers (2020a) to ensure consistency in knowledge of the profession's values and standards amongst participants.

This thesis explores the diversity of social work practice to support women who have experienced domestic violence to identify the challenges experienced in this field and review professional support needs. The purpose of the study is to understand why social workers regularly report feeling underprepared to intervene with domestic violence, despite often being amongst the first professionals who have contact with women experiencing domestic violence (Ballan & Freyer, 2017; Cowan et al., 2020). The research will investigate the effects of contextual factors in determining social work

practice. The role of training, supervision and experience is also explored to understand how professional support assists social workers in their practice with domestic violence. This introductory chapter presents an overview of the thesis, commencing with a summary of the background to the research, followed by a discussion about the development of the study, the problem being investigated, and the scope of the study. The aim and objectives are subsequently identified and linked with the significance of the research topic and the choice of methodology. Finally, the chapters for the remainder of the thesis are outlined.

1.1. Background

Domestic violence is a significant problem in intimate partner relationships. Women are more likely than men to be killed or have need of medical or psychiatric attention because of domestic violence and require considerable social support to enable them to be safe and progress towards maintaining safety and wellbeing for themselves and their children (Mahapatro et al, 2021; Mannell et al., 2021; Neave et al., 2016; World Health Organization, 2021a). Internationally and within Australia, community attitudes and beliefs are linked with domestic violence against women (Webster et al., 2018; Ferrer-Perez et al., 2020; Piper & Stevenson, 2019; World Health Organization, 2021b). Gendered violence is supported by a culture of male privilege and maintained by legitimised structures and systems (Australian Human Rights Commission, 2018; Piper & Stevenson, 2019). Australia's Royal Commission into Family Violence recognised culturally accepted beliefs and attitudes as a priority area for change (Australian Association of Social Workers, 2016; Neave et al., 2016), recognising harmful beliefs and attitudes as ongoing drivers of violence against women and their children, and the need for a commitment to ongoing prevention strategies:

If we are to prevent family violence, we must change the attitudes and social conditions that give rise to it. There is a need to implement primary prevention strategies that are designed to dismantle harmful attitudes towards women, promote gender equality and encourage respectful relationships ... Only a small amount of government funding goes to prevention. Prevention activities are often funded for short periods. But changing behaviours and attitudes is a complex and lengthy process, which requires long-term investment. Failure to give greater priority to prevention efforts risks condemning future generations to the plight of today's victims of family violence. Unless we pay serious and sustained attention to prevention initiatives, the service system will remain overwhelmed and under-resourced. (Neave et al., 2016, p. 11).

Attending to prevention-focused change is imperative, given that domestic violence against women has a higher prevalence in Australia than in comparable developed countries (Piper & Stevenson, 2019). In addition, significant numbers of women continue to experience domestic violence, despite the growing awareness of discrimination and ongoing advocacy for women's issues since the 1970s (Connor et al., 2012; Our Watch, 2021a, 2021b; Piper & Stevenson, 2019).

Australian domestic violence estimates vary. Some reports estimate the occurrence of domestic violence against women and girls as one in six (Australian Government, Australian Institute of Health and Welfare, 2019, p. vii). Other reports indicate that one in three women over the age of 15 have experienced physical or sexual violence from a current or previous partner since the age of 15 (Australian Government, Australian Institute of Health and Welfare, 2018; Our Watch, 2021b). However, data regarding intimate partner homicides provide more reliable statistics and evidence that women are the primary adult group experiencing domestic violence. From July 2010 to June 2014,

121 homicides were committed by men who killed their female partners, representing 79.6% of the total of intimate partner homicides recorded in Australia during that period (Australia's National Research Organisation for Women's Safety, 2019). More recent predictions are that women killed by an intimate male partner would increase to 90% of all domestic violence homicides in 2020 (Impact for Women, 2021).

Domestic violence against women is associated with a lack of gender equity, which, in Australia, declined from a global rank of fifteenth in 2006 to thirty-fifth in 2017 (Australian Human Rights Commission, 2018). In 2015, during Australia's decline in global gender equity ratings, violence against women was 'described as a "tragic and deadly epidemic" by the Prime Minister of Australia' (Thomas & Dunkley, 2015–2016). Increased public attention to domestic violence (Simic, 2019) contributed to the community's acceptance of the following period of change that commenced with the Victorian Government establishing the Royal Commission into Family Violence, which resulted in considerable attention on domestic violence and recognition of the related complexity (Thomas & Dunkley, 2015–2016).

Data collection on domestic violence has improved during the last five years, with more accurate information about the incidence of domestic violence enabling reliable estimates of the financial burden of family violence. Community concern about the personal and economic effects of domestic violence (Deloitte Access Economics, 2015) led to the *National Plan to Reduce Violence against Women and their Children, 2010–2022*. This plan delineated six national outcomes to reduce domestic violence against women and children, with particular attention devoted to the promotion of community involvement, primary prevention, and gender equity. The plan has progressed to its current version 4, with themes to be prioritised and addressed, including responding to the needs of women affected by domestic violence (Neave et al., 2016).

Throughout this period of research and planning that accompanied the work of the Royal Commission, the social work profession has continued assisting women experiencing domestic violence and addressing the disempowerment emanating from systemic discrimination (Australian Association of Social Workers, 2015; Robbins et al., 2016). The professions' *Standards for Practice* (Australian Association of Social Workers, 2013), *Code of Ethics* (Australian Association of Social Workers, 2020b) and *Position Statement: Violence against Women* (Australian Association of Social Workers, 2015) provide a framework for social work intervention with domestic violence. This framework draws on current evidence, the lived experience of the individual woman, and an understanding of the effects of the micro- and macro-contexts in which individuals live (Our watch, 2019a, 2019b; VicHealth, 2019). The *Position Statement: Violence against Women* (Australian Association of Social Workers, 2015) lists four levels of engagement for social workers to manage violence against women, including the individual, organisational, societal, and personal levels. This comprehensive framework ensures that social workers maintain informed, responsible and ethical practice, including advocacy for organisational and cultural change, while responding to the individual's needs (Australian Association of Social Workers, 2015). The Bachelor of Social Work degree is the most frequently identified qualification within the family violence workforce (Wendt et al., 2020), despite reports in the literature that social workers often feel unprepared to work with domestic violence (Cowan et al., 2020; Danis, 2004).

The unevenness of social work confidence in this practice area has been linked to the availability of training (Cleak et al., 2020; Connor et al., 2012) that is relevant to the context in which social workers provide services. Neoliberalism links intervention almost entirely with individual responsibility (Brockmann & Garrett, 2022; Pendenza &

Lamattina, 2018), and this position has been accompanied by a reduction in social support funding (Robbins et al., 2016). Such an approach generates challenges to critical thinking, as best-practice definitions are readily accepted (Black et al., 2010; Morley & Ablett, 2019) and supported by an open-market ideology (Frantz, 2000; Rogowski, 2010). There is support among social workers for an evidence-based approach to social work interventions (Australian Association of Social Workers, 2013). Yet, evidence for practice often emphasises managerialist bottom-line thinking and de-emphasises social work values and critical analysis (Marthinsen, 2019; Mullin, 2016). This emphasis can limit professional discretion (McDonald, 2006; Morley & Ablett, 2019; Rogowski, 2011; Swain, 2017). In this environment, Juodis et al. (2014) highlighted those holistic cooperative approaches receive less recognition, limiting attention to the structural elements that maintain violence against women (McKinnon, 1989; Mugge, 2015; Piper & Stevenson, 2019; Wendt, 2009). According to Lane (1999), these new approaches have delegitimised the systemic disparities and macro-aspects of the social work role.

Refocusing on individual responsibility has coincided with a reduction in funding for essential resources on which social workers rely to assist the more vulnerable members of society (Santoreneos, 2019). Programs such as those funded by Medicare (Australian Government, Department of Health, 2012; Australian Government, Department of Health, 2021) have enabled individualised legal, welfare and health interpretations of domestic violence (Barnish, 2004; Urbis, 2013; Vlasis et al, 2017). Gendered violence remains an overwhelming feature of domestic violence (Payne, 2014; Piper & Stevenson, 2019), yet a feminist approach is challenged (McDonald, 2005; Theobald & Murray, 2019) through the increased authority of the managerialist agenda and its economically driven, evidence-based standardisation (Marthinsen, 2019; Payne, 2014;

Rogowski, 2011). With the embracing of managerialism, a standard of sameness has occurred by connecting knowledge linked with the capacity to control behaviour by manipulating circumstances, thereby supporting behavioural interventions (Ife, 1999; Morley & Ablett, 2019). Payne (2014) contended that the aspirational definitions of social work conflict with practice realities, which have shifted according to the resulting dichotomy between micro- and macro-aspects of social work practice (Dlamini & Sewpawl, 2015; Ife, 1999).

The changes affecting and potentially marginalising services to women and social work practice with domestic violence are a component of the motivation to undertake this research. It seems evident that social workers attempting to address the macro-elements of disadvantage by including an advocacy and preventative facet to their practice with domestic violence are challenged within an environment that favours individualised intervention (Centre for Policy Research & National Resource Centre on Domestic Violence, 2017; Ife, 1997; Mullin, 2016). These changes support neoliberal managerialism and result in standardised approaches to welfare and human services in general, thus affecting social work practice with domestic violence (Theobald & Murray, 2019). The risks in managing and researching domestic violence based on individualised models can negate the gendered aspect and intersectionality of domestic violence (Dominelli, 2002; UNWomen, 2019). Ignoring political and cultural norms, with increased attention placed on individualised responsibility, reduces holistic approaches in favour of more manageable interventions and research methodologies. In addition, this approach is less likely to address women's lived experience (Hathaway et al., 2002; Pence & Paymar, 1993; Piper & Stevenson, 2019a) or the cultural and structural complexities of domestic violence. The current study includes a methodology capable of revealing these complexities.

1.2. Developing the Study

The methodology for this research evolved during the literature review, which identified the concerns raised by some social workers regarding their preparedness to manage the complexities of working with domestic violence (Heffernan et al., 2014; Robbins et al., 2016). These complexities are linked with the history of social work globally, demonstrating that practitioners have provided leadership in practice informed by social justice and equity. Conversely, the literature explains that social work practice can be variable and unwittingly subsumed into popular or dominant political and cultural priorities, despite its value base (Colarossi, 2005; Papadopoulos & Maylea, 2020; Payne, 2014; Swain, 2017).

This evolving political and social context is of considerable personal and professional interest and informed the theoretical approach to this study. My social work practice has been influenced by the history of a profession focused on analysing the inequity and accepted class categorisation occurring in society. As a social worker with over three decades of professional experience in the field, I have had many discussions with colleagues about the structural factors rarely acknowledged while individuals are pathologised for their disadvantaged social position. Approaches that preference individual causes and individual responsibility have been particularly confronting when helping women and children living with domestic and family violence, especially when applying an increasingly challenged critical feminist analysis.

My introduction to critical feminism occurred as a young woman. Despite being in full-time employment, I struggled to exist on less than half the male wage. When I questioned this inequity, I discovered that a common perception was that women were intended to be kept by a man and independence in women was considered, at best, unnatural and, at worst, the result of anti-social influences, such as feminism. While I

acknowledged that I failed to meet the mandatory criteria that defined a good woman in Australia in the 1970s, my self-esteem was eventually salvaged after reading *The Female Eunuch* (Greer, 1971). This awakening preceded Elizabeth Reid's (2015) appointment as women's advisor by the Australian Labour Government in 1973. The change that followed strengthened my resolve to challenge the underclass status I had been assigned through legitimised gender discrimination, which reduced women's freedom and limited their financial and social power. The social changes that occurred during this decade were profound. The gendered status quo was challenged, and women from all classes were encouraged to have a voice and claim the right to personal safety, equal pay, affordable childcare and access to tertiary education (McLellan, 2010; Reid, 2015; Robbins et al., 2016; Summers, 2003).

A critical feminist methodology and analysis were subsequently used in this research, in combination with Bourdieu's social theory lens and analysis (Moi, 1999). The voices of practising social workers became central to the proposed study, exploring the transition occurring in their workplaces and the effects of these changes on social work practice and women experiencing domestic violence. As a social worker and the primary investigator for the study, I was interested in adding social work experiences and leadership to this critical conversation, drawing on Seidman's (2013) inclusive approach:

It is crucial to read enough to be thoughtful and intelligent about the context and history of the topic and to know what literature on the subject is available ... while being genuinely open to what participants are saying. (p. 41)

Including practitioner voices and experiences in the study was necessary to maintain consistency with my values and a critical feminist lens in the context of the *Social Work Practice Standards* (Australian Association of Social Workers, 2013, 2014a) and the

Australian Association of Social Workers' (2020b) *Code of Ethics*. These standards provide a shared knowledge base between researcher and participants and are beneficial to unite professional social workers as a distinct occupational group with a common purpose, focusing on human rights (Lawrence, 2016).

1.3. Aims and Purpose

The study was developed during a period of heightened community attention to domestic violence in Australia (Australia's National Research Organisation for Women's Safety, 2019). This increased attention provided an ideal time for social workers to tell their stories, given the profession's extensive history and commitment to addressing domestic violence (Australian Association of Social Workers, 2015). Hence the aims and objectives of this research are based on the profession's standards (Australian Association of Social Workers, 2013) to review social work practice and help understand the reasons social workers have reported feeling unprepared to intervene with domestic violence (Cowan et al., 2020; Danis, 2004).

The primary aim of the research is to explore social work practice responses to domestic violence against women within the current social and political context. In addition, the study's four objectives specifically focus on contextual factors, including organisational practices and policies, education and training, clinical supervision, and professional and personal experiences that influence social workers' interventions with domestic violence to identify their relevance in guiding and developing social work practice. The four objectives are outlined as:

1. to identify the contextual factors that inform social work intervention with women who experience domestic violence
2. to understand what, if any, specific education, and training informs social workers' response to women who experience domestic violence

3. to ascertain the role of professional supervision in helping social workers develop their intervention skills in the area of domestic violence
4. to identify if social workers draw on their professional and personal experience to help inform their intervention with domestic violence.

1.4. Significance, Scope, and Definitions

This research topic is timely and relevant, as current literature identifies a reduction in the breadth of social work interventions with domestic violence (McDonald, 2006; Rogowski, 2011; Swain, 2017). Adding and documenting the voices and practice experience of social workers adds to the significance of this study. This approach has been described by Gordon (2018) as a ‘bottom up’ approach (p. 1333). Gordon’s literature review reported ‘...an absence in social worker’s voices, regarding their... day to day...doing of social work’ (p. 1333), resulting in ‘... knowing...little about: the views and practices of social workers’ (p. 1345).

For this reason, the study has a broad scope. It includes exploration of the political and organisational contexts in which social workers provide services to review their influence on social work standards and values. According to Marthinsen (2019), social workers are challenged by inconsistency in values resulting from increased management accountability, with cost-efficiency measurements linked to under-resourcing. In this environment, where the contracting of social work employment and outsourcing services is based on economic values, diminishing professional trust (Marthinsen, 2019; Robbins et al., 2016), the social work profession has been repositioned to an uncertain future within a market ideology (Swain, 2017). Neoliberalism’s ideology extends beyond free-market policies, influencing social work practice as it shapes social life, and creates an environment in which individuals are insecurely connected to market variations (Hastings & Rogowski, 2015; Marthinsen, 2019). The changes have created a

dichotomy between social work ideals and practice reality (Laing et al., 2013; Marthinsen, 2019). These issues are explored using a mixed methods approach for this study, with a two-part sequential design (Creswell & Plano Clark, 2011; Watkins, 2017).

1.5. Methodology

This study commences with an online questionnaire, available to all social workers working in Australia with eligibility for membership to the Australian Association of Social Workers. Upon completing the online questionnaire, respondents have the opportunity to participate in a semi-structured interview to further explore their practice frameworks, training and supervision, and the effects of policies when working with women who have experienced domestic violence. The two parts of the study explore the same phenomena. The survey is paired with follow-up qualitative interviews (Chaumba, 2013; Desimone, 2009; Greene, 2007; Walker & Baxter, 2019). The quantitative data is analysed using cross-tabulation reports to determine correlations between variables, providing the foundation for the qualitative interviews, which are thematically analysed and subjected to critical analysis in the context of a political agenda to identify a direction for change (Mertens, 2012).

The data were subsequently interpreted using a Bourdieusian lens to assist the information acquired in this research to explain recommendations for change (Donovan et al., 2017). Bourdieu's social theory has been described as a micro-theory that allows previously marginalised aspects of human life (particularly women's lives) to be recognised (Moi, 1999). This identification enables analysis of hegemonic ideology and its applicability in analysing all aspects of disempowerment related to gender (Donovan et al., 2017). The Bourdieusian lens is adapted in this research to provide insights into these identity debates (Bourdieu, 1998; Donovan et al., 2017; Moi, 2001) and

investigate the dichotomy between micro- and macro-elements of practice. As stated by Wiegmann (2017), 'Bourdieu signals to social workers that their work on behalf of clients must attend in inequality and structural barriers' (p. 113), requiring social workers to be reflexive and maintain personal awareness (Wiegmann, 2017).

Hence, this research analyses habitus and field (Donovan et al., 2017) to explore social work habitus with the subfields in which social workers are employed. According to Fowler (2000), habitus comprises internalised attitudes and manifested behaviours assigning the individual to a particular class. Habitus can also be culturally acquired to establish a sense of belonging to a particular class or group, with its required habitus. Social work habitus may be challenged within non-social work fields, as social workers adjust to the norms in other fields, each with its own behaviours, knowledge, and status. Virkki (2008) provides an example of adaptation occurring in healthcare:

there are interconnections between the habitus and the emotional labour: social workers and nurses acquire a certain kind of 'emotional habitus' that corresponds to the central ethical values and feeling rules of the field of caring work ... learning to manage their emotions according to their suitability for the values of the field. (p. 76)

Habitus and field theory are not critical theories, and Bourdieu's theories were not limited to gender issues (McLeod, 2005; Moi, 2001). However, a Bourdieusian framework can enable an analysis to unravel the cultural beliefs that normalise gender and violence against women (McKinnon, 1989; Mugge, 2015) and affect social work practice with domestic violence.

Bourdieu draws attention to the importance of habitus and its connection with field and status; therefore, the language used in this thesis is considered carefully (Fowler, 2000). It is essential to ensure that terminology is consistent with the values that form the basis

of the study. Terms used within research may vary, as can the meanings attributed to words and phrases. Terms such as ‘social worker’, ‘domestic violence’ and ‘supervision’ are familiar to many; they have been in our language for a long period and have provided a point of reference and enabled shared ideas. To further maintain consistency in using and representing terms and data throughout this thesis this research referenced the 'Accurate use of key statistics' (Australian National Research Organization for Women's Safety, 2019). Additionally, since individual understanding and interpretation of terms can vary, the terms used more frequently in this thesis are explained in the glossary, located at the beginning of the thesis.

1.6. Thesis Outline

This chapter has introduced the research from its conception, and included its significance, background, aims, methodology and language use. The remainder of the thesis consists of a further seven chapters progressing through all aspects of the research, followed by references and appendices. In chapter 2, the literature review relevant to the context in which social workers provide services to women who have experienced domestic violence is presented. This scoping review explores domestic violence against women and addresses the theoretical frameworks and the context of social work practice with domestic violence. It discusses the effectiveness of interventions, thereby providing the study’s background to the research aims and objectives.

In Chapter 3, the methodology for the study is described. This chapter includes an overview of the development of the study, the study background and the theoretical perspectives that informed the research. In addition, details are provided regarding the methods used, study design, sampling, data collection, ethics and analysis plan. Finally, the strengths and limitations of the research are discussed.

The results of the online survey are reported in Chapter 4, which represents Phase 1 of this two-part mixed-methods study. This chapter reports on the online survey responses, (questions 1 to twenty-one), which explored social work practice with domestic violence against women. These twenty-one survey questions are primarily quantitative, with 9 questions providing respondents with the option to provide further information. The final online survey question, number twenty-two asked respondents to provide their recommendations for service improvement. This question requested a qualitative response, requiring thematic analysis, and is therefore included in chapter 5.

In Chapter 5, the interview participants' demographic information is presented. The thematic analysis of the semi-structured interviews and the online survey question number twenty-two is reported, and quotations are provided in line with emerging themes. The interviews expanded on the survey responses and represented the second part of the sequential design (Mertens, 2012).

Chapter 6 integrates the themes identified in Chapter 5 with the survey data outlined in Chapter 4 to provide the research findings. The findings are merged and discussed with reference to the literature, and the standards outlined in the Australian Association of Social Workers (2015) *Position Statement: Violence against Women*.

The integrated research findings identified in Chapter 6 are reviewed in Chapter 7. A critical feminist lens and Bourdieusian framework (Bourdieu, 2003; McKinnon, 1989; Moi, 1999; Mugge, 2015; Wiegmann, 2017) are used to explore the effects of neoliberal-informed political and cultural norms in terms of habitus, field, and social capital (Fowler, 2000).

The final Chapter 8 concludes the research, exploring social work practice with domestic violence against women. This chapter reflects on the conception of this thesis

to review the study findings that inform the recommendations made, while enabling the researcher to offer final reflections and provide suggestions for further research.

Chapter 2: Literature Review

2.1. Chapter Overview

The substantive literature for this study was obtained via a scoping review of the literature relating to domestic violence and the professional development of social workers that intervene in this complex area. The literature review is broadly focused (Aveyard et al., 2016), capturing information across time and ensuring the inclusion of current evidence. The literature search includes searches via the Australian Association of Social Workers website including the Taylor Francis online database, James Cook University Library One Search, including the Informit database, Clinical Knowledge Network databases and Google Scholar, using the search terms ‘domestic violence’, ‘social work interventions’, and ‘social work theories’. The list of relevant publications was revised, and the reference list from each publication was examined to expand the search. In addition, the literature search has been updated over time to ensure the information included in this chapter remained current and relied substantially on Australia’s National Research Organisation for Women’s Safety (2014), as the Commonwealth, states and territories fund this organisation to research domestic, family, and sexual violence to improve outcomes for women and their children. This chapter commences with an overview and brief history of domestic violence, followed by definitions of domestic violence, recognising the varied meanings of the terms used to define domestic violence in Australia and internationally. It has been useful to consider Australian definitions of domestic violence to clarify the language used for this study. This chapter also provides an overview of the prevalence and costs of domestic violence against women and subsequently considers the role of community beliefs and attitudes. Finally, theoretical perspectives, social work practice and interventions are summarised.

2.2. Domestic Violence

Domestic violence against women is a major health problem (Australian Government, Australian Institute of Health and Welfare, 2020; Australia's National Research Organisation for Women's Safety, 2016; World Health Organization, 2017) and a growing concern, as violence against women is usually perpetrated by someone they know or with whom they have a current intimate relationship or had a previous intimate relationship (Australia's National Research Organisation for Women's Safety, 2020b; Australian Government, Australian Institute of Health and Welfare, 2018; Cussen & Bryant, 2015; Neave et al., 2016). Domestic violence has become more visible since the 1970s, yet a significant number of women in Australia and internationally continue to experience gendered violence despite increasing awareness (Australian Bureau of Statistics, 2009; Australian Government Department of Social Services, 2021; Australian Human Rights Commission, 2018; Australia's National Research Organisation for Women's Safety, 2020a; Connor et al., 2012; Our Watch, 2021b; Piper & Stevenson, 2019; World Health Organization, 2021a).

Domestic violence is associated with a lack of gender equity. The neoliberal ideology in Australia has been accompanied by a gender-neutral approach that has persisted and contributed to a significant decline in gender equity (Piper & Stevenson, 2019; Rimmer & Sawer, 2016; Rottenberg, 2018). According to the Australian Human Rights Commission (2018), gender equity in Australia was ranked globally at fifteenth in 2006 and declined to a global rank of thirty-fifth in 2017. During the decline in Australia's global gender equity rating, in 2015, the Australian Government described violence against women as a 'national crisis' (Piper & Stevenson, 2019). The community's response to this issue was examined. Public discussion about domestic violence through news and social media increased between 2014 and 2018, questioning the assistance

available to women experiencing domestic violence (Farmer et al., 2020). As stated by Farmer et al. (2020), '[it] is highly likely that this increase in public discussion and awareness of family violence was triggered by the events that led to the Royal Commission' (p. 21).

In response to this crisis, Australia's first Royal Commission into Family Violence was established in 2015 and provided 227 recommendations for change (Neave et al., 2016). All Australian states subsequently developed action plans to address the national plan's required outcomes to reduce violence against women and their children (Neave et al., 2016). Research and analysis of domestic violence against women was also funded. A central research organisation focused on reducing violence against women and their children was established based on the recommendations in the *National Plan to Reduce Violence against Women and Their Children, 2010–2022* (Neave et al., 2016), and Australia's National Research Organisation for Women's Safety (2014) was subsequently launched.

2.3. Definitions

Family violence is a broad term used in Australia to describe abusive behaviour towards intimate partners, children, extended family, friends, and pets. Family violence is recognised as the preferred term used by Australian Indigenous populations (Australian Government, Australian Institute of Health and Welfare, 2018; Australia's National Research Organisation for Women's Safety, 2020a). Globally, the definition of family violence is broader, focusing on interpersonal violence occurring 'between family members, intimate partners, friends, acquaintances, and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse' (World Health Organization, 2014, p. 1). Domestic violence and intimate partner violence are terms used to describe violence perpetrated by a current or former partner,

with international recognition that women experience intimate partner violence more frequently than do men (Australian Human Rights Commission, 2017; World Health Organization, 2012, 2021a). Domestic and family violence can occur whether the perpetrator resides in the same home or lives separately from the intimate partner or family members experiencing domestic violence, and is defined by the Parliament of Australia (2011) as follows:

Domestic violence includes:

- emotional abuse—blaming the victim for all problems in the relationship, undermining the victim’s self-esteem and self-worth through comparisons with others, withdrawing interest and engagement and emotional blackmail
- verbal abuse—swearing and humiliation in private and public, focusing on intelligence, sexuality, body image or the victim’s capacity as a parent or spouse
- social abuse—systematic isolation from family and friends, instigating and controlling relocations to a place where the victim has no social circle or employment opportunities and preventing the victim from going out to meet people
- economic abuse—controlling all money, forbidding access to bank accounts, providing an inadequate ‘allowance’, preventing the victim seeking or holding employment and taking wages earned by the victim
- psychological abuse—making threats regarding custody of children, asserting the justice system will not believe or support the victim, destroying property, abusing pets and driving dangerously
- spiritual abuse—denial and/or misuse of religious beliefs or practices to force victims into subordinate roles and misusing religious or spiritual traditions to justify physical violence or other abuse

- physical abuse—direct assaults on the body, use of weapons (including objects), assault of children, locking the victim out of the house, sleep and food deprivation, and
- sexual abuse—any form of pressured/unwanted sex or sexual degradation, causing pain during sex, coercive sex without protection against pregnancy or sexually transmitted disease, making the victim perform sexual acts unwillingly and criticising or using degrading insults.

A definition of domestic violence is outlined by Domestic Violence Victoria and endorsed by the *Social Workers in the Domestic and Family Violence Position Paper* (Australian Association of Social Workers, 2011) as:

the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had intimate relationship including carers. Violent behaviour includes not only physical assaults, but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

(Australian Association of Social Workers, 2011, p. 1)

Definitions of domestic and family violence can vary, and domestic violence can take different forms, according to the Domestic Violence Resource Centre Victoria (2021). More recently, research is expanding the knowledge and definitions of domestic violence. Two prominent examples are the specific identification of coercive control and non-lethal strangulation.

Following the reporting of Hannah Clarke and her children's domestic violence deaths (Smee, 2020), considerable emphasis has been placed on criminalising coercive control,

which is receiving community support (Hill, 2019). In addition, Australia's National Research Organisation for Women's Safety (2021a) has recently developed a policy brief identifying the need for an evidence base and cultural change, as well as requiring consistent definitions for coercive control and domestic and family violence within Australia for inclusion in legislation and policy. Furthermore, non-fatal strangulation is being progressed towards inclusion in the domestic violence legislation as a specific criminal offence. A subsequent review of the response to non-fatal strangulation as an offence is being undertaken and is expected to be completed in 2023 (Australia's National Research Organisation for Women's Safety, 2021b).

2.4. Prevalence

The Australian Government, Australian Institute of Health and Welfare (2018) reports women as less likely than men to experience violence. The data indicate that 37% of women have experienced violence since the age of 15, while 42% of men have reported experiencing violence since the age of 18. However, the data change when the relationship to the perpetrator is assessed. Significantly, 17% of women, compared with 6.1% of men, report violence in a cohabiting relationship, and 15% of women and 4.4% of men report violence from a previous partner. Further, domestic violence behaviours vary by gender. A literature review by Swan et al. (2008) concluded that many women who are perpetrators of domestic violence also experience violence from their male partners and are more likely 'to suffer more severe injuries' (p. 10). Incidents of misidentifying the perpetrator of domestic violence have been identified (Nancarrow et al., 2020), further contributing to the complexity of capturing accurate data.

Accurate data about domestic and family violence prevalence have been problematic and affected by suspected underreporting (Australian Government, Australian Institute of Health and Welfare, 2018; Etter & Birzer, 2007; World Health Organization, 2021a).

Overall, the prevalence of domestic violence has been difficult to accurately assess. The incidence has historically relied on estimates, affected by underreporting, contributing to the difficulty in understanding the extent of the problem. K. Webster (2016) provided insight into the complexity of estimating and collating data when all forms of domestic violence are included. Webster reported the prevalence of domestic violence as one in three women when all forms of violence were considered. This frequency reduces to one in four women in cohabiting relationships and one in six women if physical and sexual forms of violence are isolated from other forms of violence.

The complexity in capturing accurate data to understand the extent of the prevalence of domestic violence was demonstrated during the COVID-19 pandemic. During the pandemic, Australian data reported that one in 20 women had experienced physical or sexual violence in the preceding three months, and one in 10 had experienced either emotional, harassing or controlling behaviour from a current or previous cohabiting partner (Boxall et al., 2020). Two-thirds of women surveyed described the violence as starting or escalating during the pandemic's early stages (Boxall et al., 2020). Further challenges to identifying domestic violence within past frameworks have occurred because of new technologies that enable covert tracking, and support coercive control (Stark, 2009; Walby & Towers, 2018).

Estimates of domestic violence nevertheless provide an indication of its prevalence. Globally, intimate partner violence has been estimated as ranging 'from 23.2% in high-income countries and 24.6% in the WHO [World Health Organization] Western Pacific region to 37% in the WHO Eastern Mediterranean region, and 37.7% in the WHO South-East Asia region' (World Health Organization, 2017, p. 3). More recently, the World Health Organization (2018) estimated that 30% of women worldwide have experienced physical or sexual violence from a current or former intimate partner:

Over a quarter of women aged 15–49 years who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner at least once in their lifetime (since age 15). The prevalence estimates of lifetime intimate partner violence range from 20% in the Western Pacific, 22% in high-income countries and Europe and 25% in the WHO Regions of the Americas to 33% in the WHO African region, 31% in the WHO Eastern Mediterranean region, and 33% in the WHO South-East Asia region ... Globally as many as 38% of all murders of women are committed by intimate partners ... Intimate partner and sexual violence are mostly perpetrated by men against women. (p. 2)

In Australia, it has been estimated that one in three Australian women have experienced physical and/or sexual violence since the age of 15 (Australian Human Rights Commission, 2018). The Australian Institute of Health and Welfare (2018) estimated that, since the age of 15, one in four women have experienced emotional abuse and ‘one in six women have experienced physical and/or sexual violence by a current or previous partner’ (p. ix). Other estimates are that one in six women and one in 19 men experience physical or sexual violence from a current or former partner, and one in four women experience emotional abuse (Australia’s National Research Organisation for Women’s Safety, 2018).

A higher occurrence is estimated by Our Watch, suggesting that one in four Australian women experience physical and sexual abuse. More recently, despite the ongoing limitations of collecting data across all groups, Our Watch (2021a) summarised the key statistics available on violence against women in Australia estimates as follows:

- On average, one woman a week is murdered by her current or former partner.
- 1 in 3 Australian women (30.5%) has experienced physical violence since the age of 15.

- 1 in 5 Australian women (18.4%) has experienced sexual violence since the age of 15.
- 1 in 3 Australian women (34.2%) has experienced physical and/or sexual violence perpetrated by a man since the age of 15.
- 1 in 4 Australian women (23.0%) has experienced physical or sexual violence by current or former intimate partner since age 15.
- 1 in 4 Australian women (23.0%) has experienced emotional abuse by a current or former partner.
- Australian women are nearly three times more likely than men to experience violence from an intimate partner.
- Almost 10 women a day are hospitalised for assault injuries perpetrated by a spouse or domestic partner.

Data accuracy is improving, as a framework for data collection was drafted and published in 2009 to support the development of an evidence base for domestic violence (Australian Bureau of Statistics, 2009). Increased data accuracy is expected to assist policy and service development (Australian Bureau of Statistics, 2013). Domestic violence homicide data also had a history of relying on estimates (Australian Bureau of Statistics, 2013; KPMG, 2016a), with potential for the data pertaining to intimate partner homicides to become more reliable (Bricknell, 2019, 2020).

Internationally, 38% of murders of women are estimated to have been committed by an intimate male partner (World Health Organization, 2017). The *Australian Domestic and Family Violence Deaths Review Network: 2018 Data Report* provides more reliable evidence of the gendered nature of domestic violence (Domestic Violence Death Review Team NSW, 2018). Of the 152 intimate partner homicides between 2010 and 2014, 121 were female deaths killed by a male partner (Australia's National Research

Organisation for Women's Safety, 2019). During the same period, 31 male deaths related to intimate partner homicide occurred; three were killed by a male partner and 28 were killed by a female partner (Domestic Violence Death Review Team NSW, 2018). More recent estimates are that 74 intimate partner homicides were suspected in 2020. Of these deaths, 56 or 90% are alleged to be female deaths killed by a current or previous male partner (Impact for Women, 2021).

2.5. Effects of Domestic and Family Violence

The personal and social costs of domestic and family violence place a burden that is far reaching. Power imbalance and discrimination result in some groups being disproportionately affected. Children, young women, Indigenous Australians, the elderly, people with a disability, people with a culturally or linguistically diverse background, LGBTIQIA+, financially disadvantaged people, and people living in more remote regions are particularly vulnerable (Our Watch, 2019a). As stated by Our Watch (2019a):

It is important to think about the different forms of oppression or discrimination a woman may also face and how this shapes her experience of violence. For instance, an Aboriginal woman with a disability is likely to experience intersecting racism and ableism alongside gender inequality. It can also explain why it is harder for some women to seek help or access support services, particularly for groups who have experienced or continue to experience institutional abuse or state-sanctioned violence. (p. 3)

Domestic and family violence's personal and social costs place a burden on vulnerable people, including children raised in families living in fear, with the certainty of ongoing intergenerational trauma (Lunnemann et al., 2019; Meyer et al., 2021). Domestic violence is one of the top eight health risk factors for Australian women aged between

18 and 44 years. It contributes 5.1% to women's total disease burden within this age group (Australian Human Rights Commission, 2017). In addition, the Australian Institute of Health and Welfare (2019) report domestic violence as contributing to more illness, disability, and premature death than other causes for women between the ages of 25 and 44 years.

The Australian Institute of Health and Welfare (2018), identifies domestic violence as primarily gendered. Domestic violence is the primary health risk for women aged between 25 and 44 years. Financial and social disadvantages accompany health risks (Victoria Health, 2015). Homeless services demonstrate this disadvantage, with over 90% of applications received related to domestic violence are made by women with children (Australia's National Research Organisation for Women's Safety, 2016), indicating the overwhelming economic burden on women and families experiencing domestic violence (Piper, 2019) The direct and indirect financial costs of domestic and family violence in Australia have previously been estimated to be 1.1% of gross domestic product (Bryce, 2015). A report prepared for the Department of Social Services by Klynveld Peat Marwick Goerdeler International Limited (KPMG), regarding the cost of violence against women and their children, provided estimates of AU\$22 billion for 2015 to 2016 (KPMG, 2016b). An alternate approach to estimating financial costs was outlined by Austen (Chung et al., 2020) and conceptualised as an 'economic return on investment'. The initial request for assistance for domestic violence is estimated to cost AU\$57,502, with costs increasing as violence escalates, culminating in AU\$6.7 million when a woman is murdered by a current or former partner (Chung et al., 2020).

Estimates of costs help capture the immediate effects of domestic violence, while the long-term effects on women and the intergenerational consequences are subject to

uncertainty (Access Economics, 2004; Deloitte Access Economics, 2015; KPMG, 2016a). Women traumatised by domestic violence frequently access health and welfare services over an extended period. They are less likely to maintain consistent employment or have adequate superannuation funds for their retirement, and are more likely to experience homelessness (KPMG, 2016a). Similarly, the costs to the second generation, facing experiences of direct and indirect domestic violence as children, are difficult to estimate. KPMG (2016a) stated that:

A child's mental health can be significantly affected by their experience, or exposure to, violence in the home. The psychological, developmental and wellbeing impacts for children who are raised in a household where violence occurs indicate that the consequent effects and issues can extend across generations, with attendant impacts on family dynamics and developmental patterns. (p. 46)

Children exposed to domestic violence experience psychological, physical, and social disadvantages, regardless of whether they directly or indirectly experience abuse (Australian Government, Australian Institute of Criminology, 2011; Australia's National Research Organisation for Women's Safety, 2020c). Children witnessing domestic violence can appear invisible, with the risk that their safety needs can go unrecognised (Australian Government, Australian Institute of Criminology, 2011; Australia's National Research Organisation for Women's Safety, 2020c). These experiences can considerably affect children in later life, including their wellbeing, future employment, and incarceration rates (Australia's National Research Organisation for Women's Safety, 2020c; Family Court of Australia, 2021; KPMG, 2016a).

2.6. Community Attitudes

Domestic violence against women is maintained by discriminatory attitudes and beliefs legitimised and normalised by structural and cultural elements that privilege one group and disadvantage others (Cicourel, 1993; Collins, 2016; Conneely & Garrett, 2015; Dominelli & Loakimidis, 2016; Hearn, 2012). Moreover, the imposed norms are protected by standards that reinforce inequality, as the dominant group restricts access and sets standards that subordinate women (Bourdieu, 1998; Garrett, 2007b). Moi (2001) described these attitudes as helping ‘male power appear legitimate even to women’ (p. 282), which was characterised by Bourdieu (1990) as symbolic violence. The impact of normalised discrimination, outlined by Elizabeth Reid (2015), provides an overview of gender discrimination in Australia in the 1970s (Davey, 2012). The work of Reid, appointed as the first advisor for matters relating to women and children in 1973 by then Prime Minister, Gough Whitlam, illustrates the foundation for this discrimination by providing a historical perspective of the unequal treatment of women, legitimised by the structures of the time. As Reid (2015) stated:

Women were refused mortgages unless they were signed and guaranteed by a man. Single women were not eligible for government grants to new homeowners. Married women temporarily unemployed were not eligible for unemployment benefits since they were not regarded as breadwinners. Working women paid the same taxes as working men but were not eligible for the same social benefits. Relocation allowances were only made to married male public servants. Widows received only 5/8ths of the pension if her husband died; widowers received the full pension. Applications for Commonwealth Secondary scholarships could only be submitted with the signature of the father—this was printed in heavy black type. Women returning to the country with their husbands

from overseas could not fill in their own Quarantine and Customs Declaration.

Ex-service women were not eligible for War Services Home Loans. (pp. 2–3)

These inequities were addressed, yet, in the new millennium, gender inequity continues to exist. In hindsight, the changes seem to have become aligned with neoliberal development of a free-market ideology (Dabrowski, 2020; Fraser, 2013). According to Fraser (2013), with the benefit of hindsight, the challenges mounted by feminism against traditional gender roles enabled capitalism. The traditional breadwinner role legitimised ‘flexible capitalism’, resulting in women’s increasing participation in the workforce, frequently as low-waged labour (Van Gellecum & Western, 2008). The ‘two earner’ family that subsequently emerged enabled decreased wages, accompanied by reduced job security, thereby supporting the competitive nature of free-market economics. The exploitation of women changed yet continued through the alignment of the free-market ideology with liberal feminist principles (Fraser, 2013). Tak et al. (2019) studied the entrenched inequity in the competitive relations of a free-market environment and found that products produced by men retained their status in male and female markets; in contrast, products made by women experienced a reduced status in male markets.

As reported by Fraser (2013), the new doctrine legitimised the repression of structural factors responsible for gender discrimination and class inequality. The focus on competitive relations and individual responsibility ensured that gender inequity and discriminatory attitudes and beliefs continued (Australian Government, Australian Institute of Criminology, 2010; Australian Human Rights Commission, 2018; VicHealth, 2019; Webster et al., 2018;). Historically entrenched inequity is supported by structures and systems that ascribe a lower status to women, enabling gender violence to continue (Australian Human Rights Commission, n.d.; Piper & Stevenson,

2019; Webster et al., 2018; Wendt & Moulding, 2018). Globally, these attitudes have been defined as ‘accepting violence, male privilege, and women’s subordinate status’ (World Health Organization, 2017, p. 2). Correspondingly, within Australia, the *National Plan to Reduce Violence against Women and Their Children* targeted culturally accepted beliefs and attitudes as the priority areas for change, recognising them as the main drivers of gendered violence (Neave et al., 2016; Royal Commission into Family Violence, 2016).

The evidence supports the claim that Australian attitudes towards violence against women changed between 2009 to 2017. The 2017 ‘National Community Attitudes towards Violence against Women’ survey identified areas that continue to be of concern because of the risk posed to women experiencing violence (Webster et al., 2018). The survey reported that 38% of respondents did not know where to seek help with domestic violence. There were further concerns associated with the recognition of violence against women. Twenty per cent of survey respondents indicated that they were unaware that violence against women was common, while 19% of respondents were unaware that non-consensual sex in marriage was against the law, and 18% did not think that women were more likely to be sexually assaulted by a partner than a stranger (Webster et al., 2018). The survey report concluded that respondents acknowledged many factors contributing to domestic violence against women, and the individual elements were more likely to be viewed as having greater responsibility for domestic violence (Webster et al., 2018). At the same time, the structural aspects that maintain and contribute to discrimination and violence against women were less likely to be recognised (Kuskoff & Parsell, 2020; Webster et al., 2018).

2.7. Theoretical Approaches to Domestic Violence against Women

Feminist writers and researchers have a history of advocating for women and have been influential in exposing domestic violence and the systems that maintain the structural inequalities that attribute status to gender (Barnish, 2004; Ford, 2016; Hahn & Scanlon, 2016; McLellan, 2010; Robbins et al., 2016; Summers, 2003; Urbis, 2013; Wall, 2014; Wendt, 2009). Since the 1970s, feminist activism has increased women's participation and inclusion in public domains, particularly for more privileged women in Western countries. Despite the remaining gaps, the women's movement has successfully created change in Australia and internationally (Crook, 2018; Gardiner, 2005). Women's refuges were established, drawing attention to violence against women and the safety needs of women and children, and maintaining a focus on advocacy (Dominelli, 2002; Theobald & Murray, 2019).

Feminism has been prominent in challenging men's perception of entitlement to control in relationships and provided the basis for men's behaviour change programs (National Institute of Justice, 2013; Simic, 2019). The model has been the basis for men's behaviour change groups in Australia over several decades, focusing on the power differential between men and women. Sokoloff and Pratt (2005) argued that socially structured roles result in gender inequality, leading to violence against women and structural disparities (Kuskoff & Parsell, 2020; Rose, 2015; Vu et al., 2014), which, together with community acceptance of the status quo, have been associated with higher levels of violence against women (Kotsadam et al., 2017).

However, feminism has been critiqued as being a one-dimensional approach to domestic violence (McPhail et al., 2007) and a new form of feminism has been established (Carrington, 2016). According to Rottenberg (2018), feminism has become

‘entangled with neo liberalism’ (p. 2), and a new form of neoliberal feminism has emerged and become a source of cultural capital:

neoliberal feminism might acknowledge the gender wage gap and sexual harassment as signs of continued inequality. But the solutions it posits elide the structural and economic under-girding of these phenomena. Incessantly inciting women to accept full responsibility for their own well-being and self-care, neoliberal feminism ultimately directs its address to the middle and upper classes, effectively erasing the vast majority of women from view. (p. 2)

Neoliberalism became prevalent in its current form in the 1970s and advanced following the election of conservative governments in Europe and the United States during a time in which economies, including more vulnerable nations, were benefiting from global deregulation (Baum et al., 2016; Spolander et al., 2014). Bourdieu refers to globalization as being defined by neoliberal policy and resulting in a unified ‘economic field’ (Bourdieu, 2005, p 224). Australia experienced the 1980s neoliberal ideology through microeconomic reforms, embraced by both the Liberal and Labor political parties and led by the Labor Governments of Bob Hawke and Paul Keating from 1983 to 1996. During these reforms, the monetary system’s deregulation occurred, and markets were decentralised as the dominant financial management model. The focus was placed on open markets with individual entrepreneurial freedom, believed to be the best way to ensure human wellbeing (Harvey, 2005) and promoted as serving the common good, yet not well understood or critiqued (Alexander & Fernandez, 2020; Van Gramberg & Bassett, 2005).

The influence of neoliberalism has been substantial, as attitudes and beliefs inform theoretical explanations of domestic and family violence and have significant implications for policymakers and service responses (Rottenberg, 2018). The

accompanying belief in the sanctity of marriage or a similar relationship allowed a distinction between private and public business (Kuskoff & Parsell, 2020). In Australia, this position on family matters was supported by the John Howard Liberal Government's socially conservative 'family values' reforms in 1999, redirecting domestic violence's structural analysis to clinical and cultural definitions (Brown & James, 2014; A. Webster, 2007), and reinforcing the traditional neoliberal preference to remain neutral on family matters. This led to the outsourcing of individualised and privatised welfare services, including services to women experiencing domestic violence (Piper & Stevenson, 2019). A study of women's refuges undertaken by Theobald et al. (2021) since the Royal Commission into Family Violence concluded that despite the aims of critical social work being in evidence, workers 'face challenges primarily linked to substantial resource limitations and the neoliberal approaches that support such limitations' (p.17).

Neoliberalism is linked with economic theories favouring a deregulated market ideology (Baum et al., 2016; Rottenberg, 2018; Spolander et al., 2014), which has resulted in preference for an individualised approach to human services overseen by managerialism (Mullin, 2016). In Australia, these market principles led to privatising the community sector and a downgraded public sector with embedded standardised practices (Alexander & Fernandez, 2020; Van Gramberg & Bassett, 2005). This restructuring of the services provided to vulnerable groups further marginalised 'those most in need of state services' (Dominelli 2002, p. 11), 'subjecting the whole world's population to the judgment and morality of capital' (Clarke, 2012, p. 8).

As previously discussed, individualised interpretations of domestic violence have been accompanied by the state's preference to remain neutral on social and family matters (McKinnon, 1989; Mugge, 2015; Mullin, 2016; Payne, 2014; Strier & Feldman, 2018;

Van Gramberg & Bassett, 2005). The ‘social, political, and economic structures’ (Australian Human Rights Commission, 2016, p. 6) that covertly or overtly support violence against women are referred to by Habermas et al., 1989) as ‘instrumental system imperatives’ that impinge ‘on the lifeworld’ (Habermas et al, 1989; Ritzer, 1996, p. 3).

Conceptualising intimate partner relationships as private and sacred has made it challenging to identify and address cultural norms and systems that covertly support violence against women. Legitimising discriminatory attitudes towards women through the acceptance of rigid views of gender roles has contributed to the prevalence of violence against women (Kuskoff & Parsell, 2020; VicHealth, 2019; Wendt, 2009; Wendt & Moulding, 2018).

The neutrality of the state has resulted in domestic violence services being provided in a constricted and evolving context (Mullin, 2016; Payne, 2014), as the public sector ensures compliance with its agenda, mandated through policy, and based on funding agreements. Likewise, within non-government organisations, funding requirements can specify the services that can be provided. (Hastings & Rogowski, 2015; Marthinsen, 2019). Similarly, Australian social workers’ Medicare-funded professional services in private practice are standardised and limited to micro-practice (Australian Government, Department of Health, 2021; Payne, 2014).

The neoliberal free-market ideology has become embedded within the public service, resulting in a standardised approach to human services provision. The paradigm shift created a new model of capitalism that modified family and social values to align with vested interests in economic change (McDonald, 2005; Payne, 2014; Strier & Feldman, 2018; Witt, 1987). According to McDonald (2006), the realignment brought about the reconstruction of modern welfare states and the social work profession.

The resulting uncritical acceptance of discriminatory attitudes in the community is legitimised through the acceptance of cultural norms and values. These attitudes also accept power over others through an individual's or group's position designated as superior (Fowler, 2000; Moi, 2001). Within this positivist paradigm, gender neutrality is maintained, resulting in a standard of sameness that focuses on knowledge being linked to the capacity to control behaviour by manipulating circumstances (Payne, 2014). This individualised approach supports behavioural interventions (Ife, 1999), such as those funded by Medicare programs (Australian Government, Department of Health, 2021). It thereby provides legitimacy for individualised interpretations of domestic violence, while structural change addressing macro-factors receives less attention (Barnish, 2004; Smith et al., 2019; Urbis, 2013).

2.8. Interventions

As discussed, the focus of domestic violence interventions has become based on individualised approaches, supported by the accepted paradigm, which preferences neutrality, a standard of sameness and interventions to control behaviour through the manipulation of individual circumstances (Payne, 2014; Sugarman, 2015). Identifying standardised practices and measuring outcomes can be challenging for professional practice because of the need to maintain an individualised approach and a lack of trust between practitioners and researchers using different intervention models and research methodologies (Centre for Policy Research & National Resource Centre on Domestic Violence, 2017).

Specifically, in relation to professional service delivery, trust, varying commitment, and the legal obstacles to interagency collaboration have been found to reduce service efficacy (Australia's National Research Organisation for Women's Safety, 2020e). As a result, legislative changes are needed to allow agencies to share information and

collaborate with other service providers (Australia's National Research Organisation for Women's Safety, 2020e; Stewart, 2020). The complexity of social work service provision in this context is expanded in section 2.9.

2.8.1. Legal Response

The legal system is considered central to responding to domestic violence. The 1950s focus on family values enabled domestic violence to be linked to family dysfunction, rather than labelled as criminal behaviour (Featherstone & Kaladelfos, 2014; Piper & Stevenson, 2019). During this time, men's violence towards women and children was vindicated by mitigating factors, such as intoxication and a man's right to sexual access to his legal or de facto wife (Featherstone & Kaladelfos, 2014). The politicisation and consciousness-raising by feminists in the 1970s exposed structural factors, including legal issues, that maintain stigmatising beliefs that contribute to gendered violence. Subsequent lobbying resulted in law reforms in the following decade (Featherstone & Kaladelfos, 2014), particularly concerning accountability. As stated by Fitz-Gibbon et al. (2020):

Perpetrator interventions are closely linked to the concept of perpetrator accountability. Perpetrator accountability, in turn is linked to the idea of systems accountability and ensuring that those systems, including courts that have a view of the perpetrator, contribute to holding them to account. (p. 8)

Despite these reforms, the legal response is reportedly uneven because of varying knowledge about domestic violence and the inconsistent confidence in perpetrator intervention programs held by judicial officers (Fitz-Gibbon et al., 2020). This situation has led to recent recommendations to address knowledge gaps and service links to improve the legal system (Fitz-Gibbon et al., 2020). Nevertheless, legal responses can still be unreliable, particularly when compounded by an uneven police response and

inconsistency in court-ordered referrals and consequences (Breckenridge, 2015; Day et al., 2009; Mackay et al., 2015b; Mackay et al., 2015c). With regard to protection orders, Dowling et al. (2018) revealed that they provide a slight reduction in domestic violence, while Morgan et al. (2018) reported that perpetrators of domestic violence with a history of breaching violence orders are more likely to re-offend. The situation is further exacerbated when community services are not well coordinated, resulting in a lack of clarity about the roles and boundaries of service providers (Chung et al., 2020), with the potential to increase the risk to women's safety if service responses are inconsistent. Meanwhile, criminal justice approaches can improve safety for women (Taylor et al., 2017) and recommendations to regulate perpetrator accountability have been made (Chung et al., 2020). The combination of an effective legal response to domestic violence, including arrest, has been identified as contributing to change motivation and associated with reducing assault (McGinn et al., 2016) in a small group of offenders (Dowling et al., 2018). Effective outcomes require the arrest to be combined with an order of protection (Barnish, 2004; Dowling et al., 2018), as charges for violation of an order of protection alone do not reduce recidivism (McGinn et al., 2016; Meyer, 2018). As asserted by Diemer et al. (2015), legal responses alone do not provide a comprehensive long-term remedy to domestic violence (Laing et al., 2013; Meyer, 2018). Addressing the intersecting structural disadvantages women experience is required to manage domestic violence complexities (Theobald & Murray, 2019; Toivonen & Backhouse, 2018; Wendt & Moulding; 2017).

2.8.2. Behaviour Change Programs

The feminist Duluth behaviour change programs have a significant history of treating domestic violence perpetrators (Mackay et al., 2015c). The Duluth model views program participants as pre-contemplative and not ready for change, as most men are

motivated to enter treatment by external pressure, rather than internal motivation (Pence & Paymar, 1993; Saunders, 2008; Stanley et al, 2012). In Australia, domestic violence behaviour change programs are often based on the Duluth model and the belief that social and culturally sanctioned patriarchy empowers gendered violence. Ideally, Duluth programs include a comprehensive community-coordinated response that consists of the justice system, shelters and programs for men (Domestic Abuse Intervention Programs, 2020). The Duluth approach facilitates the safety of women who experience domestic violence by holding perpetrators accountable for their behaviour. The group programs concentrate on changing men's attitudes towards women through education and awareness. Although personal responsibility is the foundation of the program, some Duluth programs have recognised substance misuse and mental health issues and include interventions such as cognitive-behavioural therapy and psychoeducation within the group processes to assist participants address specific problems (Babcock et al., 2004; Barnish, 2004; Moss, 2016; Pence & Paymar, 1993).

The outcomes of behaviour change programs targeting male perpetrators of domestic violence have been revised, resulting in distinct treatment methodologies (Pence & Paymar, 1993; Saunders, 2008). Nevertheless, considerable contention regarding the efficacy of the program exists (Babcock et al., 2007; Day et al., 2010; Feder & Dugan, 2002). Feminism has prioritised structural inequalities as the basis of the Duluth intervention, while behaviourists focus on individual pathology. Proponents of the Duluth perpetrator programs have declared that outcomes support their claims and indicate that participants are less likely to re-offend (Pence & Paymar, 1993). One study by S. Jackson et al. (2003) found that men who completed the 26-week program had significantly fewer complaints lodged against them compared with the control group. The lack of funding to implement all the requirements of the model and limitations of

service coordination have been held responsible for the program's inability to provide acceptable evidence to support claims of long-term outcomes (Pence & Paymar, 1993). The claims that Duluth group programs have been successful have been contested and described as not statistically significant (Corvo et al., 2008; Mills & Kroner, 2003). An Australian study reviewing outcomes of a Duluth program using pre- and post-program questionnaires, self-reports and individual interviews to report behaviour change could not link initial findings regarding a shift in abusive behaviour with a 12-month post-completion review (Day et al., 2010). At best, some studies have described the Duluth approach as being minimally effective (Babcock et al., 2007; Feder & Dugan, 2002) and reported that outcomes could not be replicated because of insufficient research design, which did not include both an experimental and control group (Barnish, 2004; McLaren & Goodwin-Smith, 2016). Further criticisms of Duluth programs have described the model as a 'one-size-fits-all' approach (Corvo et al., 2008, 2009). Funding bodies and policymakers have been accused of segregating Duluth feminist programs and holding them to a lower standard of accountability than other domestic violence intervention approaches. Additionally, funding policies for Duluth programs have been described as providing immunity for certified agencies that deliver the feminist Duluth programs for perpetrators of domestic violence, as they have had no obligation to empirically assess the outcomes for the programs (Corvo et al., 2008; Day et al., 2009; Hahn & Scanlon, 2016; Payne, 2014; Snead et al., 2018).

Overall, Australian and international studies have challenged the Duluth model and linked the effectiveness of domestic and family violence treatments with the individual perpetrators' specific needs and circumstances. Some Duluth programs have attempted to integrate individualised behavioural interventions into their program, yet these attempts have been described as 'unrealistic', difficult to evaluate and not affecting

outcomes (Day et al., 2009). In addition, the Duluth model is accused of lacking robust evidence; relying on quasi-experimental design, resulting in the inability to replicate outcomes because of flawed methodology; and lacking random assignment. A recent study by the Australia's National Research Organisation for Women's Safety (2016), recognised concerns that men's behaviour change programs may only use one form of assessment. The study recommended using a range of validated tools and focusing on the overall objective of women's and children's safety (Nicholas et al., 2020).

2.8.3. Behavioural Interventions

Behavioural approaches to interventions do not cluster domestic violence perpetrators into one homogenous group, as these interventions target specific individual behaviour or pathology for treatment. Behavioural strategies are an alternative to the Duluth model and do not focus on gendered violence and thereby regard participants as having moved on from the pre-contemplative phase and ready to work towards change (Babcock et al., 2004). Non-gendered, individualised domestic violence approaches to intervention are preferred within an open-market ideology, requiring economically driven outcomes to be individually defined (Baker, 2007; Hanson & Patel, 2014; Payne, 2014; Sugarman, 2015).

Consistent with this approach, the American Psychological Association has recommended that intervention standards be based on research and determined by psychologists (Smith, 2011). The recommendations emphasise anger management, personality, social learning, and substance misuse, as well as relationship factors (Barnish, 2004; Corvo et al., 2008; Downs et al., 1996; Eckhardt et al., 2006; Juodis et al., 2014; Rice et al., 1992; Tolman & Bennett, 1990). Behavioural approaches initially categorise perpetrator type to help with the design of individualised interventions that target specific pathology; thus, equally, this intervention does not address broader

structural gender inequity (Babcock et al., 2004; Bernadi & Day, 2015; Feder & Wilson, 2005; Gondolf, 2007; Morley & Ablett, 2019; Payne, 2014; Pence & Paymar, 1993; Tirado-Munoz et al., 2014).

It appears that cause and effect have been difficult to determine. An opinion survey of directors of perpetrator intervention programs undertaken by Dalton (2009) concluded a correlation between substance misuse and domestic and family violence (Juodis et al., 2014; Noonan et al., 2017). While substance misuse was acknowledged as increasing the severity of violent behaviours, most study participants reported that domestic violence perpetrators would still have a domestic violence problem if sober (Dalton, 2009; Noonan et al., 2017). Noonan et al.'s (2017) study found a complicated relationship between alcohol and violence against women:

The majority of men who use alcohol, even those who use it excessively, do not engage in violence towards women, and the use of alcohol does not appear to be associated with 50 percent of domestic assaults reported to police in Australia.

(p. 5)

Several other studies have reported a relationship between violence and alcohol (Noonan et al., 2017). However, while cause and effect have not been established (Noonan et al., 2017), there are concerns that an overriding focus on alcohol and substance misuse can lead to domestic violence being viewed as 'uncharacteristic' when co-occurring with substance misuse. This may mean perpetrators are potentially not held accountable for their behaviour (Centre for Innovative Justice, 2015).

Mental health issues have also been named risk indicators for domestic and family violence. A previous review of men incarcerated for domestic homicide found that 20% of study participants were assessed with higher levels of psychopathic traits when compared with the general population (Rice et al., 1992). Recent studies linked

perpetrators of coercive control with the instrumental use of violence in intimate partner relationships, and stated that this 'group, for whom violence is instrumental, are not only likely to be at highest risk of offending but also the most difficult to treat' (Day & Bowen, 2015. p. 62). In general, mentally ill men who have been recognised as domestic violence perpetrators function without offending in any other aspect of their lives (Juodis et al., 2014).

Interventions such as cognitive-behavioural therapy report a 10% lower recidivism rate among domestic violence perpetrators attending these programs when compared with control groups (Day, 2015). These studies suggest that motivation (Day et al., 2009) and voluntary participation (Barnish, 2004) influence completion rates, ultimately resulting in improved outcomes (Day et al., 2009). Studies suggest that involuntary program attendance is linked with increased perpetrator adaptation and is not found to reduce violence (Kingsnorth, 2006, as cited in McGinn et al., 2016), despite involuntary attendance resulting in higher levels of program completion when compared with voluntary attendance (Campbell et al., 2010; Mach et al., 2020). Generally, studies evaluating behavioural interventions are more likely to adhere to an accepted research methodology (Payne, 2014), suggesting that outcomes reported are more reliable than feminist Duluth models (Snead et al., 2018). This position is consistent with the positivist approach to research. Further, adherence to the accepted standards legitimises outcomes, even though studies using behavioural interventions with domestic violence do not consistently report the high-level affect rates when compared with general individualised behavioural therapy (Babcock et al., 2004).

A meta-analysis using police records and victim reports undertaken by Babcock et al. (2004) concluded that small variation between approaches to intervention existed, and no significant effect occurred when comparing Duluth with cognitive-behavioural

interventions for perpetrators. Moreover, cognitive-behavioural-based men's groups and couples therapy did not significantly affect recidivism, and the overall benefits of treatment remained small (Babcock et al., 2004). Australia's National Research Organisation for Women's Safety's (Mackay et al., 2015a) *Landscapes: Perpetrator Interventions in Australia: Part One—Literature Review* concluded that most studies that they reviewed were inadequate:

there are few longitudinal studies that examine the long-term effectiveness of perpetrator intervention programs ... it has been extremely difficult to prove a clear evidence base for domestic violence perpetrator interventions in terms of outcomes. (p. 36)

2.8.4. Women's Services

Service responses specifically for women experiencing domestic violence have focused on women's safety and include women's centres, domestic violence resource centres, women's legal services and women's refuges. Refuges have historically provided places of safety for women escaping violence. Since the 1970s, they have contributed to the social change agenda (Theobald & Murray, 2019), drawing attention to the cultural norms that covertly or overtly support violence against women. As stated by Theobald and Murray (2019):

Dominant understandings interpreted such violence as arising from the nature of individual men and women, whereas feminists emphasised unequal gender relations in society. In Victoria, as well as nationally, Australia's radical feminist refuges played a significant role in this conceptual reframing process. (p. 209)

It has been recognised that these services require adequate funding (Australian Association of Social Workers, 2015; Francis, 2015; Theobald & Murray, 2019) to

respond to the multiple layers of disadvantage (Husso et al., 2012; Josephson, 2005) affecting women experiencing domestic violence. Purdie-Vaughns and Eibach (2008) argued that an intersectional analysis of victimisation provided a voice and a space for the individual narratives of women experiencing domestic violence to be heard. This approach offers validation to explore the complex ways women experience discrimination (Australian Government, Department of Social Services, 2021; Laing et al., 2013) that focuses intervention with women on specific areas of marginalisation. Feminists expressed concern about the structural inequalities and the effect of the guidelines accompanying government funding for women's services, particularly refuges. Further, refuge workers began questioning the acceptance of funding during the 1980s (Theobald & Murray, 2019). Concerns were raised that behavioural interventions, including the Medicare-funded Better Access program (Australian Government, Department of Health, 2012, 2014, 2021), pathologise women and focus attention away from structural aspects that maintain inequality and women's vulnerability to violence. Kapilashrami (2018) stated that:

conventional intervention models ... fail to challenge institutional and structural inequalities that underpin violence and compound vulnerabilities experienced by women, thereby servicing a functional response. Health systems are social institutions embedded in prevailing gender norms, and power relations that must be tackled alongside imminent needs of women victims of abuse ... feminist approaches to counselling and relational perspectives to social justice can strengthen responsiveness (and transformative potential). (p. 1)

Safety planning and trauma-based intervention models have gained increasing attention, with researchers identifying potential risks due to complex trauma, are not well defined (Australia's National Research Organisation for Women's Safety, 2020e). Safety

assessment has been described as requiring consensus to enable the effectiveness of a 'structured professional judgement approach' (Backhouse & Toivonen, 2018, p. 23). This approach combines evidence-based tools with planned clinical assessment, including the experience and knowledge of the clinician in the process of risk assessment to ensure the effective use of assessment tools (Toivonen & Backhouse, 2018). Comprehensive safety planning requires interagency collaboration. As argued by Australia's National Research Organisation for Women's Safety (2020e), an expanded framework for practice that consists of a coordinated response to improve service access and facilitate a shared understanding can reduce stigmatisation. Australia's National Research Organisation for Women's Safety (2020e) stated that:

Women with experiences of complex trauma typically have multiple needs; however, the majority of services are funded to address a particular issue or concern. As a result, women with experiences of complex trauma typically need to navigate multiple services and agencies in order to have their needs met.

(p. 6)

The interagency collaboration implementation process based on equal status is recognised as complex (Cox, 2015). Nevertheless, some studies provide evidence that successful collaboration between services is growing in Australia and internationally (Cox, 2015). This trend is accompanied by a more formalised approach to cooperation between agencies (Chung et al., 2020; Cox, 2015; Stewart, 2020). Services are required to have a knowledgeable and non-judgemental response with access to a range of resources, including research evidence, history of the help seeker, practitioner wisdom and community resources (Australian Association of Social Workers, 2018c; Kuskoff & Parsell, 2020; Laing et al., 2013).

Understanding the policy and practice context (Robbins et al., 2016) and political environment (Evans & Harris, 2004) provides the basis for a comprehensive analysis that is responsive to the individual woman's experience of domestic violence (Our Watch, 2019a). Finally, women's lived experience of domestic violence must be understood to address the attitudes and beliefs legitimised by political and systemic structures that allocate responsibility for discrimination to individuals, resulting in victim blaming (Meyer, 2015; Szalavitz, 2018).

2.9. Social Work Practice with Domestic Violence

As previously noted, free-market policies have had a wide-ranging effect. The scope for social work practice is challenging within the neoliberal context (Morley, 2004, 2016), which has moved away from the twentieth-century welfare state (Marthinsen, 2019; McDonald, 2006; Swain, 2017). According to Marthinsen (2019) and others, social workers are challenged by the inconsistency in values resulting from increased management accountability that focuses on cost-efficiency measurements and under-resourcing (Robbins et al., 2016). The profession has been repositioned within these economic values, and the professional foundations are being challenged, without future clarity (Swain, 2017). As explained by Wahab et al. (2021):

Social work occupies a complicated space in which we are implicated in, and submissive to significant macro forces at the same time called upon to resist, subvert, and repurpose these larger structural conditions (p. 257).

The focus on individual pathology requires social workers to assume their employer's risk-averse consciousness, which may be at odds with their professional values and ethics (Rogowski, 2010). Social work practice is affected, as individuals are insecurely subjected to market variations (Hastings & Rogowski, 2015; Marthinsen, 2019). The increasing contracting of social work employment and outsourcing services based on

economic values are intensified by the diminishing professional trust social workers have experienced since the 1970s and 1980s (Marthinsen, 2019, p. 356).

Economic values have also affected service funding and much of social work practice. Programs, such as the Better Access to Mental Health Care program (Australian Government, Department of Health, 2012), demonstrate the policy direction towards micro, time-limited interventions (Martin, 2013; Papadopoulos & Maylea, 2020). In this environment reduced work satisfaction and increased fatigue occur when social work values conflict with restrictions imposed on the services they provide (Wulfekuhler & Rhodes, 2021). Findings from a study by Tammelin & Manttari-van der Kuip (2021) conceptualized the social work response in these situations as policy alienation (p. 20). In addition, referrals are made for individualised-focused psychological strategies and supported by an accreditation process that mandates continuing professional development requirements (Australian Association of Social Workers, 2014b, 2020c; Martin, 2013), focused primarily on micro-practice (Australian Association of Social Workers, 2020a). This approach affiliates social workers in private practice with micro, short-term interventions.

Private practice for the social work profession has much to offer, yet social workers are required to adhere to the limits imposed by the Better Access to Mental Health Care program (Australian Government, Department of Health, 2012, 2014). Social workers have described the program as excluding broader social issues and inherently disadvantaging certain groups through its referral criteria (Martin, 2013). Nevertheless, despite apparent structural inequalities within the funding model, this program has significant influence, as accredited mental health social workers comprise approximately 20% of the Australian Association of Social Workers' membership (Papadopoulos & Maylea, 2020, p. 146).

Social workers employed in government and non-government organisations are affected, similar to their colleagues in private practice, with funding models shaping the services that organisations can provide. Standardised, individualised and time-limited interventions are legitimised within a free-market ideology and implemented through organisational policies and procedures (Mullin, 2016; Payne, 2014; Strier & Feldman, 2018; Van Gramberg & Bassett, 2005). For example, employees assisting women experiencing domestic violence are held accountable through performance appraisal processes and reinforced by an increase in insecure contract work.

2.9.1. Scope of Social Work Practice

Social work has relied on critical feminist theory (Australian Association of Social Workers, 2018a) to provide a foundation for the profession's attention to structural factors that maintain gendered violence, rather than attending solely to personal causes that individualise work with domestic violence (Healy, 1984). Social workers are required to critique and analyse policy to enable them to think critically within their work context and obtain a broader perspective of the social, historical, and political context (Morley & Ablett, 2019; Robbins et al., 2016) while responding to complex problems (Wendt & Moulding, 2017). As stated by Crabtree-Nelson et al. (2016):

Social workers are uniquely positioned to be leaders in the research, education, and practice of domestic violence history and intervention. The premise of starting where the client is and empowering clients by recognising and maximising their strengths dovetails with the individual needs of domestic violence survivors. In addition, the mandate for social justice advocacy positions the profession to ensure that new and experienced social workers are abreast of the underpinnings of domestic violence and the interventions needed to serve the myriad of survivors who are affected. (p. 360)

The Australian Association of Social Workers' (2015) *Position Statement: Violence against Women* outlines social work practice with domestic violence, including individual, organisational, societal, and personal levels (Australian Association of Social Workers, 2011). The position statement defines the social work role as encompassing micro- to macro-levels of intervention, while demonstrating a commitment to the role by ensuring ethical practice (Australian Association of Social Workers, 2020b) and ongoing professional development (Australian Association of Social Workers, 2020c; Hudson et al., 2021).

Social work responses to domestic and family violence frequently prioritise micro-aspects, while advocacy for change is limited (Dobrof et al., 2019). Hahn and Scanlon (2016) argued that focusing on individual functioning is within the scope of social work practice and that the psychological view of human nature is consistent with social work values, which can ultimately affect the structural elements that maintain disadvantage by providing insights to further the professions understanding of domestic violence (Hahn & Scanlon, 2016). The social work profession is well placed to explore and investigate the individual experience of abuse that extends beyond policy, particularly when examination of the social, structural, and historical implications is included to enable a valid link with organisational goals and priorities (Colarossi, 2005; Cowan et al., 2020; Robbins et al., 2016). Such a comprehensive approach requires dedicated time and an advanced knowledge and skill base, suggesting a 'specialisation' within specific programs. Swain (2017) identifies difficulties with such a comprehensive approach while the foundation of social work is challenged, and the profession is co-opted by a political environment that does not consider structural factors that maintain the status quo (Brockmann & Garrett, 2022; Wahab et al., 2021).

Nevertheless, specialist domestic violence social work roles have been developed in recognition of the complexity of this work and the expertise required (Jones & Arrott-Watt, 2019), despite recognition that care needs to be taken to ensure specialisation does not result in social workers losing their holistic perspective (Ekstrom, 2018; Mandara et al., 2021). The Australian Association of Social Workers (2018b) has developed criteria for an accredited family violence social worker (Hudson et al., 2021). Cintio (2017) provides some concerns about specialisation and private practice, reflecting on the profession's initial preparation for private practice. The development of mental health practice competencies in 1999 and the financial effects on social workers provide a caution for future privatisation. As stated by Cintio (2017):

It is these standards that informed the mental health accreditation of social workers and their entry into the Better Access program in 2006. It was also around this time too that the AASW [Australian Association of Social Workers] set recommended fees for its private practitioners. These fees were unfortunately set lower than Australian Psychological Society recommended fees for similar services—a mistake that would come back to haunt us, as Medicare used our own recommendations against us when setting MBS [Medicare Benefits Schedule] fees and rebates. Since then, the AASW has made repeated representations to government (to no avail) to establish rebate parity with psychologists for similar services. On top of this, social workers have suffered the further indignity of a Medicare rebate freeze since 2013 (posted May 2017 by Vittorio1).

Yet social work with domestic violence requires advanced knowledge (Jones & Arrott-Watt, 2019), indicating the need for specialist knowledge, as acknowledged by the Royal Commission into Family Violence (Neave et al., 2016). The Australian

Association of Social Workers' (2018b) accreditation for the family violence social worker role requires post-qualifying experience in addition to appropriate supervision and professional development, which may further financially affect social workers in private practice (Cintio, 2017).

2.9.2. Social Work Education and Training

Social work education and accreditation have been affected by Recommendations 208 and 209 made by the Royal Commission into Family Violence (Neave et al., 2016). Standard 209 required mandatory qualifications for domestic violence practitioners to be introduced before the end of 2020. The change requires all family violence workers employed in funded services to have a social work or equivalent degree (Neave et al., 2016). The Australian Association of Social Workers (2018c) maintains standards for continuing professional development for social workers with eligibility for the association's membership (Hudson et al., 2021). In the absence of registration, accreditation provides accountability for social workers who are accredited members of the association. Social work accreditation involves compliance with continuing professional development at the minimum standard, that is relevant to social workers' professional identity and maintaining skills and knowledge required for contemporary practice (Australian Association of Social Workers, 2020c; Hudson et al., 2021). These standards have been increased and tailored for speciality areas, including mental health and, more recently, family violence and clinical social work (Australian Association of Social Workers, 2020a).

Studies have drawn attention to variation in social workers' sense of their competencies in working with domestic violence (Ballan & Freyer, 2017) and use of critical appraisal and practice evidence (Gray et al., 2015). Despite social workers responding to Cowan et al.'s (2020) study of hospital social work with domestic violence generally

identifying confidence in their knowledge and skill in responding to domestic violence, many respondents did not feel sufficiently prepared and asked for 'more training in regard to risk assessment, safety planning, legislative responsibilities, and referral pathways for support, including legal support' (Cowan et al., 2020, p. 364). Cleak et al., (2020) report that despite a lack of training, social workers in their study accepted 'they have a responsibility to respond to DFV', leading these researchers to conclude that despite a resilience and practice wisdom, the effectiveness of social work interventions were unknown (p. 51).

However, social workers value their education and ongoing professional supervision and development and report an increased workplace empowerment level when well prepared for practice (Bessaha et al., 2017). Time constraints, costs and geographical location have been named as barriers restricting access to relevant training, with regional, rural, and remote social workers significantly affected (Hudson et al., 2021). Hudson et al.'s (2021) study concluded a need for more diverse and relevant domestic violence education, whereby:

The majority of practitioners and managers expressed the need for intensive training in dealing with complex mental health issues where clients presented with multiple problems such as drug and alcohol, personality disorders, domestic violence, trauma and suicidal thoughts. (p. 6)

Education and training continue to be recognised as essential to social work (Mandara et al., 2021). Evidence of strong demand for continuing professional development among social workers exists (Hudson et al., 2021), particularly in complex areas such as domestic violence (Cleak et al., 2020; Ekstrom, 2018; Spath, 2014). Training is needed to identify domestic violence signs and provide appropriate interventions (Ballan & Freyer, 2017). Hudson et al. (2021) suggested that the training gap could be filled

through higher education to overcome significant barriers and provide relevant professional development. The participation by higher education would enable universities to remain engaged through the provision of postgraduate study or other short courses. This strategy would improve the broad and generic training frequently available, which is less relevant to social workers (Hudson et al., 2021).

2.9.3. Professional and Personal Experience

Professionals providing domestic violence services report a high prevalence of exposure to childhood abuse and domestic violence (Connor et al., 2012). Social workers are not immune to a lived experience of domestic violence, which may affect their education and future work choices and experiences (Nikolova et al, 2021; Robbins et al., 2016), given the number of women in the social work profession (Danis, 2003). Having a lived experience of family violence can enhance empathy when intervening with women who have experienced domestic violence. Sharing lived experiences, particularly traumatic experiences, can provide an opportunity for personal and professional development (Heinonen & Nissen-Lie, 2020). The social work profession highly values empathic interpersonal skills. However, a lived experience has potential for over-identification, which indicates the importance of education and training (Connor et al., 2012) and professional and personal support to help manage the negative effects of trauma (Jirek, 2015; Nikolova et al, 2021; Tosone et al., 2012).

2.9.4. Professional Supervision

Professional supervision is defined by Smith and Shields (2013):

supervisory behaviours play a major role in job satisfaction of social service workers ... positive relationships with supervisors doubled the likelihood that these workers reported high job satisfaction; focusing on increasing the quality

of supervision would certainly dovetail nicely with job enrichment efforts.

(pp. 195–196)

A study undertaken by Ben-Porat and Itzhaky (2011) with social workers employed in women's refuges in Israel reported a correlation between social workers' satisfaction with their supervision and general competence. An Australian study found that supervision models influenced the retention rates of workers employed in domestic and family violence and sexual assault services. This study concluded that investing in appropriate professional supervision in this workforce must be a priority to provide support in a challenging environment (Cortis et al., 2021, p 81).

The literature recognises that access to professional supervision can be uneven (Cortis et al., 2021; Ekstrom, 2018) and include a complex mix of professional and managerial aims and risks (Beddoe, 2012). Supervision arrangements can also include individual supervision and collegial support (Beddoe et al., 2014), and professional supervision may be provided by professionals from a non-social work discipline (King et al., 2017). The ideal qualities of a supervisor are more specifically defined in the literature. The ideal qualities are considered to be wisdom, practice knowledge and the ability to provide debriefing (Beddoe et al., 2014; King et al., 2017). In addition, the ideal professional supervisor and supervisee relationship is described as trusting and supportive (Kim & Lee, 2009). Supervision is required to focus on the development of the supervisee in an environment of openness and effective communication (Kim & Lee, 2009) without a sense of being under surveillance (Bailey et al., 2014; Baines et al., 2014; Magnussen, 2018; O'Donoghue et al., 2018).

This type of supervisory relationship is more likely to create a safe space for open discussion, nurture resilience and provide greater job satisfaction (Akesson & Canavera, 2017; Beddoe et al., 2014; Magnussen, 2018; O'Donoghue et al., 2018; Vetere, 2012).

Such an environment enables social workers to identify and address their individual development needs and maximise practice competence in a safe space.

Achieving an ideal supervision relationship is aided by a fluid approach to professional supervision (King et al., 2017). This approach has increased the variation in supervision models (Bailey et al., 2014) and diversity of content (Manthorpe et al., 2015), thereby enabling supervision to be tailored to a specific context and to individual learning requirements.

At the same time, there is a risk to professional supervision if the emphasis on an ideal professional supervisor's qualities primarily depends on the employment context (Akesson & Canavera, 2017). Engagement in the process of supervision is decreased when quality, risk management and cost savings are managed simultaneously with clinical supervision and the organisation's required competency assurances (Beddoe et al., 2016). As stated by Davys and Beddoe (2010):

The last two decades have seen emphasis on managerial supervision in the public sector. Requirements for measurable outputs, rationalised service, efficiency, effectiveness, performance management and quality assurance created new priorities and tensions for managers and these features filtered into the supervision process. (p. 16)

This dual role supervision model that simultaneously includes clinical and management supervision (Akesson & Canavera, 2017; Caras & Sandu, 2014; Egan et al., 2016) can result in difficulty establishing a safe supervisory relationship, particularly if the power differential is not addressed (Bailey et al., 2014; Beddoe, 2017). This situation makes it difficult to ensure that open discussions occur and may result in tension between the professional and managerial aspects of supervision (Clare, 2001; Egan et al., 2016; Orovwuje, 2001).

Unfortunately, the domestic violence sector is not immune from such tensions. The accompanying risk is for supervision to become primarily focused on organisational accountability, shifting control of the process from supervisee to supervisor (Baines et al., 2014; Hair, 2014; King et al., 2017; Orovwuje, 2001). This shift can result in non-social work supervisors with an unidentified skill base (Hair, 2014) providing professional supervision to social workers. Non-social work professionals may not identify the need for specific social work training and supervision to address complex matters relating to their professional practice in domestic violence (Cowan et al., 2020). Similarly, non-social work professionals may not recognise the benefits that ensue from individual supervision focused on domestic and family violence and sexual assault (Cortis et al., 2021).

2.10. Chapter Summary and Implications

This literature review has suggested that approaches to domestic violence research and service delivery are varied. Differences in services can be ideologically driven. Despite variations in services, there is limited evidence to support any approach to managing or treating all aspects of domestic violence against women. Domestic violence-related research has resulted in criticisms of the methodology used to evaluate perpetrator programs and interventions, as reported outcomes were often not from studies with a full experimental design and could not be replicated. In addition, practical evaluation of programs has been affected by ad hoc referral processes, low retention rates of participants and inadequate funding available for perpetrator intervention programs, which are often provided at the expense of women's services. In this context, outcomes have been defined in neoliberal terms, resulting in a reduced focus on the structural elements that maintain domestic violence against women. Instead, interventions

targeting individual pathology have become standardised and supported for individualised behaviour change.

From the literature review, it can be recognised that social workers provide services to women experiencing domestic violence in an evolving context. Moreover, despite identifying systemic factors that maintain violence against women, social workers are frequently employed in managed roles that address women's immediate safety needs, without affecting the societal and cultural inequalities that maintain gender inequity and domestic violence against women. Consequently, professional development and supervision is also changing to support the emphasis on micro-practice.

Hence, the research reported in this thesis centres on social work practice provided in the context of domestic violence against women. This study explores the contextual factors that inform social work intervention with domestic violence against women and the effects of personal and professional experience, education, training, and supervision. The study continues with the following chapter, which details the methodology underpinning this research, including the study's design, sampling, and analysis plan. The chapter also provides an overview of the strengths and limitations of the study.

Chapter 3: Methodology

3.1. Chapter Introduction

This chapter describes the multiple aspects of the methodology underpinning this research study exploring social work practice responses to domestic violence against women and identifies the theoretical framework informing the study methodology. The chapter commences with the theories informing the methodology to ensure consistency with the methods used to collect and analyse the data. The study methods, including research questions, design, sampling, ethics, data collection and analysis are subsequently outlined. Finally, the strengths and limitations of the research are discussed.

3.2. Theoretical Framework Informing the Methodology

As identified in chapter one, the changes affecting services to women and social work practice with domestic violence are the motivation to undertake this research.

The literature recognises significant challenges occurring in the context in which social workers support women experiencing domestic violence (Australia's National Research Organisation for Women's Safety, 2016, 2020a; Centre for Policy Research & National Resource Centre on Domestic Violence, 2017; Maiuro et al., 2001; Mullin, 2016; Our Watch, 2017, Paymar, 1993; Sugarman, 2015; Westmarland & Kelly, 2013). Further, available literature provides insights regarding the risks inherent in the political and cultural norms, which favour individual interventions while reducing holistic approaches, despite this preference being less likely to address the complexities of gendered violence (Hathaway et al., 2002; Pence & Paymar, 1993; Piper & Stevenson, 2019). The dominance of this political environment appears to have challenged social work's values, providing the impetus for a critical approach to investigate these

complexities and understand their impact on social work practice with domestic violence against women.

3.2.1. Critical Theory

Critical theory is oriented toward critiquing and changing society...with roots in the work of Marx...it was further developed at the Institute of social Research of the University of Frankfurt in the 1930s...the tradition has been carried on by social scientists such as Pierre Bourdieu and Michel Foucault (Reeves et al., 2008, p.633).

Critical theory has inspired the study's methodology while maintaining consistency with the social work profession's commitment to uncover structural inequalities that continue to challenge women and the social workers who support them (Australian Association of Social Workers, 2013, 2015, 2020b; Morley, 2016).

In reference to the social work profession, Pease points out the 'need to develop a critical awareness of how we are implicated in the perpetuation of inequality through our social work practices' (p. 101), supporting emphasis on critical approaches.

Consistent with this position, Savin-Baden and Howell Major (2013) state '[t]he common belief systems that critical social theorists hold is that research should involve an interrogation of existing power structures' (p. 23).

As a critical theory critical feminism methodology is used in this study to explore the impact of economic, political, and cultural contexts on gendered violence and on the social workers who support women. Furthermore, a Bourdieusian lens is added to explore culturally and politically supported inequality (Bourdieu, 1998), which has historically had major impact on women (Robbins et al., 2016; Summers, 2003). Hence critical feminism and its link with Bourdieu's social theory are discussed in the following two sections.

3.2.1.1. Critical Feminism

Critical feminism positions domestic and family violence within a systems framework and is concerned with power struggles, hierarchies, structural oppression, and hidden agendas built into a system (Morley & Ablett, 2019; Payne, 2014; Pease, 2016; Tunderman, 2021). Historically critical feminism has uncovered political and policy contexts and constructs (Dabrowski, 2020; Morley & Ablett, 2019; Spolander et al., 2014), that impact the foundation of social work practice and the services available to women (Ornellas, 2020; Spolander, 2014; Swain, 2017). Marxism is recognised as an essential component of critical feminism as it acknowledges the reduction of women's status and equality occurring when men control private property and the mode of production (Aron, 1983; Ferguson et al., 2022).

However, Marxists feminists have expressed concern that the unpaid work women engage in is not acknowledged in a Marxist analysis and does not fully address gender discrimination (Ferguson et al., 2022), drawing attention to the varied definitions of feminism. Definitions of feminism have evolved, often explored within three waves (Gray & Boddy, 2010; Kemp & Brandwein, 2010. Kemp and Brandwein, (2010), describe the three waves of feminism as 'feminist activism and theory building' (p.341), focused on addressing the oppression of women and 'dominated by liberal (white) feminist perspectives' (p. 355). Thereby raising concerns about the ongoing oppression of women that require

Feminist frameworks that are capable of sustaining a dynamic commitment to solidarity and shared action in concert with deeply attentive recognition of difference (Kemp & Brandwein, 2010, p. 358).

While the position cited by Kemp & Brandwein (2010) can be ideal, feminism in general has not received universal acceptance, despite the numerous achievements of

feminist activism (Crook, 2018; Dominelli, 2002; Gardiner, 2005; Theobald & Murray, 2019), with ongoing concern about the work yet to be done to expose gender inequity and its link with domestic violence (Carrington, 2016).

Rottenberg (2018) describes the emergence of a new 'neoliberal feminism' focusing on the needs of middle and upper classes, while the issues experienced by the majority of women are not addressed. Rottenberg, (2020) explains neoliberal feminism as supporting the status quo, with potentially negative consequences (Secret, 2020). The structural concerns that feminism have historically addressed are at risk of being minimised as the new feminism describes a broader approach, while arguing that both a structural and an individual focus is possible and will be more responsive to the needs of women (McPhail et al., 2007).

On the other hand, the hidden nature of gender inequity and associated exploitation will continue to make it easier to legitimise the dominant ideology (Clarke, 2012; Garrett, 2007b; Harvey, 1990), as equality is not formalised in a context of inequality. The beliefs and policies emanating from inequality universalise processes favouring the dominant powers and representing these changes as an inevitable destiny (Bourdieu, 2003, 2005). These policies and beliefs eventually become tools of control, thereby erasing the possibility of difference (Garrett, 2007b).

For this reason, a critical feminist approach with a Bourdieusian framework is consistent with the literature which identifies gender inequity and structural factors contributing to domestic violence (Australian Human Rights Commission, n.d.; Piper & Stevenson, 2019; Webster et al., 2018; Wendt & Moulding, 2018; World Health Organization, 2017). Furthermore, this approach will explore the contextual challenges social workers face, to work effectively with women experiencing domestic violence (Australian Association of Social Workers, 2015; Francis, 2015; Husso et al., 2012;

Josephson, 2005; Martin, 2013; Papadopoulos & Maylea, 2020; Theobald & Murray, 2019).

3.2.1.2. Bourdieu's Social Theory

The Bourdieusian lens adds another layer of interpretation to the findings to explain recommendations for change (Donovan et al., 2017). Wiegmann (2017) uses Bourdieu's concepts of habitus and field to explore social work habitus within the fields and the subfields in which social workers practice. Bourdieu's habitus and field theory are not critical theories (Moi, 2001); instead, Bourdieu's concepts assist the identification of culturally and politically supported inequality to explain how 'class' is defined and legitimized. Pierre Bourdieu's (1998) theory of action (Donovan et al., 2017; Moi, 2001), has exerted considerable influence in the social sciences, providing insights into debates about identity and enabling progress beyond existing dualisms (Bourdieu, 1998; Donovan et al., 2017; Moi, 2001).

Bourdieu's definition of habitus, field and capital (Donovan et al., 2017; Postone et al., 1993) defines human beings as social agents who develop strategies adapted to the needs of the social world they inhabit, which are regulated by the underlying structures. Bourdieu's social theory has been described as a micro-theory that allows previously marginalised aspects of human life (particularly women's lives) to be acknowledged. This awareness is required to challenge the hegemonic ideology that legitimises gendered disempowerment, while silencing those without power (Moi, 2001).

According to Fowler (2000), habitus refers to the internalised norms, values, attitudes, and behaviours developed that, when activated, assign the individual to a particular social group or class. Habitus behaviour can also be culturally acquired. Culturally acquired behaviour has a risk that the individual will experience a divided sense of self as they move between fields, as habitus is different from habit. Habit is primarily a

mechanical process, while habitus is flexible, adapting to the social and economic conditions that provide the structure. Many of its rules may be unspoken or unconscious (Moi, 2001). Individuals engaging with a particular social group or field can thereby be recognised as belonging or not. Each field has its own set of positions and practices and contains subcategories that determine the behaviour of its membership. Struggles for power and position occur within fields, and the subcategories contained therein, as people mobilise their capital to stake claims within their domain (Donovan et al., 2017; LiPuma, 1993; Moi, 2001). These struggles are more likely to affect individuals who have culturally acquired the habitus required by the field.

The Bourdieusian lens defines the overarching field and the intersubjective understanding (Fowler, 2000) of the political context. The macro-field is defined as the social work profession, in which social workers recognise and adhere to the profession's standards and values. This field enables social workers to identify with their peers through the professional behaviours required for eligibility of membership of the Australian Association of Social Workers (2013).

Within the macro-field, social workers also adapt to several subfields. The subfields include the organisations in which they work, their practice framework, their geographical location, and the organisational policies their practice is guided by, all of which also have their own rules.

Bourdieu (1984) advises caution when habitus is culturally acquired, as it can be influenced by past experiences which may not be conscious and social work values can be expressed using various philosophical positions. Philosophical positions can be linked with individual justification which Grimwood (2016) describes as the hermeneutic approach to philosophy, enabling meaning to be articulated by

relationships. In effect, different assumptions about reality can inform the overarching philosophical positions and social work practice (Savin-Baden & Howell Major, 2013). Social work values are fundamental as they include professional knowledge that recognises the effects of privilege associated with colonisation, gender, and economic status (Australian Association of Social Workers, 2013, 2020b; International Women's Development Agency, 2017; Payne, 2014). Therefore, in addition to applying a critical feminist analysis, this research subjects the findings to further interpretive analysis using a Bourdieusian framework to unravel the cultural beliefs that normalise gender and violence against women (McKinnon, 1989; Mugge, 2015) and influence social work practice with domestic violence.

3.3. Methods

This section describes the methods used to develop the study which investigates social work practice with domestic violence based on social workers' professional background defined by the eligibility requirements for membership of the Australian Association of Social Workers (2013, 2020b).

3.3.1. Research Questions and Study Aims

The research question guiding this study is: What are social workers' practice responses to domestic violence against women? The decision regarding the chosen study methods used to examine social work practice with domestic violence against women commences with the identification of the study's problem, purpose, goals, and significance (Lempriere, 2019; Savin-Baden & Howell Major, 2013). The study's problem is as follows:

- Social workers are among the first professional groups with whom women experiencing domestic violence are likely to have contact, and social workers regularly report that they are unprepared to intervene with domestic violence.

- The context in which social workers practise is evolving, and concerns have been raised about reducing professional autonomy and distinctive professional roles.

The study purpose is to:

- identify what informs social work practice with women who have experienced domestic violence
- identify what influences social workers' intervention with domestic violence.

The study goal is to:

- understand which factors influence social work practice with domestic violence against women.

The study significance is to:

- contribute informed research recommendations for further study of social work practice with domestic violence against women.

3.3.2. Mixed Methods

The focus of this research is on social work practitioners working with women experiencing domestic violence. Participants in the research are defined as social workers with eligibility for membership of the Australian Association of Social Workers (Australian Association of Social Workers, 2018b) and identified as the single sample for the study (Bronstein & Kovacs, 2013). The complexities investigated in this research include the different fields in which social workers practice which are best addressed through a mixed methods approach (Bronstein & Kovacs, 2013; Creswell & Plano Clark, 2011; O'Cathain et al., 2007).

I have consciously chosen this approach because it enables the strength of two methods to study complex phenomena, such as social work practice with domestic violence, and provides a greater understanding of multifaceted issues (Bronstein & Kovacs, 2013;

Testa et al., 2011). Over the last decade, mixed-methods research has received increased attention (Almeida, 2018; Cameron, 2009; Chaumba, 2013). and been recognised as involving ‘the explicitly integration of qualitative and quantitative elements in a single study... as distinct from a combined approach’ (Halcomb, 2019, p 419).

Chaumba (2013) described mixed-methods research as having the ‘ability to simultaneously capture measurable outcomes, context, participants’ voices’, and stated that its ‘process underscores its value to social work research’ (p. 327). Furthermore, the analysis of mixed methods research enables the study to benefit from the strengths of more than one method which Bronstein and Kovacs conclude as ‘providing increased validity due to the triangulation of methods’ (2013 p.354) to support the findings (Carter et al., 2014; Mertens & Hesse-Biber, 2012).

The mixed methods approach for this research commenced with an online survey to reach as many social workers as possible and capture the breadth of their work experiences across the vast Australian geography.

The survey, while primarily quantitative also includes several qualitative questions (Appendix D). In addition to the survey, semi structured interviews provide an additional component to the study, enabling further exploration of the issues to add depth and rich context to the responses received in the online survey. Participation in the qualitative interviews was offered to all survey respondents through the self-selection option at the end of the survey. Hence the interviews provided data for phase two of the investigation and interview participants are identified as a subset of the sample (Bronstein & Kovacs, 2013).

3.3.3. Design

As previously discussed, the data collection for this research is sequentially collected in two phases. This sequential approach enables the identification of issues for further

exploration in the follow-up semi-structured interviews, thereby ensuring more comprehensive data is obtained (O’Cathain et al., 2007). This approach is supported by a critical methodology and is consistent with the values of social work (Australian Association of Social Workers, 2013, 2020b). Furthermore, the inclusion of the practice experience and reflections of individual research participants within the structural realities (Juodis et al., 2014; Marthinsen, 2019; McDonald, 2006; Morley & Ablett, 2019; Mullin, 2016; Rogowski, 2011; Swain, 2017), supports the study’s focus on social justice (Mertens, 2012; Romm, 2015).

The sequential design in this study employs a mixed-methods approach. Exploratory sequential mixed methods designs are usually structured to begin with the qualitative phase, providing data which informs the quantitative part of the study (Mertens, 2008). However, this research commences with the online survey, which is primary quantitative, followed by qualitative interviews. Both phases of the study investigate the same phenomena as understood by a group of participants who share a professional background (Australian Association of Social Workers, 2013, 2020b).

Using an online survey initially provides the opportunity for participants to anonymously share their social work practice experiences with domestic violence against women and facilitates social workers’ many perspectives within all service and geographic areas in Australia, consistent with feminist research principles (International Women’s Development Agency, 2017). This level of inclusion would be challenging to achieve by interview alone. Further, adopting the sequence of survey followed by interviews contributes to greater depth in the qualitative interviews by orienting the interview participants to the topic focus through their online survey completion. The online survey provides quantitative data which is analysed using cross-tabulation reports to determine correlations between variables. While the online survey is

primarily quantitative, the survey questionnaire includes 9 questions providing respondents with the option to offer additional information. The final online survey question, number twenty-two is a qualitative open-ended option and gives respondents the opportunity to provide their recommendations for service improvement (Appendix D).

The semi-structured interviews are recorded, and transcribed, capturing the voices of interview participants. Direct quotations from the interviews and transcripts are included in the thematic analysis of the data in phase 2 of the study (Chaumba, 2013; Desimone, 2009; Greene, 2007; Walker & Baxter, 2019). The qualitative data from survey question 22 asked survey respondents to suggest areas for change to improve services to women experiencing domestic violence and is also included in this thematic analysis.

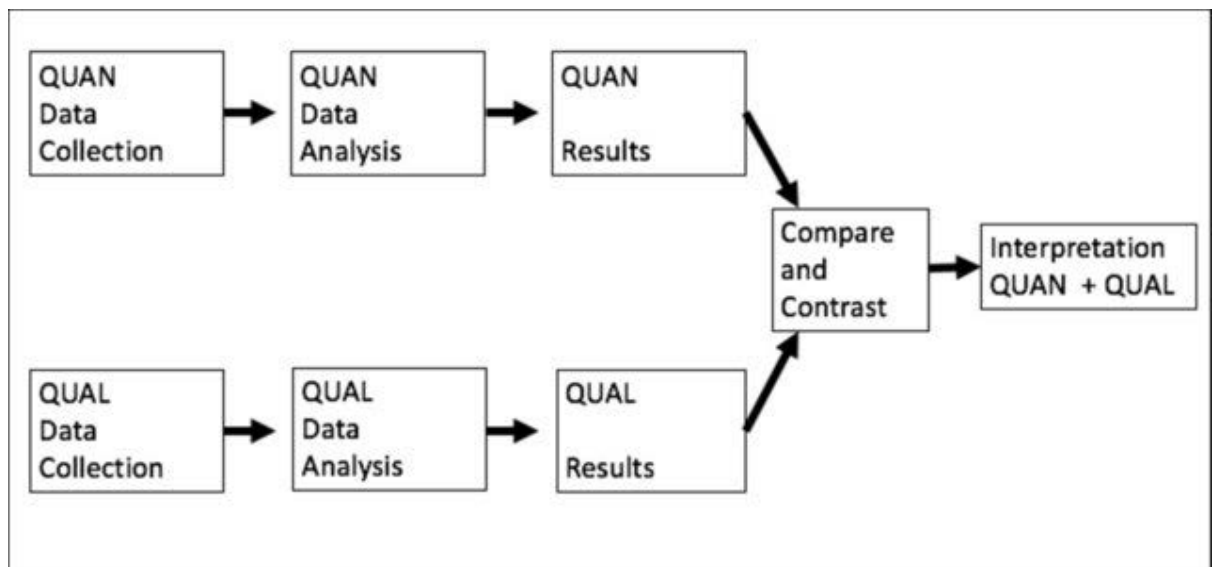
The sequential design of the study aided data collection and analysis in two well-defined phases (Creswell & Creswell, 2018; Creswell & Plano Clark, 2011). Both phases of the study are of the same significance and are analysed and reported separately, to ensure their unique contribution to the experiential knowledge generated in the study is fully captured. An integrated analysis and discussion of the findings is subsequently presented in a separate chapter. The discussion and presentation of the integrated findings are framed by the Australian Association of Social Workers' (2015) *Position Statement: Violence against Women*, four levels of social work practice with domestic violence against women.

While these four levels provide the starting point for the discussion, the ways in which the quantitative data changes, modifies or expands the phase 2 themes are examined. The separate chapter in this context contributes to a synchronisation of the more complicated data obtained through mixed methods research that might 'otherwise

appear contradictory or unrelated' (Bronstein & Kovacs, 2013 p.359). Furthermore, presenting the data from the two phases in a separate chapter allows the analysed data from each phase to be discussed together and demonstrates methodological triangulation more clearly. The design of the methodological triangulation draws on the convergence model (Creswell & Plano-Clark, 2007).

Figure 3.1

Mixed methods triangulation design: Convergence model



Source: Adapted from Creswell & Plano Clark (2007, p. 63 as cited in Topliss,2020)

This process 'broadens the researcher's insight into the different issues underlying the phenomena being studied'. (Bekher & Zauszniewski, 2012, p. 40).

3.3.4. Sampling Criteria and Process

As discussed in chapter 2, the literature describes domestic violence against women as a major health problem (Australian Government, Australian institute of Health and Welfare, 2020; Australia's National Research Organisation for Women's Safety, 2016; World Health Organization, 2017). Therefore, research participation requires social workers participating in the study to be eligible for membership of the Australian Association of Social Workers (2018c) and practising within a health-related area.

Health related areas include hospitals, mental health services, community services (including not-for-profit organisations) and accredited health and mental health social workers in private practice. There were no further criteria for participation.

The study was promoted widely, and social workers anonymously self-selected to take part (Mertens, 2012). Recruitment to the study was initially open for four months, commencing in August 2018. The researcher extended the closing date for the survey until April 2019. The extension provided time for further promotion of the study to expand participation to all states and regions in Australia.

The promotion strategy for the study aimed to reach as many social workers as possible, using the nonprobability approach to sampling. The advantages of using nonprobability sampling techniques for this study is primarily practical, enabling a widely distributed group of professionals to be invited through snowballing techniques (Alston & Bowles, 2003; Savin-Baden & Howell Major, 2013). This nonprobability sampling approach aides participant self-selection and is time-effective, in contrast with probability techniques such as random sampling. However, nonprobability sampling precludes inferential statistical analysis; therefore, the data collected cannot be validly generalised to the whole population. Alternative options for the transferability of the findings were explored (Savin-Baden & Howell Major, 2013), and triangulation is included in the analysis to support the findings (Carter et al., 2014; Mertens & Hesse-Biber, 2012).

3.3.5. Procedure and Timeline

The research commences with an online survey, available in August 2018 and open until April 2019. Prior to commencement, participation in the study was promoted on the Australian Association of Social Workers' website (Appendix J), commencing 30 September 2018, after receiving approval to advertise the study on this website. Further promotion of the study occurred in social work newsletters and a poster

promotion at the 'Stop Domestic Violence' conference held on the Gold Coast in Queensland in December 2018 (Appendix L). A mail-out to social workers in private practice (Appendix J) and telephone contact with government and non-government services in all Australian states were also undertaken. This snowballing sampling (Alston & Bowles, 2003) was used to increase participation by expanding the distribution of the invitation to participate. Recruitment relied on the distribution of the 'invitation to participate' flyer (Appendix J). Within government and non-government services, distribution of the flyer was dependent on the assistance of managers and research departments. Considerable variation in the distribution of information about the research strategies existed between organisations, resulting in social workers not being provided with information about the research within some service areas.

Promotion of the research included the link to the online survey. The link provided access to the participant invitation (Appendix A) for the study, followed by the information sheet (Appendix B) and consent form (Appendix C). On completion of the consent form, participants could access the online questionnaire (Appendix D). The survey also provided respondents with the option to self-select for a face-to-face, Skype or telephone interview after the questionnaire. Survey participants interested in being part of the interview process were able to access the semi-structured interview information sheet (Appendix E), an outline of the semi-structured interview questions (Appendix F) and consent to participate in an interview and provide their contact details to the researcher (Appendix H). A consent to interview form was available to Interview participants via email (Appendix I) at the time of scheduling an interview.

Semi-structured interviews occurred between October 2018 and February 2019. The final completed consent form was collected before the interview. When the completed final consent form, was not provided prior to the interview, the participant was able to

withdraw from the interview or give their verbal consent to continue and provide the completed consent form following the interview. Interview participants were advised that their written consent was required to include their interview in the study.

3.3.6. Ethics

As stated by McAuliffe (as cited in Australian Association of Social Workers, 2010):

Ethical decision-making is the process by which social workers engage in an exploration of values—that may be evident in the personal, professional, social and organisational spheres. (p. 44)

This study received approval from the James Cook University Human Research Ethics Committee as low/negligible-risk human research. It was given approval number H7494 (National Health & Medical Research Council, 2015) for commencement in July 2018.

An ‘Application to Conduct Research Involving the Australian Association of Social Workers’ was submitted to the Australian Association of Social Workers following James Cook University ethics approval and was subsequently approved. The Australian Association of Social Workers’ *Code of Ethics* (2010) and *Code of Ethics* (2020b) were core references throughout the study. The code was familiar to me as a researcher and experienced social worker; it has been a key reference document during my 30-year history of social work practice. Despite this familiarity, the code remained an important reference during the study’s design. Throughout the qualitative interviews, particular focus was on Section 5.5.2 and ‘Appendix 3: Relevant National Guidelines on Ethical Research’ (Australian Association of Social Workers, 2010, 2020b).

Historically there are significant examples of ethical transgressions that have led to the entrenchment of current processes and an understanding of the ethical dilemmas of individualised qualitative interviewing (Savin-Baden & Howell Major, 2013). As a primary investigator, consistent ethical behaviour is required to ensure consistency

within a primarily flexible process and manage the power differential between interviewer and interviewee.

As discussed previously, this study includes the added complexity of the primary investigator being the interviewer and an 'insider researcher' (Raheim et al., 2016). The insider researcher position requires a different approach to the more traditional methods that assume the researcher will take an objective outside observer's position (Mitchell, 2008; Payne, 2014). The insider researcher position necessitates examining preconceptions that the researcher brings into the role, as reflexivity is essential for a feminist analysis.

As an insider researcher, the social work knowledge shared with participants provides a distinct advantage in planning research and engaging interview participants.

Conversely, social work practice standards can have many interpretations and include alternate theoretical priorities. Sharing my background as an insider researcher and my interest in the study with participants was intended to maintain open social work communication (Australian Association of Social Workers, 2020b), and transparency in the researcher and participant relationship while 'recognising that the researcher-participant relationship can be power laden and unequal' (Seidman, 2013, p. 141) and it may not be possible to fully separate my experience as a social worker (Raheim et al., 2016) from my role as a researcher. Acknowledging differences in power and including open communication is intended to provide a safe space to explore power disparity between researcher and respondent (Raheim et al., 2016; Seidman, 2013) and discuss any participants' concerns.

The design of the research includes a detailed consent process outlined in section 3.3.5. In addition, the use of pseudonyms and storing interview participants' contact details separately in a locked cabinet adds to the research commitment to confidentiality.

Additional de-identification strategies were used to manage privacy and confidentiality when interview participants raised concerns about their potential to be recognised through the comments they made in their interview as they worked in small communities (Alston & Bowles, 2003; Australian Association of Social Workers, 2020b; Savin-Baden & Howell Major, 2013). Despite interview participants being allocated a pseudonym (shown later in Table 5.2), further risk management was needed. This was achieved by combining the data from rural and remote geographic locations. In addition, the states in which these interviewees were based were not identified. Another risk occurred with a small number of interviewees who were known to the researcher before the study. This situation required a separate discussion before the interview commenced, acknowledging the existing relationship, and clarifying the ethical processes and standards with which the researcher had to comply. This process provided a safe space to discuss any concerns raised by the participants before commencing the recorded interview (Alston & Bowles, 2003; Australian Association of Social Workers, 2020b).

3.4. Data Collection

The survey questions were developed to secure information about social work practice with domestic violence from Australian social workers. The Australian Association of Social Workers' (2013) practice standards outline social work practice's complexity, including micro- and macro-elements. These practice standards and the *Position Statement: Violence against Women* (Australian Association of Social Workers, 2015) were referenced to formulate the questions for the online survey.

3.4.1. Online Survey

As described previously, the initial phase of data collection was via an anonymous online survey. As stated by Neuman (2003), '[s]urvey techniques are often used in

descriptive or explanatory research' (p. 35). The *Position Statement: Violence against Women* (Australian Association of Social Workers, 2015) four levels of social work practice with domestic violence, includes individual client, organisational advocacy, change at a policy level and maintaining ethical practice. These are contained and detailed in the Australian Association of Social Workers' (2013) practice standards. The online questionnaire sought to include all four levels of social work practice (Australian Association of Social Workers, 2015), and the survey was developed using SurveyMonkey (2018) and comprised 22 questions (Appendix D). Questions 1 to 6 sought individual demographic information, including geographic location, employment type, qualifications, and years of social work practice. The individual client level and organisational advocacy were addressed in Questions 7 to 10, which pertained to social work practice with domestic violence linked to the employment context. Questions 11 to 19 addressed ethical issues and social work practice, education, training, supervision and experience, and Questions 20 and 21 focused on the policy level and asked respondents about their beliefs regarding the occurrence of domestic violence. The final Question 22 asked respondents to consider what would help them in their work with domestic violence. Completion of the online survey was estimated to require 20 to 30 minutes.

Survey respondents were able to self-select for the interview at the conclusion of the survey. An outline of the interview questions (Appendix F) was available at the end of the survey, in addition to the information sheet (Appendix E) and consent form (Appendix G), as discussed previously.

3.4.2. Survey Participants

Anonymous survey participation was available to all social workers with eligibility for membership of the Australian Association of Social Workers (2020a), practising in

Australia. A total of 165 respondents participated in the study by completing the survey questionnaire (Appendix D). The data from two participants were excluded from the study, as they did not have a social work qualification that met the Australian Association of Social Workers' (2018c) eligibility for membership criteria. The final number of included respondents totalled 163. This sample provided representation from all Australian states, all experience levels (grouped as 'new graduate to 2 years', '3 to 10 years', '11 to 20 years' and '20 plus years') and all service groups (categorised as government organisations, non-government organisations and private sector practice).

3.4.3. Semi-structured Interviews

As previously discussed, the second phase of the study consisted of semi-structured interviews, enabling further exploration of the issues identified in the survey responses. As described by Alston and Bowles (2003), 'semi-structured interviews fall somewhere between structured and in-depth interviews ... semi-structured interviews follow a set outline of topics with some pre-tested questions' (p. 117). These interviews also enabled exploration of issues in recent literature. The consent process for research respondents progressing to an interview is outlined in section 3.3.2.

The interview questions provided prior to the interview were employed as prompts, and participants could expand their responses as they wished, resulting in considerable variation in time required. Consequently, the interviews took approximately 40 to 80 minutes to complete by telephone, Skype or in person. Following written and verbal consent, interviews were recorded or videotaped, and subsequently transcribed by the primary investigator. A total of 400 pages of interviews were transcribed, coded, and thematically analysed using NVivo, Version 12.

3.4.4. Interview Participants

Initially, 59 respondents indicated interest in progressing to an interview. Twenty-five potential interview participants withdrew or did not respond to an offer to schedule an interview. Six of the respondents who withdrew and offered a reason, withdrew because of a change of circumstances and recompense not being available. It was speculated that the remainder of the respondents who withdrew did so for various reasons, including time constraints, change of circumstances and recompense not being provided to interview participants.

A total of 34 social workers completed an interview by telephone (25 participants), Skype (five participants) and face to face (four participants). All interview participants provided their final consent form before or after the interview. A two-hour time period was allocated for an interview to ensure sufficient time was available to accommodate individual communication preferences (Geldard & Geldard, 2012; Seidman, 2013). The majority of interviews were completed within 60 minutes. Two interviews required less than 60 minutes, and two were completed in just under two hours. Most participants attended at the agreed time. Some interviewees changed scheduled times as required by their commitments, including their workloads. Connecting and recording telephone interviews also added to the duration, with one-third of interviews experiencing connection difficulties.

Before commencing interviews, the participant's understanding that interviews were recorded was confirmed. The introduction to the interview sought to identify and address any relevant issues before commencing. A prompt list (Appendix J) was used by the primary investigator to frame the introduction. Interviews commenced using the printable questions available to participants at the end of the online survey (Appendix F). The semi-structured interview questions were grouped to provide keywords to

facilitate the exploration process and help maintain focus for the discussion. Issues previously raised by survey respondents were explored as they became relevant to the open-ended interview process or were raised by participants during the interview.

Before concluding the interviews, participants were invited to add any further comments.

To maintain focus throughout the interview, the researcher provided a paraphrased summary (Geldard & Geldard, 2012) periodically to maintain clarity and provide an opportunity for the interviewee to identify or amend any unintended comments or misinterpretations. Two-way communication was employed to facilitate reflection and capture the participants perspectives. As an insider researcher (Mitchell, 2008), this process aimed to reduce the researcher's potential to influence participants in their responses to the objectives of the research (George Mwangi & Bettencourt, 2017).

My own attitudes and beliefs were acknowledged and explored as soon as I became aware of them. Transparency as an insider researcher and consistent boundaries were important throughout the interviews, as social workers discussed matters that could potentially result in some discomfort. This was particularly the case when discussing issues related to the interview participants' work role or perspectives on domestic violence, which may not be consistent with the accepted professional or organisational theoretical approaches, or when disclosing personal histories of domestic violence (Breen, 2007). This intentional engagement maintained an ethical approach, while enabling the exploration of new areas as they were raised by participants (George Mwangi & Bettencourt, 2017).

3.5. Data Management

The trustworthiness of the data was demonstrated by consistently detailing the data collection processes, recording methods and analysis, and systematically applying the

named research methods (Nowell et al., 2017). To ensure the thesis is cognizant of the diverse views of research participants the data is reported in two separate chapters, separate from the findings chapter. This is an important element in the thesis, emphasising 'the critical approach that recognises the situated and sometimes contradictory nature of voice in all its forms' (Gordon, 2018, p. 1333).

The data includes qualitative and quantitative data from the online survey and semi structured interviews. Data reporting commences with Chapter 4, which conveys the primarily quantitative data obtained from survey questions 1 to twenty-one, representing Phase 1 of the research. Chapter 5 represents phase 2 and conveys the thematic analysis of the qualitative data obtained from the semi-structured interviews and the online survey Question, number twenty-two. The analysis of both phases is integrated and reported as the findings in Chapter 6. The decision to report the data from each phase separately was made to ensure that openness to new ideas is maintained throughout the process. Reflexivity throughout this research is essential (Bourdieu, 1998; Polit & Beck, 2010), as well as knowing the data (Mertens, 2012) and avoiding over-generalisations (Polit & Beck, 2010).

The completed survey questionnaires have an allocated individual identifier. The data were grouped and analysed by demographic variables, and comparisons between training, supervision and experience are made (Ruel et al., 2016). The data is summarised (Pallant, 2016) using cross-tabulation reports (SurveyMonkey, 2018) to provide explanatory non-parametric data (Pallant, 2016). The cross-tabulation process is used to examine relationships between variables that may not otherwise be readily apparent. The cross-tabulation reports are exported to PDF and Microsoft Excel. The survey data, while primarily descriptive, provides background information for further exploration in Phase 2 of the research (Buckingham & Saunders, 2008).

The recording of research interviews used 'Voice Recorder' for face-to-face interviews, while 'TapeACall' was used to record telephone interviews, and video interviews are completed via Skype and recorded on the application. The electronic recording is retained and transcribed manually. The transcription is verbatim (Davidson, 2009), with some exceptions. Identifying names and places are excluded to maintain confidentiality. The names that are removed are substituted with the word 'NAME'. Recorded words or phrases that cannot be deciphered are identified in the transcription as '(unclear)'. All other decipherable verbal expressions are included, and non-verbal expressions or background sounds, including interruptions, are named as such (i.e., laughing). Repetitious 'ums' and 'ahs' are omitted to maintain the participant's dignity without influencing the narrative (Seidman, 2013). Written notes are taken during all the interviews to capture the relevant information and provide another record of the interview if electronic recordings fail. These written notes were used as the sole source of information for five interviews because of recording app or signal failure.

Chapter 4 reports on the online survey responses, (questions 1 to twenty-one), which explored social work practice with domestic violence against women.

The final online survey question, number twenty-two asked respondents to provide their recommendations for service improvement. This question requested a qualitative response, requiring thematic analysis, and is therefore included in chapter 5.

In Chapter 5, the interview participants' demographic information is presented. The thematic analysis of the semi-structured interviews and the online survey question number twenty-two is reported, and quotations are provided in line with emerging themes.

3.5.1. Analysis Plan

Twenty-one survey questions are primarily quantitative, with 9 questions providing respondents with the option to offer further information are analysed using cross tabulation reports to identify variables and provide descriptive data. The final survey question number 22 required qualitative responses and was manually, thematically analysed (Braun & Clarke, 2006; Cameron, 2009; Williams & Moser, 2019). The interview data analysis is nonlinear (Creswell & Plano Clark, 2011), commencing when the interviews began (Liamputtong, 2013; Polit & Beck, 2010). Emerging ideas and patterns were noted throughout the interview process to add depth to the semi-structured questions. Multiple reviews of emerging themes and the notes made throughout the data collection process provided the opportunity for reflection to gain insights into the variation in social work practices with domestic violence within contexts and experience groups (Buchanan & Wendt, 2017). The interviews produced a large amount of data, and NVivo was used to manage the volume, create files, and add memos and nodes through the otherwise manual thematic analysis process. The analysis process for the interviews included transcribing the interview recordings, rereading the transcripts multiple times, and writing memos to identify ongoing interpretations (NVivo, 2020). The qualitative data were coded and thematically analysed using critical theory within a Bourdieusian framework which was supported by NVivo, Version 12. NVivo provided ease in storing, searching, coding and retrieval of information. However, using NVivo alone tended to create distance for me from the data. I needed to immerse myself in the information in its entirety and not lose the context in which the excerpt occurred (Seidman, 2013). I realised that I needed my reflections and earlier thoughts to review the data, and I completed the thematic analysis manually.

Manual data analysis was another step in the process. Rereading the interview transcripts and manual coding was time consuming and initially appeared to be a repetition of the NVivo coding and analysis. Manually identifying sections of transcripts and determining relationships between codes was similar to the process I had undergone using the NVivo software. NVivo had enabled me to become familiar with the data and coding process (Bosit, 2003); and the additional manual analysis enabled a new layer of critical thinking that produced further insights about the relationship between themes and helped me develop confidence in the analysis (Savin-Baden & Howell Major, 2013).

This mixed-methods study included two data collection methods with both phases reported separately. The online survey and qualitative semi-structured interviews explore the same phenomena. The survey is complementary (Chaumba, 2013; Desimone, 2009; Walker & Baxter, 2019) and, paired with the follow-up qualitative interviews (Greene, 2007), provided information for comprehensive analysis and triangulation (Noble & Heale, 2019; Salkind, 2010). Triangulation has given a layer of credibility to address the tensions that exist between the quantitative and qualitative components of mixed-methods research (Russell et al., 2016). This was particularly important because transferability of findings is considered essential in the current evidence-based environment, in which research outcomes are defined by the limited scope supported by neoliberalism (Mullin, 2016; Payne, 2014). The transferability of the findings of this study is thereby supported by methodological triangulation (Carter et al., 2014; Noble & Heale, 2019; Salkind, 2010).

3.6. Interpretation

The research findings include the survey data and interview themes linked with the Australian Association of Social Workers' (2015) *Position Statement: Violence against*

Women, as well as current literature. In addition to critical analysis, a Bourdieusian lens is used to interpret the findings and assist the information acquired in this research to explain recommendations for change (Donovan et al., 2017).

3.7. Strengths and Limitations

This research has several strengths and limitations regarding design, recruitment methods and data collection. The sequential mixed-methods design is a strength that empowers social workers to select a participation level based on their circumstances and availability. The online survey is anonymous, and completion is time practical, while an interview requires increased time and visibility, despite being confidential.

The use of a sequential mixed-methods design facilitated the inclusion of social workers across vast distances in Australia, which resulted in different experiences being included to explore the depth of social work practice with domestic violence (Côté-Leclerc et al., 2017). The breadth of this research focused on understanding social work practice with domestic violence and did not have sufficient range to investigate the unique needs of social workers' experiences with women from different cultural groups or women with disabilities. These groups require dedicated research, as they have not been addressed in this study. Furthermore, the survey did inquire about the gender identity of respondents which is a limitation of the study and would require further research.

The research data is limited because the number of survey responses was less than expected, considering Australia's overall number of social workers. In 2018, the Australian Association of Social Workers (2018c) had a membership of 11,557, and the Australian Government's (2022) Job Outlook estimated a total of 37,100 Australian social workers in total for that year. Respondents in this study totalled 163, representing a small percentage of the target group, and suggesting that the recruitment strategy was

a limitation. The survey response rate was affected by the recruitment process, which partly relied on assistance from multiple sources to promote the study. The requirements of larger organisations precluded several Australian services from accepting James Cook University's ethics approval. Some organisations required additional ethics approval from within their organisation using a certified public health Human Research Ethics Committee, following the approval of a site-specific assessment. Several organisations also advised that they could not inform social workers of the research, as their involvement in the research would occur by virtue of their existing employment, resulting in a significant number of eligible research candidates not receiving the invitation to participate. The restrictions placed on attempts to distribute the invitation to participate in the study was unpredictable. Over half the government organisations contacted were unable to proceed with James Cook University's ethics approval. These organisations required additional ethics approval from a certified public health human research ethics committee and an approved site-specific assessment. Further, the managers within these organisations rejected a request to inform social workers of the research information available on the Australian Association of Social Workers' website. It seemed that a social worker's involvement in the research would be by virtue of their place of employment, which required completion of their own ethics processes. These encounters provided insight into the obstacles that can occur when standardisation is implemented in isolation.

Further, this research did not capture a substantial part of the domestic violence workforce. Participation in the study explicitly targeted social workers with eligibility for membership of the Australian Association of Social Workers (2020a), which excluded numerous service providers. This requirement was essential for this study linked to the association's practice standards; and it excluded experienced and skilled

domestic violence workers who did not meet the requirements for Australian Association of Social Workers' membership eligibility, as this was not a necessity for their employment (DVCQnnect, 2020; Seek, 2020).

The strengths and limitations also extend to the data collection methods of the study. The sampling method for the research relied on nonprobability techniques, as participants self-selected participation in the survey or an interview. Consequently, the research findings cannot be generalised to the broader population. However, the inclusion of the two data collection methods enabled triangulation to facilitate further exploration and cross-validation (Bekhert & Zauszniewski, 2012; Carter et al., 2014; Savin-Baden & Howell Major, 2013). In addition, the descriptive data collected provides comparisons across groups. These data are a basis for further studies to expand and update the trends affecting social work practice with domestic violence, focusing on the structural factors that maintain gendered violence and limit social work practice.

3.8. Chapter Summary

This chapter has described the study methodology. This research is concerned with understanding social work practice with women experiencing domestic violence accessing services designed and standardised within a neoliberal ideology. The study uses critical feminist theory to explore the issues raised by research respondents and interview participants to identify recommendations for change informed by Bourdieu's theory of habitus and field (Fowler, 2000).

Chapter 4 provides a detailed analysis of the data collected from the online survey (questions 1 to twenty-one) as Phase 1 of the study. Phase 2 provides a thematic analysis of the interview data and survey question number 22 and is reported in Chapter 5. The data from both phases of the study are subsequently merged in Chapter 6, including the triangulation of the data, which compares survey and interview responses

to 'ensure that findings are shaped more by study participants than by the researcher
(George Mwangi & Bettencourt, 2017, p. 15).

Chapter 4: Results—Survey (Phase 1)

4.1. Chapter Overview

This chapter provides the descriptive data acquired from the online survey. The survey questions sought to explore organisational practices, training, clinical supervision and professional/personal experience to understand professional social work practice with women who experience domestic violence and address the four objectives outlined in chapter one. A total of 163 social workers were included in Phase 1 of the research and completed the survey questionnaire (Appendix D). This sample provided representation from all Australian states, all experience levels (grouped as ‘new graduate to 2 years’, ‘3 to 10 years’, ‘11 to 20 years’ and ‘20 plus years’) and all service groups (defined as government organisations, non-government organisations and private practice).

4.2. Demographic Data

All Australian states were represented in the online survey and participation included many diverse communities. The research respondent numbers were reviewed alongside the number of current Australian Association of Social Workers’ (2018c) members.

Table 4.1

Survey Respondents by State as Percentage of Australian Association of Social Workers’ Membership

| State | Survey Respondents ($n = 163$) | Australian Association of Social Workers’ Membership ($n = 11,557$) |
|------------------------------|----------------------------------|---|
| Australian Capital Territory | 05% | 03% |
| New South Wales | 21% | 24% |
| Northern Territory | 04% | 02% |
| Queensland | 31% | 22% |
| South Australia | 07% | 10% |
| Tasmania | 05% | 03% |
| Victoria | 20% | 26% |
| Western Australia | 07% | 09% |
| Other | 00% | 01% |

A variation in the number of participants by state is evident in Table 4.1. A higher participation rate was recorded for Queensland, which may be attributed to the researcher's profile in Queensland, resulting from a 30-year history of employment as a social worker in various regions within the state.

The demographic information obtained from survey respondents is summarised in Table 4.2. Five questions, commencing with Question 2 (Appendix D), were included in the survey to obtain participants' demographic information. These questions were explained to survey respondents as follows:

- Question 2: Where do you work? (Responses to this question are categorised in this chapter as 'state', and subheadings include all Australian states.)
- Question 3: Is the community you work in city, regional, rural or remote? (Responses to this question are described as 'location', and subheadings are the same as those included in the survey.)
- Question 4: Who is your primary employer? (Responses to this question are categorised in this chapter as 'employment' and categorised as government organisation, non-government organisation or private practice.)
- Question 5: How many years have you worked in a social work role? (Responses to this question are referred to in this chapter as 'experience' and categorised as 'new graduate to 2 years', '3 to 10 years', '11 to 20 years' and '20+ years'.)
- Question 6: What is your highest social work qualification? (Responses to this question are referred to in this chapter as 'qualification' and categorised according to individual responses.)

Responses to Question 2 are summarised in Table 4.1. Responses to Questions 3 to 6 are presented in Table 4.2 below, which is organised to indicate the highest incidence in each category at the top of the column. Two respondents did not indicate their highest qualification, thereby reducing the responses to Question 6 in Table 4.2.

Table 4.2

Summary of Survey Respondents' Geographic Location, Employment, Qualifications and Experience

| Location (<i>n</i> = 163) | Employment (<i>n</i> = 163) | Qualification (<i>n</i> = 161) | Experience (<i>n</i> = 163) |
|-------------------------------|--|------------------------------------|---------------------------------------|
| City = 102 (62%) | Government organisation = 74 (45%) | Bachelor of Social Work = 95 (59%) | 3 to 10 years = 56 (34%) |
| Regional = 50 (31%) | Private practice = 47 (29%) | Master of Social Work = 47 (29%) | Over 20 years = 47 (29%) |
| Rural/remote = 11 (7%) | Non-government organisation = 42 (26%) | Graduate diploma = 9 (6%) | 11 to 20 years = 40 (25%) |
| | | Master's degree (other) = 4 (2%) | New graduate to 2 years = 20 (12%) |
| | | Graduate certificate = 3 (2%) | |
| | | PhD = 2 (1%) | |
| | | Professional doctorate = 1 (1%) | |

4.2.1. Location

Survey respondents were primarily from a city location (62%), employed in government organisations (45%), with three to 10 years of experience as a social worker (34%) and with a Bachelor of Social Work as their highest qualification (59%). A low participant rate was recorded from remote and rural locations. The low participation rate in these two areas may be a realistic representation of the number of social workers employed in these settings. A higher participation ratio from these locations occurred in the qualitative interviews, as discussed in the following chapter. Survey participants' demographic information was subsequently reviewed with the state in which they were employed, as presented in Table 4.3.

Table 4.3

Summary of Survey Respondents' Employment, Qualifications and Experience by the State in Which They Worked

| n=163 | ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
|-----------------------------|----------|-----------|----------|-----------|-----------|----------|-----------|-----------|
| LOCATION | | | | | | | | |
| City | 6 | 21 | 3 | 32 | 10 | 2 | 21 | 7 |
| Regional | 3 | 12 | 1 | 17 | 0 | 5 | 9 | 3 |
| Rural/Remote | 0 | 2 | 2 | 2 | 1 | 1 | 2 | 1 |
| TOTAL | 9 | 35 | 6 | 51 | 11 | 8 | 32 | 11 |
| EMPLOYMENT | | | | | | | | |
| Government organisation | 4 | 22 | 2 | 27 | 7 | 4 | 6 | 3 |
| non-government organisation | 1 | 4 | 4 | 15 | 2 | 2 | 9 | 5 |
| Private practice | 4 | 9 | 0 | 9 | 2 | 2 | 17 | 3 |
| TOTAL | 9 | 35 | 6 | 51 | 11 | 8 | 32 | 11 |
| EXPERIENCE | | | | | | | | |
| New graduate – 2 years | 2 | 6 | 3 | 5 | 0 | 0 | 3 | 1 |
| 3-10 years | 1 | 13 | 0 | 20 | 5 | 2 | 11 | 4 |
| 11-20 years | 2 | 8 | 3 | 12 | 3 | 2 | 7 | 3 |
| 20 + years | 4 | 8 | 0 | 14 | 3 | 4 | 11 | 3 |
| TOTAL | 9 | 35 | 6 | 51 | 11 | 8 | 32 | 11 |
| QUALIFICATION | | | | | | | | |
| Bachelor of Social Work | 6 | 21 | 4 | 27 | 3 | 7 | 17 | 10 |
| Graduate Diploma | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 0 |
| Graduate Certificate | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 |
| Master of Social Work | 1 | 11 | 1 | 16 | 6 | 0 | 11 | 1 |
| Master's Degree (other) | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |
| PhD | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| Professional Doctorate | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| TOTAL | 9 | 35 | 6 | 49 | 11 | 8 | 32 | 11 |

These demographic data illustrate the vastness of Australian geography and the variations of working as a social worker in this environment. Notable variations were recognised by state when the overall data were reviewed by location, employment, experience and qualification. The majority of survey respondents indicated that they were located in a city (62%). This was consistent in all states except for Tasmania, where 25% of respondents worked in a city location and 63% were in regional areas.

4.2.2. Employment

The primary employer for survey respondents was a government organisation (45%) for respondents from New South Wales, Queensland, Tasmania, and South Australia. Non-

government organisations were the primary employer for respondents from Western Australia (45%) and the Northern Territory (67%), while social workers in private practice comprised the largest group in Victoria (53%). Most respondents from the Australian Capital Territory were in either private practice (44%) or a government organisation (44%). The main employment area appears to progress towards private practice with increased experience, as demonstrated in Table 4.4.

Table 4.4

Area of Employment and Years of Graduate Experience

| <i>n</i> = 163 | New Grad. to 2 Years | 3 to 10 Years | 11 to 20 Years | 20+ Years |
|--|-------------------------|------------------|-------------------|-----------|
| Government organisation, <i>n</i> = 75 | 10 (50%) | 29 (52%) | 16 (40%) | 20 (43%) |
| Non-government organisation, <i>n</i> = 42 | 10 (50%) | 20 (36%) | 9 (22%) | 3 (6%) |
| Private practice, <i>n</i> = 46 | 0 | 7 (12%) | 15 (38%) | 24 (51%) |

There were no respondents in the ‘new graduate to 2 years’ cohort in private practice.

Progression towards private practice appeared to be linked with years of experience.

The ‘3 to 10 years’ cohort reported the lowest level of private practice at 12%, followed by the ‘11 to 20 years’ group at 38%, and the ‘20+ years’ group at 51%. Within each experience category, a government organisation was the primary employer, except for in the ‘20+ years’ group.

4.2.3. Experience

The majority of survey respondents were in the ‘3 to 10 years’ of experience cohort, who were also the majority of respondents within five states. This group represented most respondents from South Australia (45%), Queensland (39%), New South Wales (37%), Western Australia (36%) and Victoria (34%). The lowest representation in the survey occurred in the ‘new graduate to 2 years’ cohort (12%). This group also had a lower participation rate in New South Wales (17%), Queensland (10%), Victoria (9%)

and Western Australia (9%). There was no representation from this cohort in South Australia or Tasmania.

4.2.4. Qualification

Respondents' qualifications indicated considerable variation. The Bachelor of Social Work degree was the highest qualification for the majority of survey respondents (59%). The Master of Social Work degree was the highest qualification for respondents from Victoria (34%) and Queensland (33%). One respondent (9%, $n = 11$) from South Australia held a professional doctorate, and, in Queensland, two respondents (4%, $n = 49$) held a PhD. Qualifications and experience were subsequently reviewed to determine whether there was a correlation between the two, as shown in Table 4.5.

Table 4.5

Survey Respondents' Highest Qualification Linked with Years of Postgraduate Experience

| $n = 161$ | New Grad. to 2 Years | 3 to 10 Years | 11 to 20 Years | 20+ Years |
|------------------------------|-------------------------|---------------|-------------------|-----------|
| Bachelor of Social Work | 8 (40%) | 32 (58%) | 25 (63%) | 30 (65%) |
| Graduate certificate/diploma | 0 | 3 (6%) | 4 (10%) | 5 (11%) |
| Master of Social Work | 12 (60%) | 20 (36%) | 9 (23%) | 6 (13%) |
| Master's degree (other) | 0 | 0 | 1 (2%) | 3 (7%) |
| PhD | 0 | 0 | 0 | 2 (4%) |
| Professional doctorate | 0 | 0 | 1 (2%) | 0 |

The 'new graduate to 2 years' cohort had the highest frequency of Master of Social Work, with 60% of respondents in this group, and correspondingly held the lowest frequency of the Bachelor of Social Work (at 40%). Overall, the Master of Social Work, as the highest qualification, decreased with increased experience. The '11 to 20 years' and '20+ years' cohorts were the only two groups with a master's degree in a non-social work field as their highest qualification, and the only experience groups reporting their

highest qualification as a doctorate. These data suggest that the Master of Social Work (qualifying) is increasing as a pathway to eligibility for membership of the Australian Association of Social Workers (2020a).

The availability of this additional pathway towards a social work qualification providing membership of the Australian Association of Social Workers (2020a) commenced in 2006 at RMIT University in Victoria. The profession has since grown significantly. In 2014, records indicate that 31,900 social workers were practising in Australia, which increased to 37,800 in 2019, and projections are that this will increase to 49,300 in 2026 (Job Outlook, 2022). The effect of the master's qualifying degree on the profession was not explored in the survey yet is recognised in this research as an area requiring further study.

4.3. Social Workers' Beliefs about Domestic Violence against Women

Survey Questions 20 ('What do you think are the two main reasons that men are violent towards their current and/or previous partner?') and 21 ('What do you think are the two main reasons women continue to experience violence from men?') (Appendix D) referred to the beliefs and attitudes respondents held towards domestic violence to examine the link between theoretical approaches, beliefs and therapeutic methodologies to domestic violence (Brown & James, 2014). These two questions provided five named choices, and respondents selected their two main preferences for each of the two questions. An 'other' option was provided, in which respondents could contribute their independent views.

The six choices provided for Question 20 (Appendix D) were:

1. He has a childhood experience of domestic violence.
2. He has mental health issues.
3. He is under the influence of drugs or alcohol.

4. She provoked him.
5. Community attitudes towards domestic violence.
6. Other (the 'other' option was included to provide an option for individual responses).

All responses are grouped by experience in table 4.6 and subsequently discussed. In addition, the 'other' responses are reviewed with years of experience in table 4.7.

Table 4.6

Survey Respondents' Perceptions of Primary Reason Men Were Violent towards Current or Previous Partners, linked with Years of Postgraduate Experience

| New Grad. to 2 Years (<i>n</i> = 20) | |
|--|----------|
| Has a childhood experience of domestic violence | 9 (45%) |
| He has mental health issues | 0 |
| He is under the influence of drugs or alcohol | 0 |
| She provoked him | 0 |
| Community attitudes towards domestic violence | 5 (25%) |
| Other | |
| Attitudes to women/patriarchy and gender inequality | 4 (20%) |
| Societal attitudes towards gender, power and violence | 1 (5%) |
| Social-driven male attitudes of entitlement and secondary issues of substance misuse and previous trauma | 1 (5%) |
| Toxic masculine culture, entitlement, lack of empathy, power and control, poor regulation | 0 |
| Male socialisation | 0 |
| Multidimensional, a combination of factors, difficult to define | 0 |
| Unsure | 0 |
| 3 to 10 Years (<i>n</i> = 56) | |
| Has a childhood experience of domestic violence | 14 (25%) |
| He has mental health issues | 5 (8%) |
| He is under the influence of drugs or alcohol | 4 (7%) |
| She provoked him | 1 (2%) |
| Community attitudes towards domestic violence | 14 (25%) |
| Other | |
| Attitudes to women/patriarchy and gender inequality | 6 (11%) |
| Societal attitudes towards gender, power and violence | 0 |

| | |
|--|----------|
| Social-driven male attitudes of entitlement and secondary issues of substance misuse and previous trauma | 8 (14%) |
| Toxic masculine culture, entitlement, lack of empathy, power and control, poor regulation | 2 (4%) |
| Male socialisation | 1 (2%) |
| Multidimensional, a combination of factors, difficult to define | 0 |
| Unsure | 1 (2%) |
| 11 to 20 Years (<i>n</i> = 40) | |
| Has a childhood experience of domestic violence | 9 (23%) |
| He has mental health issues | 2 (5%) |
| He is under the influence of drugs or alcohol | 0 |
| She provoked him | 0 |
| Community attitudes towards domestic violence | 11 (28%) |
| Other | |
| Attitudes to women/patriarchy and gender inequality | 2 (5%) |
| Societal attitudes towards gender, power and violence | 5 (12%) |
| Social-driven male attitudes of entitlement and secondary issues of substance misuse and previous trauma | 2 (5%) |
| Toxic masculine culture, entitlement, lack of empathy, power and control, poor regulation | 6 (15%) |
| Male socialisation | 0 |
| Multidimensional, a combination of factors, difficult to define | 2 (5%) |
| Unsure | 1 (2%) |
| 20+ Years (<i>n</i> = 47) | |
| Has a childhood experience of domestic violence | 9 (19%) |
| He has mental health issues | 2 (4%) |
| He is under the influence of drugs or alcohol | 2 (4%) |
| She provoked him | 0 |
| Community attitudes towards domestic violence | 13 (28%) |
| Other | |
| Attitudes to women/patriarchy and gender inequality | 2 (4%) |
| Societal attitudes towards gender, power and violence | 3 (7%) |
| Social-driven male attitudes of entitlement and secondary issues of substance misuse and previous trauma | 2 (4%) |
| Toxic masculine culture, entitlement, lack of empathy, power and control, poor regulation | 7 (15%) |
| Male socialisation | 0 |
| Multidimensional, combination of factors, difficult to define | 7 (15%) |
| Unsure | 0 |

From the list of options available to question 20, most respondents selected the main two reasons men are violent towards current or previous partners as 'he has a childhood experience of domestic violence' and 'community attitudes to domestic violence'. Seventy per cent of the 'new graduate to 2 years' cohort ($n = 20$) agreed with this selection; 50% of the '3 to 10 years' group ($n = 56$) and 51% of the '11 to 20 years' group ($n = 40$) were also in agreement. The '20+ years' group ($n = 47$) reported a 47% agreement rate. Further review of the data indicated that linking domestic violence with individual responsibility or cultural aspects was based on experience level. The individual responsibility defined as 'a childhood experience of domestic violence' was more frequently prioritised by the 'new graduate to 2 years' responses, with 45% of this group's response rate, in contrast with 25% of the '3 to 10 years' group, 23% of the '11 to 20 years' group and 19% of the '20+ years' group. Conversely, the structural aspects identified as 'community attitudes towards domestic violence' were more frequently prioritised by the '20+ years' and '11 to 20 years' groups. Each reported 28%, while the '3 to 10 years' group and the 'new graduate to 2 years' group, both reported 25%.

Responses to the answer option 'Other' were provided by respondents in all the experience groups and added considerable value and insights. Sixty-nine responses were received in the 'other' option. Two respondents were excluded, as they did not meet the eligibility criteria for participation. Three responses were reassigned from the 'other' option to the identified option, 'he has a childhood experience of domestic violence' and one response was reassigned to the identified option, 'she provoked him'.

The remaining 63 'other' responses are summarised according to experience cohorts in table 4.7.

Table 4.7

Survey Respondents' 'Other' Responses on Main Reasons Men Are Violent towards Current or Previous Partners, linked with Years of Postgraduate Experience

| 'Other' responses <i>n</i> =63 (100%) | New Grad. to 2 Years (<i>n</i> = 6) | 3 to 10 Years (<i>n</i> = 18) | 11 to 20 Years (<i>n</i> = 18) | 20+ Years (<i>n</i> = 21) |
|--|--|--------------------------------------|---------------------------------------|----------------------------------|
| Attitudes to women/patriarchy and gender inequality | 4(29%) | 6(43%) | 2(14%) | 2(14%) |
| Societal attitudes towards gender, power and violence | 1(11%) | 0 | 5(56%) | 3(33%) |
| Social-driven male attitudes of entitlement and secondary issues of substance misuse and previous trauma | 1(8%) | 8(62%) | 2(15%) | 2(15%) |
| Toxic masculine culture, entitlement, lack of empathy, power and control, poor regulation | 0 | 2(13%) | 6(40%) | 7(47%) |
| Male socialisation | 0 | 1(100%) | 0 | 0 |
| Multidimensional, a combination of factors, difficult to define | 0 | 0 | 2(22%) | 7(78%) |
| Unsure | 0 | 1(50%) | 1(50%) | 0 |

Survey Question 21 related to attitudes towards domestic violence and asked respondents: 'What do you think are the two main reasons women continue to experience violence from men?' (Appendix D). The six choices provided were:

1. She has childhood experience of domestic violence.
2. She has mental health issues.
3. She is under the influence of drugs or alcohol.
4. Community attitudes towards domestic violence.
5. Lack of gender equity.
6. Other. (the 'other' option was included to provide an option for individual responses).

One hundred and sixty-five responses were received to this question; two were excluded, as they did not meet the eligibility criteria. Of the remaining 163 responses. Fifty-one responses were received within the 'other' option. Four responses were reassigned from the 'other' option to the identified option 'lack of gender equity' and

two were reassigned to the identified option 'she has mental health issues'.

Subsequently respondents providing their feedback via the listed options totalled 118 and 45 responded to the 'other' option.

The 45 responses provided within the 'other' option are listed in the categories identified below and all the responses to question 21 are included in Table 4.8, listed within experience cohorts. The 'other' responses are summarized in three categories, named, 'individual reasons', 'structural factors' and 'combined individual and structural' reasons as listed below:

Individual reasons were identified by respondents as:

- low self esteem
- fear, coercion, and lack of insight
- confused
- choice of partner
- financial problems
- lifetime of violence and trauma
- developmental and relational
- lack of services

Structural factors were reported by respondents as:

- social structures
- patriarchy
- toxic masculine culture
- services not understanding gendered violence
- normalisation of violence

Combined individual and structural reasons were identified as:

- multidimensions, women are all different
- all of the above and lack of support
- many reasons

Table 4.8

Primary Reasons Women Continue to Experience Violence from Men as Identified by Survey Respondents

| New Grad. to 2 Years ($n = 20$) | |
|---|----------|
| She has a childhood experience of domestic violence | 2 (10%) |
| She has mental health issues | 0 |
| She is under the influence of drugs or alcohol | 0 |
| Community attitudes towards domestic violence | 5 (25%) |
| Lack of gender equity | 12 (60%) |
| Other | |
| Individual reasons | 1 (5%) |
| Structural factors | |
| Combined individual and structural reasons | |
| 3 to 10 Years ($n = 56$) | |
| She has a childhood experience of domestic violence | 6 (11%) |
| She has mental health issues | 2 (4%) |
| She is under the influence of drugs or alcohol | 0 |
| Community attitudes towards domestic violence | 9 (16%) |
| Lack of gender equity | 22 (39%) |
| Other | |
| Individual reasons | 9 (16%) |
| Structural factors | 4 (7%) |
| Combined individual and structural reasons | 4 (7%) |
| 11 to 20 Years ($n = 40$) | |
| She has a childhood experience of domestic violence | 7 (17%) |

| | |
|--|----------|
| She has mental health issues | 0 |
| She is under the influence of drugs or alcohol | 0 |
| Community attitudes towards domestic violence | 13 (33%) |
| Lack of gender equity | 11 (28%) |
| Other | |
| Individual reasons | 1 (2%) |
| Structural factors | 4 (10%) |
| Combined individual and structural reasons | 4 (10%) |

20+ Years (*n* = 47)

| | |
|---|----------|
| She has a childhood experience of domestic violence | 5 (11%) |
| She has mental health issues | 0 |
| She is under the influence of drugs or alcohol | 0 |
| Community attitudes towards domestic violence | 14(30%) |
| Lack of gender equity | 10 (21%) |
| Other | |
| Individual reasons | 8 (17%) |
| Structural factors | 1 (2%) |
| Combined individual and structural reasons | 9 (19%) |

Respondents identified two main reasons why women continue to experience violence from men as ‘community attitudes towards domestic violence’ and ‘lack of gender equity’. These two responses account for 81% of the individual responses (*n*=118) to the listed options from all experience groups. Conversely, of the responses to the ‘other’ category (*n*=45) 20% named structural factors, 42% identified individual reasons and

38% described a combination of individual and structural reasons why women continue to experience violence from men.

4.4. Social Work Practice with Domestic Violence

Further cross-tabulation reports were completed to summarise the quantitative data and the relationship between categorical variables. The four classifications used for comparison were organisational policies and practices, education and training, personal and professional experience, and professional supervision. Comparisons were based on their relevance to the study's focus on social work practice with domestic violence against women. Survey responses regarding the frequency of social worker contact with women experiencing domestic violence are reported in Table 4.9. In total, 150 respondents reported their frequency of contact with women experiencing domestic violence. Two respondents were excluded from table 4.9 because they did not meet the eligibility criteria, and another four were excluded because their role did not include direct contact with women experiencing domestic violence. The included respondents totalled 144.

Table 4.9

Survey Respondents' Reported Frequency of Contact with Women Experiencing Domestic Violence by Type of Employment

| Frequency | Government Organisation (n = 60) | Non-government Organisation (n = 40) | Private Practice (n = 44) |
|-------------------|----------------------------------|--------------------------------------|---------------------------|
| Daily | 11 (18%) | 25 (63%) | 8 (18%) |
| Weekly | 22 (37%) | 12 (30%) | 16 (36%) |
| Monthly | 16 (27%) | 3 (7%) | 14 (32%) |
| 3 monthly | 2 (3%) | | |
| 4–6 monthly | 1 (2%) | | |
| Yearly | 2 (3%) | | |
| As needed | 3 (5%) | | 6 (14%) |
| How often you ask | 3 (5%) | | |

Ninety-three per cent of social workers employed in non-government organisations had contact with women who experienced domestic violence daily or weekly. Ninety-three per cent represents a higher frequency than social workers in private practice who reported 54% and 55% of respondents employed in government organisations who reported daily or weekly contact with women experiencing domestic violence. Daily contact with women who experienced domestic violence was reported by 63% of respondents employed in non-government organisations. Respondents in government organisations and private practice reported their daily contact at 18% (Table 4.9). The frequency of social workers' contact with women who experienced domestic violence was reviewed alongside their experience. In total, 158 responses were received to this survey question. The responses suggested a further unevenness in the provision of services to women who have experienced domestic violence. Table 4.10 indicates that the daily and weekly frequency of contact with women experiencing domestic violence reduced as experience increased.

Table 4.10

Survey Respondents' Reported Frequency of Contact with Women Experiencing Domestic Violence by Experience

| Frequency | New Grad. to 2 Years (<i>n</i> = 20) | 3 to 10 Years (<i>n</i> = 56) | 11 to 20 Years (<i>n</i> = 39) | 20+ Years (<i>n</i> = 43) |
|------------------|---------------------------------------|--------------------------------|---------------------------------|----------------------------|
| Daily | 8 (40%) | 24 (43%) | 9 (23%) | 4 (10%) |
| Weekly | 7 (35%) | 16 (28%) | 18 (46%) | 19 (44%) |
| Monthly | 3 (15%) | 13 (23%) | 11 (28%) | 12 (28%) |
| 3 monthly | 0 | 1 (2%) | 0 | 1 (2%) |
| 4–6 monthly | 1 (5%) | 0 | 0 | 1 (2%) |
| Yearly/as needed | 1 (5%) | 2 (4%) | 1 (3%) | 6 (14%) |

The 'new graduate to 2 years' cohort reported the highest combined daily and weekly contact frequency at 75%. A progressive reduction in contact frequency occurred as

practice experience increased. The lowest combined daily and weekly contact frequency occurred within the '20+ years' cohort (54%).

Routinely screening women about their safety has gained attention in services providing domestic violence assistance to women, with some organisations committed to using screening tools (O'Doherty et al., 2015). Hence, the survey requested information about the frequency with which social workers asked women about their safety in survey Question 10: 'Do you routinely ask women about their safety related to domestic violence?' (Appendix D). In total, 133 respondents indicated that they regularly asked women about their safety in the home, including 85% of the 'new graduate to 2 years' cohort, 91% of the '3 to 10 years' group, 89% of the '11 to 20 years' cohort and 90% of the '20+ years' group. Question 10 also included an option for respondents to provide reasons for the decision, and the 15 responses received were summarised and grouped by experience, as follows:

- 3 to 10 years:
 - The decision to ask women about safety at home was made to ensure safety or included in critical assessments ($n = 2$).
 - Ask only in the presence of indicators ($n = 1$).
 - The decision not to routinely ask this question was related to not working directly with women ($n = 2$).
- 11 to 20 years:
 - Asking about safety was situation dependent ($n = 1$).
 - As part of my holistic assessment, I could improve in this area ($n = 1$).
 - The decision not to routinely ask this question was related to not working directly with women ($n = 1$).
- 20+ years:

- Only if there was a reason or indicators ($n = 3$).
- Not routinely asked, but assessed, or it may emerge during counselling ($n = 3$).
- The decision not to routinely ask this question was related to not working directly with women ($n = 1$).

The 'new graduate to 2 years' cohort did not provide reasons for deciding whether to ask women about their safety in the home. The responses received suggested that the more experienced social workers became, the more inclined they were to rely on their engagement in the intervention process to assess safety, rather than ask about safety or routinely use a screening tool for risk or domestic violence.

4.4.1. Support for Practice

One key aspect of the research was concerned about the support that social workers receive from various sources to help their work in this complex area. Survey Questions 8 and 9 inquired about the usefulness of policies and practice guidelines. Questions 11, 12, 13 and 14 asked about training attended, and Questions 15, 16, 17 and 18 were related to the role of clinical supervision. The following Question 19 sought to understand whether professional and personal experience influenced social work practice with domestic violence (Appendix D). Question 19 did not separate professional and personal experience to avoid the risk of introducing sensitive issues with the potential to create distress for the respondent. Sensitive research is defined by London's Global University (UCL) as:

Risk of harm (physical, physiological or emotional) to participants during data collection (being interviewed about past or current traumatic events), or the risk could arise after they have finished their participation in the research (2022, May 10)

To manage this risk, the question remained general in the survey, with the opportunity for further exploration in the interviews if initiated by the interviewee. In this situation the researcher was present to provide support as needed.

4.4.2. Organisational Policies and Guidelines

Organisational policies and guidelines can significantly influence social work practice with domestic violence, and there is an expectation in a managerialist context that these documents will direct service provision (Rogowski, 2011). Of the 136 respondents who indicated that they were aware of policies and guidelines in their workplace, 118 responded about the relevance of workplace policies in their work with domestic violence. Overall, 85 % of the 118 respondents agreed that organisational policies and guidelines directed or influenced their practice with domestic violence against women. Of the group agreeing that policies and guidelines directed or influenced their practice, 90% were in private practice, 85% were employed in a government organisation and 77% were employed in a non-government organisation. Further comparisons indicated that 78% of the 'new graduate to 2 years' cohort agreed that policies or guidelines influenced or directed their practice, as did 85% of both the '3 to 10 years' and '11 to 20 years' groups, and 89% of the respondents in the '20+ years' cohort indicated their agreement. Eleven comments about policies and guidelines were received and are listed by experience as follows:

- New graduate to 2 years:
 - Policies and guidelines influence practice.
- 3 to 10 years:
 - Policies guide but are not adequate.
 - Yes guidelines.
 - Yes.

- 11 to 20 years:
 - Policies reflect the ‘Not Now Not Ever Report’.
 - Provide basic information.
- 20+ years:
 - I developed practice guidelines over the years.
 - Yes, I’m assisting their development.
 - In private practice, guided by Australian Association of Social Workers ethics and legislation.
 - No—in private practice.
 - N/A—in private practice.

4.4.3. Training

Survey respondents were asked whether they had received training related to domestic violence intervention (Appendix D). Ninety per cent ($n = 147$) of respondents indicated that they had received domestic violence training; 92% were employed in a government organisation, 93% in a non-government organisation, and 85% in private practice.

When grouped by experience, training related to domestic violence was received by 97% ($n = 37$) of the ‘11 to 20 years’ cohort, 90% ($n = 18$) of the ‘new graduate to 2 years’ group, 88% ($n = 51$) of the ‘3 to 10 years’ group and 87% ($n = 41$) of the ‘20+ years’ group.

Respondents who had received training related to domestic violence rated the usefulness of the training they had attended. The response options were listed in the online survey as university qualification/program, employer-provided training—online, employer-provided training/workshop, community service–provided training and conference attendance (Appendix D). This question also included an ‘other’ option for respondents to identify training attended that was not listed. As noted in table 4.11, the majority of

respondents described their employer-provided training/workshop as most helpful, followed by community service-provided training. The ratings of the training options listed in the survey are grouped by experience in Table 4.11 below.

Table 4.11*Survey Respondents' Ratings of Usefulness of Training Attended*

| New Graduate to 2 Years | Very Useful | Useful | Not Useful |
|---|-------------|--------|------------|
| University qualification | 7 | 6 | 2 |
| Employer-provided training—online | 2 | 4 | 0 |
| Employer-provided training/workshop | 5 | 8 | 0 |
| Community service-provided training | 7 | 6 | 0 |
| Conference attendance | 5 | 6 | 0 |
| <i>Other—personal research and specialist training/consultation</i> | | | |
| 3 to 10 Years | Very Useful | Useful | Not Useful |
| University qualification | 13 | 15 | 6 |
| Employer-provided training—online | 8 | 18 | 11 |
| Employer-provided training/workshop | 22 | 17 | 7 |
| Community service-provided training | 19 | 17 | 1 |
| Conference attendance | 17 | 14 | 1 |
| <i>Other—personal research and specialist training/consultation, personal experience</i> | | | |
| 11 to 20 Years | Very Useful | Useful | Not Useful |
| University qualification | 6 | 12 | 3 |
| Employer-provided training—online | 2 | 16 | 2 |
| Employer-provided training/workshop | 12 | 19 | 0 |
| Community service-provided training | 11 | 18 | 2 |
| Conference attendance | 9 | 17 | 2 |
| <i>Other—personal research and specialist training/consultation, continuing professional development, personal experience</i> | | | |
| 20+ Years | Very Useful | Useful | Not Useful |
| University qualification | 8 | 9 | 3 |
| Employer-provided training—online | 4 | 9 | 1 |
| Employer-provided training/workshop | 15 | 13 | 1 |
| Community service-provided training | 16 | 9 | 0 |
| Conference attendance | 16 | 10 | 1 |
| <i>Other—personal research and specialist training/consultation, continuing professional development, previous work experience, training focused on women</i> | | | |

An additional survey question about training asked about the usefulness of specific training topics. Question 13 asked: ‘How would you rate the topics covered in the training you attended?’ (Appendix D). Seven separate options were the choices available to respondents, and an ‘other’ option was available for respondents to provide their comments. The training topics listed in the survey were grouped for comparison with experience, as displayed in Table 4.12.

Table 4.12*Survey Respondents’ Ratings of Usefulness of Topics Covered in Training*

| New Graduate to 2 Years | Very Useful | Useful | Not Useful |
|--|-------------|--------|------------|
| Definitions of domestic violence | 13 | 6 | |
| Domestic violence statistics | 7 | 12 | |
| Theories of domestic violence | 11 | 5 | 2 |
| Legal responses to domestic violence | 10 | 9 | |
| Role of community networking | 9 | 6 | 2 |
| Screening for domestic violence | 12 | 5 | 2 |
| Safety planning | 15 | 3 | 1 |
| <i>Other (not useful)—only exposed to feminist theory</i> | | | |
| 3 to 10 Years | Very Useful | Useful | Not Useful |
| Definitions of domestic violence | 24 | 26 | 1 |
| Domestic violence statistics | 22 | 29 | 1 |
| Theories of domestic violence | 26 | 18 | 7 |
| Legal responses to domestic violence | 29 | 21 | 2 |
| Role of community networking | 18 | 30 | 4 |
| Screening for domestic violence | 31 | 17 | 4 |
| Safety planning | 33 | 13 | 3 |
| <i>Other (not useful)—doesn’t represent varied circumstances, need to revise policies and practices, I can’t see how you can draw reasonable assumption from this question</i> | | | |
| <i>Other (useful)—therapeutic responses, referral services, specialist topics</i> | | | |
| 11 to 20 Years | Very Useful | Useful | Not Useful |
| Definitions of domestic violence | 17 | 19 | |
| Domestic violence statistics | 16 | 19 | 3 |
| Theories of domestic violence | 19 | 16 | 2 |
| Legal responses to domestic violence | 17 | 21 | |
| Role of community networking | 15 | 20 | 1 |
| Screening for domestic violence | 20 | 15 | 1 |

| | 20+ Years | Very Useful | Useful | Not Useful |
|---|-----------|-------------|--------|------------|
| Safety planning | | 24 | 13 | 2 |
| <i>Other (useful)—understanding patriarchy and power imbalances that support male privilege</i> | | | | |
| Definitions of domestic violence | | 20 | 21 | |
| Domestic violence statistics | | 16 | 24 | 1 |
| Theories of domestic violence | | 20 | 20 | 1 |
| Legal responses to domestic violence | | 23 | 15 | 3 |
| Role of community networking | | 16 | 20 | 2 |
| Screening for domestic violence | | 17 | 15 | 5 |
| Safety planning | | 24 | 13 | 2 |
| <i>Other (not useful)—don't remember training; it was a long time ago, I did training in the 90s, a lot has changed, theories of domestic violence are clinically unhelpful with actual issues, male victims are excluded</i> | | | | |
| <i>Other (useful)—trauma-informed practice, narrative therapy, the cycle of violence and questionnaires</i> | | | | |

As indicated above, the majority of respondents rated all the training topics very useful or useful, with some variations between groups:

- new graduate to 2 years—rated the definitions of domestic violence, domestic violence statistics and legal responses to domestic violence as the most useful of all topics
- 3 to 10 years—provided a relatively even response to all topics, with domestic violence theories receiving their lowest rating
- 3 to 11 years—rated the definitions of domestic violence and legal responses to domestic violence as the most useful of all topics
- 20+ years—rated the definitions of domestic violence the most useful of all topics, with screening for domestic violence receiving their lowest rating.

Survey respondents were asked whether the training they attended had influenced their social work practice. Of the 144 responses received, 92% said their training had influenced their practice, and six respondents described how their training influenced their social work practice, as follows:

- ‘Trainings have sharpened my skill base and knowledge of working with victims and mitigating risks.’
- ‘I have certainly changed my practice over the years, but it is also becoming more and more evident that young males are victims of domestic abuse, and our hospital is trying to accommodate that as much as possible, i.e. using the [service name omitted] DV [domestic violence] screen for women over the age of 16yrs and applying it to males in the same category. We are also trying to include working with the perpetrators of DV and abuse.’
- ‘It deepens my understanding and complexities of domestic violence, keeps me up to date with the latest research, develops my skills working with trauma, mental health and connects you with others in the field.’
- ‘It significantly changed my view on DV and how I respond to women (and men) who experience DV.’
- ‘Particularly trauma therapy training has impacted on my style of practice where I am diligently focused on the client being in control as much as possible and being aware of the time it takes to form trust, even in regard to seating, closed or open doors, home visits.’
- ‘The training has become a critical part of my thinking and analysis.’

4.4.4. Professional and Personal Experience

The online survey expanded on training to include a question about professional and personal experience and its effect on social work practice. Survey Question 19 asked: ‘Do you draw on your professional/personal experience to help inform your intervention with domestic violence?’ (Appendix D). Ninety seven percent of survey respondents, ($n = 162$) indicated that they drew on their professional or personal experience to help inform their intervention with domestic violence. The highest agreement occurred in the

'20+ years' group at 100%, followed by the '3 to 10 years' and '11 to 20 years' groups, each reporting 95%, and the 'new graduate to 2 years' group at 90%.

4.4.5. Clinical Supervision

The survey sought to explore the clinical supervision arrangements for social work with domestic violence. To understand how social workers use supervision to support their practice with domestic violence against women, survey Question 18 asked respondents: 'What determines how you prioritise your own supervision?' (Appendix D). Survey respondents were asked to prioritise from a list of six options that included:

- career development
- Australian Association of Social Workers' accreditation
- critical reflection
- education/training
- debriefing
- other.

Critical reflection and debriefing were the highest priorities for supervision by the majority of respondents to the online survey. The first priority was allocated to critical reflection by 55% of respondents, who indicated this was an essential aspect of their supervision, followed by 26% who rated debriefing as their first priority. The second supervision priority was allocated to debriefing by 35% of respondents, which was followed by critical reflection, allocated as second priority by 26% of respondents. Third priority was allocated to education/training by 34% of respondents, followed by debriefing, which was allocated as third priority by 23%. Career development was prioritised as fourth by 31% of respondents, followed by education/training, prioritised as fourth by 27%. Career development was identified as fifth priority by 38% of

respondents, followed by Australian Association of Social Workers' accreditation (34%).

4.4.6. Models of Supervision

Clinical supervision was reviewed in terms of supervision arrangements made by respondents. The survey asked respondents whether their clinical supervision was separate from operational or management supervision, the frequency of supervision, and whether domestic violence-related issues were discussed in supervision (Appendix D). The majority of respondents (72%) reported their clinical supervision as separate from operational or management supervision. The frequency with which professional and operational supervision were separate depended on experience. Fifty per cent ($n = 20$) of the 'new graduate to 2 years' group had separate clinical supervision. The '3 to 10 years' postgraduate social workers identified their supervision as separate from management supervision as 67% ($n = 58$), the '11 to 20 years' as 73% ($n = 40$) and the '20+ years' group as 85% ($n = 47$).

4.4.7. Supervision Frequency

In total, 139 respondents provided information about the frequency of their supervision. Their responses varied, as detailed in Table 4.13 below.

Table 4.13*Frequency of Respondents' Clinical Supervision*

| | New Grad. to 2 Years (n = 14) | 3 to 10 Years (n = 47) | 11 to 20 Years (n = 33) | 20+ Years (n = 45) |
|------------------------|-------------------------------------|---------------------------|----------------------------|-----------------------|
| Weekly | 2 (14%) | 2 (4%) | 2 (6%) | 2 (5%) |
| Fortnightly | 6 (43%) | 7 (15%) | 2 (6%) | 4 (9%) |
| Three weekly | 0 | 1 (2%) | 1 (3%) | 1 (2%) |
| Monthly | 4 (29%) | 30 (64%) | 25 (76%) | 34 (76%) |
| Six weekly | 0 | 0 | 1 (3%) | 1 (2%) |
| Bimonthly | 0 | 4 (9%) | 1 (3%) | 0 |
| Three monthly | 0 | 1 (2%) | 0 | 2 (4%) |
| Varies | 0 | 0 | 0 | 1 (2%) |
| When needed | 0 | 1 (2%) | 1 (3%) | 0 |
| When manager available | 1 (7%) | 0 | 0 | 0 |
| Never | 1 (7%) | 1 (2%) | 0 | 0 |

Most respondents (88%) received clinical supervision regularly (weekly, fortnightly, or monthly), with 12% indicating they had clinical supervision six weekly or less often.

For this calculation, bimonthly was defined as every two months. According to Moore, editor of the Australian Oxford Dictionary, the term 'bimonthly' can mean either twice per month or every two months (Moore, 2002). In this study, bimonthly was interpreted as every two months, as respondents listed bimonthly in the 'other' category, and twice monthly (defined as fortnightly) was a listed option available to respondents. The highest supervision frequency occurred in the 'new graduate to 2 years' group; 57% of this cohort received weekly or fortnightly supervision. The other three experience groups all reported their highest frequency of supervision as monthly. Sixty-four per cent of the '3 to 10 years' group received monthly supervision, and 76% of the '11 to 20 years' and '20+ years' group received monthly supervision.

Professional supervision priorities were defined as critical reflection and debriefing, which are broad definitions. Supervision is recognised as contributing to professional

development for social workers (Australian Association of Social Workers, 2013); hence, this study sought to understand the frequency that issues relating to domestic violence were raised in supervision. Survey Question 17 asked respondents: ‘How often do you discuss domestic violence–related issues in supervision?’ (Appendix D).

Supervision addressing domestic violence issues was reported as occurring sometimes or regularly by 79% ($n = 140$) of respondents. When considering experience, a higher frequency of discussing domestic violence in supervision occurred with increased experience:

- new graduate to 2 years—53%
- 3 to 10 years—77%
- 11 to 20 years—85%
- 20+ years—84%.

Overall, the ‘new graduate to 2 years’ cohort reported a higher frequency of supervision than did the other experience groups. This group also had the lowest rate of professional supervision that was separate from management supervision. The ‘new graduate to 2 years’ group discussed domestic violence in supervision less frequently than did the other experience groups, despite seeing women experiencing domestic violence more frequently than did more experienced colleagues. It is noted from the data that professional supervision provided separately from management supervision occurred less frequently among more recent graduates though this group reported the highest daily and weekly contact frequency with women who experience domestic violence. While the number of respondents in the ‘new graduate to 2 years’ group was small, this finding is discussed further in Chapter 6.

To conclude the online survey, the final Question 22 (Appendix D) asked respondents what they considered would help their work with women experiencing domestic

violence. This question requested a qualitative response, requiring thematic analysis, and is therefore included in chapter 5.

4.5. Summary and Chapter Overview

This chapter details the outcomes of the online survey, including the cross-tabulation reports providing comparisons between multiple variables. The survey identified variations in respondents' social work practice with women experiencing domestic violence, and were further reviewed in Phase 2 of the study, including the following:

- Social workers were aware of the risks of domestic violence and asked (or screened) women about their safety in their home. With increased experience, social workers preferred to obtain this information through their general assessment.
- Social workers employed in non-government organisations were more likely to encounter women experiencing domestic violence than were their colleagues employed in government organisations or private practice.
- The 'new graduate to 2 years' cohort reported the highest frequency of contact with women experiencing domestic violence, and this frequency appeared to decline as experience increased.
- Professional supervision by their manager occurred more frequently for the 'new graduate to 2 years' cohort than with the other experience groups.
- Domestic violence training was welcomed by respondents. However, available training was frequently 'basic' and respondents recommended more advanced training and a specialisation for social work practice in domestic violence.
- Survey respondents identified the main reasons that men are violent towards current or previous partners as 'he has a childhood experience of domestic violence' and 'community attitudes to domestic violence'.

- Prioritising individual responsibility rather than the structural aspects of domestic violence varied between experience groups.
- The majority of respondents identified ‘lack of gender equity’ and ‘community attitudes’ as the reason women continue to experience domestic violence.

Upon completing the survey, 34 respondents participated in a semi-structured individual interview guided by an interview schedule (Appendix F). The interviews aimed to explore further the effects of funding, variations in practice between experience groups, and community attitudes on social work practice with domestic violence as identified in the survey. The following Chapter 5 presents the thematic analysis of the data obtained from these interviews and from survey question 22. Given that the data collection included two sources exploring the same phenomena, the final data analysis and interpretation from both the survey and interviews are addressed in Chapter 6.

Chapter 5: Results—Interviews and survey question 22 (Phase 2)

5.1. Preamble and Introduction

This chapter reports the results of the thematic analysis of the semi-structured interviews and the online survey question number 22. The interview data represent the second phase of the results section for this research. This chapter summarises the methods, the data collected and the results from the thematic analysis, commencing with an overview of the research participants and their backgrounds regarding location, experience, employment, and highest qualification to place the data in context.

5.2. Participants and Consent Process

5.2.1. Interviews

A total of 34 social workers participated in the interviews. Interviews were completed by telephone (25 participants), Skype (five participants) and face to face (four participants). The consent to progress from the online survey to the study's interview phase was a five-part process. The first part of the process commenced with an 'expression of interest to progress to an interview' icon, available to all survey respondents at the end of the online survey questions (Appendix D). Activation of the expression of interest icon was required to enable potential interview participants to access the participant information sheet (Appendix E), followed by a list of the semi-structured interview questions (Appendix F). The consent form (Appendix G) followed, and participants' contact details were subsequently requested (Appendix H) to complete the online component of the consent process. An additional 'consent to participate in an interview' form (Appendix I) was collected as a hard copy before the interview.

5.2.2. Survey

Question 22 in the online survey asked respondents what they considered would help their work with women experiencing domestic violence. This question required a

qualitative response and was answered by 158 respondents in the online survey, two responses were excluded as they did not meet the eligibility criteria. Responses were received from all experience groups. The new graduate to 2 years cohort provided 13% of the responses, 3-10 years (34%), 11-20 years (25%) and 20+ years (28%). The consent process and demographic information for this group are discussed in chapter 4.

5.3. Demographic Information

The demographic information provided by the interview participants was collated and grouped into state, location, employment, experience, and qualification. 'State' identified the Australian state where the interview participant worked, and 'location' categorised the interviewee's geographical region as 'city', 'regional', 'rural' or 'remote'. Interview participants were not asked about their gender identity and therefore not included in the demographic information.

As previously stated, given the potential to identify some participants from small communities, rural and remote categories were combined, and the state was not named when interview participant numbers were small. 'Employment' described the participant's primary employer, categorised as government, non-government, or private practice. 'Experience' was grouped by years of social work practice and classified as 'new graduate to 2 years', '3 to 10 years', '11 to 20 years' and '20+ years'.

'Qualification' referred to the highest qualification the interview participant held. The demographic information from interview participants is presented in table 5.1 below.

Table 5.1*Interview Participants' Demographic Data*

| INTERVIEW PARTICIPANTS – demographic data | | | | | | | | | |
|---|-----------|------------|-----------|-------------|-----------|-----------|------------|-----------|--------------|
| State | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | total |
| interview participants | n=1 3% | n=7 21% | n=1 3% | n=16 46% | n=1 3% | n=2 6% | n=4 12% | n=2 6% | n=34 100% |
| Location | | | | | | | | | |
| City | 1 | 6 | 1 | 6 | 1 | 0 | 3 | 0 | 18 |
| Regional | 0 | 1 | 0 | 8 | 0 | 2 | 1 | 2 | 14 |
| Rural/remote (2) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| TOTAL | 1 | 7 | 1 | 15 | 1 | 3 | 4 | 2 | 34 |
| Employment | | | | | | | | | |
| Govt. dept | 0 | 3 | 1 | 6 | 0 | 1 | 1 | 0 | 12 |
| NGO | 0 | 0 | 1 | 5 | 1 | 2 | 1 | 1 | 11 |
| Private practice | 1 | 3 | 0 | 4 | 0 | 0 | 2 | 1 | 11 |
| TOTAL | 1 | 6 | 2 | 15 | 1 | 3 | 4 | 2 | 34 |
| Experience | | | | | | | | | |
| NG-2 years | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| 3-10 years | 0 | 2 | 1 | 4 | 0 | 0 | 2 | 0 | 9 |
| 11-20 years | 0 | 0 | 1 | 7 | 1 | 1 | 2 | 1 | 13 |
| 20+ years | 1 | 3 | 0 | 3 | 0 | 2 | 0 | 1 | 10 |
| TOTAL | 1 | 6 | 2 | 15 | 1 | 3 | 4 | 2 | 34 |

Interview participants were assigned a pseudonym to maintain their confidentiality. An additional step to assist maintaining confidentiality for the small number of interviewees identifying their location as either rural or remote was included. A new 'rural/remote' was created and the state was omitted from this table. This demographic information is randomly listed in Table 5.2 below.

Table 5.2

List of Interviewees, Identified by Pseudonym, with Geographical Location, Experience, Employment and Qualification

| Pseudonym | State | Location | Employment | Experience (Years) | Qualification |
|-----------|-------|----------|---------------------------------|--------------------|---------------|
| Anne | ACT | City | Private practice | 11–20 | GD |
| Cara | NSW | City | Private practice | 20+ | MA |
| Emma | NSW | City | Private practice | 20+ | BSW |
| Lois | NSW | City | Community mental health service | 3–10 | MSW |
| Dyan | NSW | City | Public hospital | New graduate - 2 | MSW |

| | | | | | |
|------|-----|------------------|---------------------------------|------------------|-----|
| Gabi | NSW | City | Community health service | 3–10 | BSW |
| Liam | NSW | City | Community health service | 3–10 | GD |
| Aila | NSW | Regional | Private practice | 20+ | BSW |
| Jade | NT | City | Non-government organisation | 11–20 | BSW |
| Ella | QLD | City | Private practice | 11–20 | BSW |
| Lily | QLD | City | Public hospital | 3–10 | BSW |
| Dawn | QLD | City | University and private practice | 20+ | PhD |
| Dani | QLD | City | Non-government organisation | New graduate - 2 | MSW |
| Jeni | QLD | City | Non-government organisation | 11–20 | BSW |
| Roxy | QLD | City | Non-government organisation | 3–10 | BSW |
| Cali | QLD | Regional | Private practice | 20+ | PC |
| Dean | QLD | Regional | Private practice | 3–10 | MSW |
| Paul | QLD | Regional | Private practice | 20+ | BSW |
| Adam | QLD | Regional | Private practice | 11–20 | MSW |
| Lacy | QLD | Regional | Public hospital | 11–20 | BSW |
| Abby | QLD | Regional | Public hospital | 11–20 | MSW |
| Cleo | QLD | Regional | Public hospital | 3–10 | MSW |
| Amie | QLD | Regional | Non-government organisation | 3–10 | BSW |
| Rhea | | Rural/ remote | Non-government organisation | 11–20 | GC |
| Tori | SA | City | Non-government organisation | 11–20 | PD |
| Ruby | TAS | Regional | Non-government organisation | 20+ | BSW |
| Dane | TAS | Regional | Community health service | 20+ | GD |
| Lucy | | Rural/ remote | Non-government organisation | 11–20 | BSW |
| Tara | VIC | City | Private practice | 11–20 | MSW |
| Lara | VIC | City | Public hospital | 3–10 | BSW |
| Glen | VIC | City | Non-government organisation | 3–10 | MSW |
| Tina | VIC | Regional | Private practice | 11–20 | MC |
| Jack | WA | Regional | Private practice | 20+ | BSW |
| Gail | WA | Regional | Non-government organisation | 11–20 | BSW |

The abbreviations for the interview participants qualifications are represented as:

BSW Bachelor of Social Work

GC Graduate Certificate

GD Graduate diploma

MA Master of Arts (Therapies)

MC Master of Counselling

MSW Master of Social Work

PC Postgraduate Certificate

PD Professional doctorate

PhD Doctor of Philosophy

5.4. Interview Objectives

As discussed previously, the semi-structured interviews represented Phase 2 of the study and investigated the same phenomena as the online survey. Adopting this sequential design contributed greater depth to the study. This process also provided an induction for interview participation, as respondents were able to self-select for an interview after completing the survey, which provided an orientation to the research. Both phases of the research focused on the primary aim and objectives of the study, as outlined in Chapter 4. Within the parameters delineated by the research aim and objectives, the analysis was guided by the interview participants' experiences (Seidman, 2013).

5.5. Thematic Analysis

The approach taken in the thematic analysis of the interview data was outlined in Chapter 3. The analysis was completed using manual processes and data analysis software (Basit, 2003). The manual analysis enabled the researcher to become more familiar with the data, while NVivo (2020) Version 12 helped manage the high volume

of transcribed data. The qualitative online survey question number 22 was manually and thematically analysed (Braun & Clarke, 2006; Cameron, 2009; Williams & Moser, 2019).

Analysis of the transcribed interviews and responses to survey question 22, commenced with an open coding process. This process allowed data to be placed in discrete parts. It was followed by axial coding, which enabled both inductive and deductive thinking to draw connections between codes and helped the development of categories responsive to the research objectives. (Savin-Baden & Howell Major, 2013). Identifying and selecting themes initially felt like an overwhelming process, given the volume of data and diverse responses. This challenge was managed by continuing a review process and eventually using a mapping technique to have a broad focus to commence categorising themes (Braun & Clarke, 2006).

This broadly focused inquiry was essential to understand the varied work environments in which social workers are employed, enabling in-depth exploration of the multiple elements that can influence social work practice with domestic violence. Interview participants reflected on their individual experiences regarding the context in which they worked and their practice's macro-, meso- and micro-elements. Additionally, interview participants and survey respondents provided recommendations to help improve practice with women experiencing domestic violence. The analysis subsequently facilitated the identification of five themes and nine related subthemes, as follows:

- Theme 1: Safe therapeutic alliances
 - Subtheme 1.1: Respecting lived experience
- Theme 2: Professional support
 - Subtheme 2.1: Developing expertise

- Barriers to continuing professional development
- Subtheme 2.3: Professional supervision
 - Debriefing
 - Developing the professional role
 - Integrating the professional role with organisational practices
 - Barriers to supervision
- Theme 3: Unsafe service pathways for women experiencing domestic violence
 - Legal assistance
 - Health services
 - Crisis support
- Subtheme 3.1: Services and funding models
 - Government organisations
 - Community services
 - Private social work practice
- Subtheme 3.2: Social work funding
- Subtheme 3.3: Professional discretion
 - Influencing social work practice with domestic violence.
- Theme 4: Recognising the needs of women
 - Subtheme 4.1: Structural change
- Theme 5: Social work services – opportunities and challenges
 - Subtheme 5.1: Expanding social work practice with domestic violence
 - Subtheme 5.2: Specialist domestic violence social work role

This research investigated social work practice responses to women experiencing domestic violence. As the literature identifies social workers are among the first professionals women contact seeking help for the impact of domestic violence

(Ballan & Freyer, 2017; Cowan et al., 2020). Accordingly, reporting the themes in this thesis commences with the profession's background and focus as conveyed by interview participants.

5.5.1. Theme 1: Safe therapeutic alliances

Interview participants referred to values as they discussed their practice with domestic violence. Interviewees described the importance of developing safe and trusting relationships that would allow women to engage therapeutically with the professional. A number of skills were seen as vital in developing these relationships: validation, non-judgemental acceptance and respecting the lived experience.

Validation was seen as essential in developing therapeutic relationships with women who have experienced domestic violence. Jack defined validation as the need to be '[r]esponsive, conveying safety, being with the client'. Aila provided her definition of validation as '...building that relationship of trust ... consistency in the way you work ... always being there for them, being real'. Interview participants linked safe professional relationships with women's ability to engage in the therapeutic process. Emma and Gail emphasised the importance of a non-judgemental attitude in their work with women, to help maintain a therapeutic alliance:

most important thing I feel is to present as a non-judgemental listener that would be the most important, and I think that's why they would keep coming back even when they can't leave, they will keep coming back because they know they're not going to be judged. (Emma)

According to interviewees, a non-judgemental attitude is essential when helping women who have experienced domestic violence, expressed by Gail as:

... you can just offer them some power back, so important, they've forgotten how to make their own choices they've lost touch with who they are. (Gail)

Jade emphasised that relationship building is always the professional's responsibility, and it is the professional who is required to 'communicate the right way' and take 'time to build trust before broaching issues or identifying things happening of concern'.

Interview participants gave examples of establishing a therapeutic alliance using different approaches. Dean prioritised helping women to rebuild confidence:

Sometimes it's just a matter of solving some practical issues ... to kind of start that process and get their confidence up. Other times they might be so beaten down by being told hideous, nasty things ... that we're trying to chip away at that and help them regain a bit self-confidence. (Dean)

Ella and Cali underlined safety and women feeling believed as their priorities:

I try to remember that the most important thing is safety and if the woman is staying ... for whatever reason ... the primary thing is to keep her safe as it can be. But it's really difficult ... you can't help feeling like you want them out of that situation ... but actually that's not where they're at. (Ella)

I think the most important is that they feel believed, they feel safe, and that you build that trust with them. (Cali)

Furthermore, interview participants recognised the need to maintain a non-judgemental approach to respect individual experience.

5.5.1.1. Respecting lived experience

Several interview participants shared their experiences of domestic violence in the context of the significant impact these experiences have on their capacity to develop trusting relationships with clients. Lara shared:

my own experience of family violence growing up, and that really informed my understanding and empathy for people experiencing family violence. (Lara)

Cali explained the positive contribution her lived experience has made to her work, particularly in maintaining respect for women's unique experiences:

I have experienced domestic violence personally, so that has given me a little more understanding, especially around the nonphysical ... The professional help I got was brilliant; I think that might have helped me gain insight ... I never tell them that I've been a victim because I think that would be too personal, but if they ever ask me, then I would, but I don't get them to identify with my experience. (Cali)

Similarly, Ruby suggested that recognising ones' own lived experience ensured women were not treated as 'a homogenous group' because:

Services tend to function...let's fix the broken victim, let's teach the broken victim to be a better person. Let's change these women and children into something that better fits with our view of how women and children should be. (Ruby)

Adam described the effect of his experiences as a child living with domestic violence in his family:

I think that I've got like a felt experience, that it also informs my practice ... It's useful because I can draw on it ... I can't connect like another woman who has experienced it, I think as a person who was in the home where it was happening ... I get it. (Adam).

Interview participants integrated their lived experience with their education, training, and professional development, thereby improving their interventions and maintaining professional boundaries. Cleo reported both her professional and lived experiences as contributing to her practice:

my experience of working in DV sector, the conversations we have with colleagues, the training that we're able to access ... and then there's my own personal experience of three generations of domestic violence in my family, so all of that is very much enmeshed and it's very difficult to say which is more important. (Cleo)

Interview participants also reflected on their lived experience of domestic violence as helping prepare them for their social work role:

I actually left a very verbally abusive relationship ... didn't know there was anything like an abusive relationship until I got married, so I think that combination really helped me ... it was my life as much as anything that was going to prepare me to be a social worker. (Gail)

I had a personal experience of that myself in childhood, and that actually fuelled me to go in and ... return to study and do a degree ... because I wanted to make a difference. (Tina)

Interviewees acknowledged their practice as prioritising the development of supportive and therapeutic relationships based on the uniqueness of the individual woman. This work was complex and requiring social workers to access the professional support they needed.

5.5.2. Theme 2: Professional support

Interview participants identified a range of professional support aspects such as the education, training, and supervision which reinforced positive responses to women experiencing domestic violence, as significantly impacting their response to women experiencing domestic violence. These include experiences of varied quality in undergraduate education, ongoing professional and in-house training, and professional supervision. Furthermore, interview participants reported variations in supervision.

5.5.2.1. Developing expertise

A number of participants referred to the professional support they received as a beginning student/practitioner that aimed at developing their expertise and knowledge about domestic violence and working with those impacted by domestic violence.

Interview participants acknowledged the undergraduate social work qualification in developing skills to work with those who experience domestic violence. The undergraduate social work degree was described as providing direct and indirect education about domestic violence. Cleo described her undergraduate experience as giving her:

...that really systems approach to looking at things, and so we look at everything that's happening around that person, as opposed to just looking at it from a one-dimensional perspective ... I think that's really ... significant. (Cleo)

Interviewees identified a range of related subjects and conversations that facilitated their broader understanding of domestic violence, which Jack and Lara described as:

Undergrad degree syllabus covered domestic violence well ... was woven into a number of units, but no standalone DV subject. (Jack)

Social work was so sharp. I learnt so much in such a small amount of time, and then I couldn't imagine squeezing in that [domestic violence] subject as well as all the other specific issues people face. (Lara)

Conversely Gail reported developing her practice model for domestic violence '...thanks to that one lecturer, but I don't think the actual degree ... prepared me to work'.

Interview participants reported similar variations in their experiences with continuing professional development and provided examples of the variation in training available to them:

I did ... a training course on domestic violence with someone out of the domestic violence service ... it gave me an incredible framework and structure to understand the system of domestic violence and how to work with it, and that has actually been the scaffold I've used in all my work ever since. (Anne)

Recent training 'Safe and Together', very useful, I feel like I've now got it. (Jeni)

There are webinars that are available now ... making that a priority and finding those resources and being in contact with your local organisations as well, and knowing what's going on in your own community, but you'll only know that if you stay well connected. (Lacy)

we're also part of a small group of practitioners ... we share our training and do webinars together, so we're saving money and sharing resources and working with like-minded people at the same time, so that's been quite effective for us. (Ruby)

Additionally, mandatory, and non-mandatory training was available to interviewees in some workplaces. The training sessions were usually short, described as a good standard and provided at no cost. This type of training was often program or service related and delivered to support specific models of care, Tori, Gail, and Lucy provided three different approaches to workplace supported training. All aimed at developing workers expertise to respond to women experiencing domestic violence:

A lot of what we do is very narrative-focused and [we] source a lot of our training from Dulwich Centre ... we've got a staff of about 14 counsellors, have gathered quite a lot of experience over the years, so we do a lot of in-house professional development, as well our own education on DV, and we often supply it to other teams or other organisations. (Tori)

We agree on what we want training around, and we have one person come and do training for all of us for a couple of days, and that works really well. (Gail)

We do all of our training through a community organisation ... people centre around different training, and if we're personally interested in doing it, then we just speak to the manager about it, and we all have a budget. (Lucy)

In contrast, interview participants reported available training as not relevant to their experience level. Rhea described the training available to her as 'not at the level that's going to help'. Lily had a similar experience and added that the quality of available training was a 'very introductory level' and 'often repetitious'.

To address their training needs, interviewees also chose to return to university to complete a postgraduate qualification, enabling them to access training specifically relevant to their work. They found this helpful in developing their knowledge and skills.

Lois described the usefulness of her postgraduate qualification:

I went back to uni, and I did the Master of Social Work Counselling to help in terms of my educational needs ... I feel my practice developed a lot in that space, having that structured course, I guess, and hearing from the other social workers, even though they weren't attached to my service or area of practice at all. (Lois)

Tina related a similar experience: 'I did a master's in counselling in human services and ... that dealt more with family violence than my social work degree'. Adam described his postgraduate degree as 'more in-depth ... it's good to go back to academia sometimes and look at what's current'.

On the other hand, Paul improved his access to relevant training by changing the focus of his professional development to preference:

innovative training rather than the baseline stuff that ... is too gendered ... I think ... family violence ... is embedded into that family system or the extended family system ... I think of late; my leaning has been more around relationship development and trauma. (Paul)

Interview participants discussed the need for training to be integrated with professional experience to ensure an expert social work response, which helped develop personal awareness, insight, and critical reflection. Experience was considered particularly important when working with complex and traumatic issues, as discussed by Aila:

Very difficult if you're putting young social workers or psychologists out to work with such vulnerable families. I mean, they can't possibly have the experience to know what they're dealing with. (Aila)

Survey respondents and interview participants identified ongoing professional development as a challenge. 'Refresher training' was recommended by survey respondents to help develop a shared understanding of the complexities of working with domestic violence amongst social workers, and 'a full subject covering domestic violence be included in the undergraduate social work degree'. Survey respondents also recommended more training specific to crisis management, psychoeducation, and recovery. It was recommended the training include ways of assisting women in seeing the context of family violence 'based on sexist attitudes about gender roles within the family and community'. Training needed to include awareness that 'families are not always as they seem', and 'requiring social workers to 'ask women about domestic violence'. Furthermore, research participants recommended more 'training that takes into account current research and support initiatives' and 'more theoretical and specific practice-based research'.

Barriers to continuing professional development

Despite the variation in professional development available, interview participants' access to training varied. Interview participants identified the cost of training, limited availability of no-cost training, and insufficient support from management for ongoing professional development were barriers to receiving the required professional support. In government organisations interviewees could access professional development leave as part of their employment agreement. However, while Gabi acknowledged the paid time away from work, she reported the external training costs were too expensive for her. Lara also named cost as limiting her access to training, and time considerations were an additional barrier:

We can always access external training and PD [professional development] leave and that in our enterprise bargaining agreement, so that's built into our contacts ... there's time pressures and financial pressures, paying for training, you know, there's rebates, but it's not always the full amount. (Lara)

Interview participants in private practice experienced both direct and indirect costs of attending training and supervision, as described by Aila and Roxy:

Cost is not the only barrier to training and supervision, as it means leaving the practice and travelling to major cities, then the cost of flights and accommodation. I spend thousands of dollars per year on training. (Aila)
no training provided due to lack of funding and lack of time for specialist training. (Roxy)

Interviewees in non-government organisations described different experiences: a budget of \$1,000 a year towards training, and we get five days paid sort of days that we can take that training over ... they really value education (Amie).

sometimes the training that's on offer is extremely expensive and very disappointing in terms of content, and I haven't got money to spare, so I'm very choosy about what I sign up for. (Ruby)

5.5.2.2. Professional supervision

Professional supervision was identified as a crucial element of professional development

social workers used to support their practice with women experiencing domestic violence. Interview participants were specific about their supervision requirements, describing a preference for a trustworthy and knowledgeable supervisor who can provide debriefing and assist social workers' development in a particular area of professional practice, requiring a supervisor with specific knowledge and expertise.

Debriefing

Interview participants acknowledged the personal impact of trauma related to domestic violence work as highlighting the importance of professional supervision and the opportunity to debrief. Jade shared her experience of unattended trauma exposure:

I had not had a break in five years ... hearing awful things ... clinically depressed. I saw a psychologist ... still can get teary at times hearing some of the stories. (Jade)

Anne and Lacy described the impact of exposure to trauma:

sometimes you just feel the helplessness clients feel ... they can't live anywhere, they've got no money, they've got no self-confidence, no self-worth. We're trying to put systems in place to support them, systems bully them or can't provide assistance. (Anne)

physical scars, for some reason, make it harder. (Lacy)

In recognition of the risk of vicarious trauma, interviewees felt that supervision needed to be mandatory when working in complex fields, such as domestic violence. Lara discussed the need to maintain self-awareness, boundaries and have the opportunity to debrief:

Supervision is so important as a resource in responding to family violence because there needs to be an opportunity to use that critical reflection to see what part of myself is in my response to family violence ... critical reflection is so necessary and be able to tease out how I'm responding and where that response is coming from and whether that's helpful to my patient ... having someone you can talk to you can trust in the department, that's also really important too, to be able to disclose things like that. (Lara)

In these circumstances, interview participants described using professional supervision and debriefing to assist their self-care. Aila linked supervision with the need to maintain professional standards and her wellbeing:

Supervision is critical to the sharpness of practice and also to my own wellbeing and protection against burnout. (Aila)

Paul recognised supervision as assisting professional survival:

I wouldn't have survived if I didn't have fairly regular supervision, and I've only done that since I've been in private practice. (Paul)

Developing the professional role

Additionally, interview participants identified the role of professional supervision in developing their practice with domestic violence. Abby and Lucy linked the importance of supervision and working with family violence:

Supervision is incredibly important and specifically around specialities like domestic violence or child protection ... it's important to seek out different colleagues who might have more experience in particular areas. (Abby)

Supervision in the work environment for family violence work I think is imperative ... I love engaging in peer supervision because I respect everyone on the team and able to draw on each person's different strengths. (Lucy)

Interviewees expressed their commitment to a fluid approach to supervision, enabling them to attain their supervision goals. This approach resulted in various supervision models that often prioritised the interviewees' work context.

Ella and Liam achieved their supervision goals with a professional supervisor from a non-social work discipline:

I have a supervisor who is a perinatal psychologist, but she has quite a social work framework—that's why I chose her. I couldn't find a perinatal mental health social worker. (Ella)

our service pays an external supervisor to come in and provide supervision to everyone, as they felt it would be the cleanest way to avoid conflicts of interest where you're not being clinically supervised by your direct line manager ... One supervisor does 90% of the supervision across the entire district, across our three sites, so that's really handy. The only downside is that our supervisor is a psychologist and not a social worker, but it's something where we try and make sure we do other activities to ... maintain our professional identity. (Liam)

Interview participants demonstrated resourcefulness in their supervision arrangements, as described by: Anne, Emma, and Dane:

In private practice, I use peer supervision, so I've got supervision teed up with a number of my colleagues, so I have two social work colleagues and a counselling

colleague, and we will meet on a regular basis to discuss our cases, and that's how we tend to support each other. In the situation with mental health clients, I'll often ring up the mental health crisis and assessment team ... and I'll do a hypothetical with them if I'm wanting information about something specific. (Anne)

I meet with a couple of my colleagues from the hospital ... and we sort of talk about difficult cases ... we're all social workers, and we often talk about the domestic violence as well and difficult cases that we're involved with ... I have a couple of supervisors. I have a supervisor for EMDR [Eye Movement Desensitization and Reprocessing] I see every month, then I have a supervisor that's very, very experienced in courts and orders ... so I use both as needed ... one of my supervisors is more expensive, but, as I said, he's highly experienced. (Emma)

I've had no professional supervision in 11 years other than I've got a network of ... qualified social workers who I respect and value and see them and talk to them, and we discuss things to mutual advantage. (Dane)

Integrating the professional role with organisational practices

The diverse models of professional supervision identified by interview participants included dual role supervision which was accessed by a number of interviewees. Dual role supervision was described as the integration of professional and management supervision, provided by the interviewee's line manager. Dyan described how the process is managed in her organisation:

professional and operational supervision with my manager ... it's like checking in, talking about processes, and debriefing, and I have the option of peer supervision. (Dyan)

Similarly, Lara was optimistic about her experience with dual role supervision while raising the need for a trusting relationship in this type of supervision:

my team leader is my supervisor, I can always approach her, and the last few supervisors I've had, it's been the same. If I had a tricky case I needed to talk through, I'd make time to catch up with them ... I've had supervisors that I've trusted to manage the dual roles really well ... my manager can do that, but that hasn't always been the case. Certainly, within my own department, I wouldn't trust everyone with that level of transparency on my part. (Lara)

Barriers to professional supervision

Interview participants frequently referred to their search for a skilled professional supervisor as challenging. Dyan required a supervisor who had knowledge about the practice context in which she provided domestic violence services and found it difficult to find her preferred supervisor because:

a lot of supervisors are in private practice and haven't worked in a health system, and it's quite complex, and then you know basic clinical caring responses would be similar, but there's systems and environmental stuff [so] it's helpful to have someone who works in it who understands it as well. (Dyan)

Similarly, Jade and Ruby identified difficulties in accessing a supervisor experienced with domestic violence:

Supervision really needed for DV work and is great when professional knows the work and is trustworthy; these people are rare. (Jade)

Lots of people offer supervision as part of their private practice, but they don't have a great deal of experience ... it's difficult, particularly in the field of sexual assault and domestic violence supervision. (Ruby)

Lois had difficulty in finding a supervisor that matched her experience and knowledge level as she discovered:

there's ... good support for newer social workers ... As you progress in your career, there's less and less options for supervision to meet the variety ... I tend to seek specific supervision for specific parts of my professional development.

(Lois)

In addition to the challenges experienced by interviewees when seeking a knowledgeable supervisor, funding for supervision was described as impacting access. Interviewees had different experiences regarding the impact of funding. Ella, Cali and Lily described their funding issues in terms of time costs:

we have always done phone supervision ... takes about an hour to get to her practice from mine, but we wanted to meet face to face the first time ... I don't think I would see her if I had to travel, especially now that I can't drive, but even when I could drive, I wouldn't. You can't take three hours to get there and see someone and get back again. (Ella)

she usually comes in my lunch break, so I can incorporate it in work ... which might not suit healthy work/life balance, but for me, it's at work, and it's not interfering with my clients or anything else. (Cali)

because we're so time poor, we often have supervision planned, and it then gets bumped or pushed, or, you know, we'll have to do that tomorrow ... I could always seek external supervision, but it's expensive, and then you need to find time to do that, which is not always easy to do either. (Lily)

Gabi, Lucy and Jeni described the direct costs impacting access to supervision:

Multidisciplinary team supervision, not clinical, not reflective practice ... would need to pay privately for supervision ... can't afford this. (Gabi)

external supervision is really expensive ... and NGOs [non-government organisations] who really live on the edge of their seat for funding from year to

year, for them to create a bucket of money for external supervision is a big thing for NGOs; it's a lot of money. (Lucy)

No supervision currently, not viewed as important by CEO [chief executive officer], tried three external supervisors, don't have the expertise required, would need to pay for this. (Jeni)

In contrast, Glen reported receiving organisational support for supervision in the form of funding:

My organisation has a very proactive policy. Without even asking, when I started, I was told that I was entitled to 10 sessions of external clinical supervision. So, I've either not got that at all in other organisations or have had to pay for it myself or had to advocate long and hard to get it. So, this is kind of a first time I've had the experience of an organisation saying its part of the deal. (Glen)

5.5.3. Theme 3: Unsafe service pathways for women experiencing domestic violence

While interview participants identified access and funding issues they encounter when trying to arrange professional development, they also recognised the access and funding challenges experienced by women when they seek help with domestic violence.

Participants valued services for women and acknowledged that some countries did not have Australia's level of services. However, they were perplexed about why services to women were so limited in an affluent country and highlighted legal, health and crisis services, as three essential service areas for women experiencing domestic violence, they considered to be unsafe.

Legal assistance

The legal response was described as essential to maintain safe pathways for women.

Interview participants named violence as ‘a legal matter ... whether it’s violence generally or violence in the home or whatever, it’s not on, it’s unlawful, so the perpetrator is responsible for his actions’ (Dani). Similarly, survey respondents suggested an increase in accountability and consequences for perpetrators of domestic violence reinforced by laws that show ‘violence is totally unacceptable whether the perpetrator is under the influence of alcohol/drugs or not’.

Interviewees expressed particular concern about the potentially traumatising effects of ‘police officers who would ... say things like “what did you say to him?” ... or a judge who... said “why did you do this?”, and it was always the woman who was blamed’ (Tina). Furthermore, Emma described an uneven response from police

... their partner can get to the police and be very calm ... they’re charming and ... when a woman is very distressed, they can come across as out of control, and so I find that some just get labelled with this, you’re crazy, and the police really don’t help and don’t understand what’s going on, there are some police that do.
(Emma)

Interviewees recommended all levels of the legal system receive domestic violence education. Similarly, ‘Increased legal assistance focusing on protection for women escaping domestic violence’ was prioritised by survey respondents. Respondents recommended more enforcement of the legislation by the police, while acknowledging that police must be adequately resourced to provide the services required. Furthermore, survey respondents recommended ‘a stronger legal response from the courts’ to maintain increased perpetrator accountability.

Recommendations to improve legal services to ensure a more even domestic violence response across multiple services, were defined by survey respondents as:

- ‘Effective laws to keep women safe in their home’
- ‘Stronger responses from police
- ‘Stronger, less equivocal enforcement approaches for abusers’
- ‘Holding men more accountable for breaching DFV [domestic family violence] orders and non-attendance at men’s behaviour change programs’
- ‘Faster legal responses by courts—perpetrators get away with so much, and it makes them bolder and more dangerous before the first offence is even in front of the court’
- ‘Holding magistrates more accountable for downgrading strangulation charges’
- ‘Courts’ utilisation of their powers to remove the perpetrator from the area during victim trauma recovery’
- ‘Family law courts to give consideration to domestic violence.’

Health services

Interview participants described health services as potentially pathologising women as domestic violence–related issues are redefined as medical and mental health conditions.

Dawn, Ella, and Dean shared their experiences of working in health services:

people are being medicalised, they’re given antidepressants and told they have a mental health issue by a GP [general practitioner], and they’re experiencing violence. (Dawn)

I don’t think I’ve ever had a doctor mentioning domestic violence, even though it’s become obvious in the first session that that’s what it is. (Ella)

I work in a doctor’s surgery, so patients go to the doctors, and often they turn up to the doctor and got anxiety issues, they’ve got physical symptoms and stress,

and when the doctors refer them to me, and I do my assessment, then I often find the underlying issue is that they're actually living in domestic violence ... I've never done the numbers, but, at a guess, I would say domestic violence features as the most prominent or a very significant issue in probably 80% of the clients I see. (Dean)

Crisis support

Interview participants identified gaps in community services required to support women. Aila reported: 'The greatest challenge to me in working with domestic violence is the lack of resources ... as services in country areas have been closed'. In addition to a lack of funding, the organisation's referral criteria can be an obstacle. Rhea experienced difficulty accessing safe accommodation for women because 'they just want to go to the shelter for a few days ... [and] weren't allowed to use the shelter like that'. Anne provided an example to demonstrate the difficulties women experience when they attempt to access services:

'I had one woman, years ago, who went into a refuge, she was pregnant, had her baby while she was in the refuge, and her baby was one before she was housed'.

(Anne)

The gaps in services identified by interviewees were based on their practice experiences and linked with inadequate funding of essential crisis support to meet the needs of women experiencing domestic violence.

5.5.3.1. Services and funding models

Interview participants recognised underfunding of domestic violence services and the impact underfunding has on services available, as described by Abby:

A whole lot of things you're needing to balance and prioritise and it's rare that you could give the attention that you would like to someone who has experienced the trauma of domestic violence (Abby).

Domestic violence services were frequently considered inadequate, as critical services such as crisis services supporting women exiting relationships, domestic violence hotlines, outreach services and after-hours support were unable to meet the demand. Respondents recommended a 'range of additional services' or 'expanding existing services' to meet the needs of women experiencing domestic violence by removing access barriers that delay or prevent women from receiving services.

Survey respondents named 'systemic reasons' responsible for resource deficiencies, including 'funding moved away from women's services'. Furthermore, 'social workers not having enough time to provide services due to job design' and related expectations, 'decreased funding for frontline workers' and 'insufficient reimbursement for therapy'. Hence, survey respondents recommended more funding and resources to increase options and enable interventions to be more effective.

Interview participants described government organisations as highly regulated although inconsistent, therefore contributing to the lack of access and safety experienced by women seeking support. Lily described her organisation as standardising services to staff experiencing domestic violence while services to women were less well defined:

Certainly, there's a lot more structure around workplace domestic violence and how to manage it within the workplace in terms of, like, colleagues disclosing and special leave for staff, flexible work hours, counselling, things like that for employees, but I couldn't really find a whole lot that was kind of structured response within the hospital. (Lily)

In contrast Lara reported:

the policy outlines the minimum required response, and it is the go-to guide, so there's definitely value to a consistent approach across the social work department because then you know the one service the patient is missing out on because we are, as social workers, in an organisation providing service to people and you want that service to be consistent, and you want people to have all the opportunities available to them through that service and if someone's missing some crucial element, that's not okay ... having a policy and minimal training to provide the service is really important from an organisational perspective. (Lara)

Interview participants often sought clarity regarding their organisation's policies to guide their practice and maintain a consistent approach to domestic violence. While consistency of response is an important aspect of social work practice with women experiencing domestic violence for many participants, the goal of consistency became the adoption of standardised tools that met service and funding models.

Some participants associated standardised approaches with specific outcomes, such as standardised risk screening. Gabi reported her confidence in the tools used in her organisation, stating that 'risk assessment will identify DV risk'. Interview participants described formal and informal protocols regarding the assessment of risk. Lois, Dean and Tori provided examples:

The policy dictates that we screen every woman over the age of 16 ... Mental health, drug and alcohol and women and children's teams are required to do this screen, so, in theory, it's supposed to be done at point of entry and then annually. (Lois)

I've been doing screening and helping women to ... keep themselves safe in relationships ... and ... ways of explaining certain aspects of things which are reasonably standardised, up to a point. (Dean)

we're looking at really pragmatic things, like safety planning and getting a sense of how the woman is assessing her own risk, and that's matching up with any risk that we're assessing. (Tori)

Evaluating services for women was complex particularly when the standardised approaches imposed did not reflect the methods preferred by interview participants.

Ruby shared her response to research about self-reporting as an example:

I read a research article ... about clients' self-report of their satisfaction with counselling services and one of the comments at the end of this report was that there's no point in taking clients' self-report because it's unreliable ... what's the point if we can't ask the people who are our clients about the value of the work, we're doing with them? How do we measure it? We can't measure it to our experience of it, that's ridiculous ... it was going to that notion that practitioner is expert in other people's lives. (Ruby)

Furthermore, Anne questioned the reliability of results obtained from client feedback/self-assessment:

it's a bit different with domestic violence because there's so much suspicion, and they're so in a brain fog and so disorientated, and they come in and navigate so many areas of their life, trying to get their heads together, be safe, deal with trauma, manage children that to give them a piece of paper for feedback would feel cruel to me ... and add another burden ... there's just not capacity. (Anne)

Confidence in standardised practices and funding models varied amongst interview participants. Inconsistency in funding and standardisation was identified as impacting all levels of service provision. Hence the issues were reviewed within the three fields interview participants and survey respondents identified as their work area.

Government organisations

Within government organisations the tools used to direct service provision or measure outcomes are variable as described by Dyan, Cleo, and Abby:

I keep records, I don't have to collect data for my individual engagement unless that's in developing our local response, but overall data is collected by the NSW [New South Wales] Government. (Dyan)

I don't think we would have any idea, as an organisation, what our response is with women who are experiencing domestic violence ... from my knowledge; there are no policies and procedures that I've been made aware of or that we discuss as a team around screening everyone for domestic violence. (Cleo)

having a sense of when an interaction works well, you certainly get feedback at the time from patients who will express directly they're pleased with how they've been listened to ... also I get feedback from colleagues. (Abby)

Interview participants also expressed scepticism regarding the use of standardised practices and outcome measures used in government organisations. Lily questioned current evidence:

I think we really do need to look at more research ... I actually got an article sent to me by one of my consultants this morning, and it's an article that's been put out by the United States preventative services task force, and it's talking about screening for intimate partner violence ... the consultant that sent it to me ... put a quick summary together, and he said what he took away from this is that there's not yet evidence that screening for domestic violence is useful.

(Lily)

Community services

While often formalised, outcome measures applied in community organisations varied, and at times, are based on the requirements of the funding body. Dani and Anne gave examples of different approaches:

We offer feedback forms ... and they can then provide us that, candidly, in writing and then post back to us or give it to us in person ... and also ... an avenue for complaint if they find that the pathway is not exactly what they expected ... it's part of our organisational policy and a part of our practice standards. (Dani)

with the NDIS [National Disability Insurance Scheme], I'm required to do a yearly report. With Medicare, you're required to write a letter to the doctor summarising what you're doing every five to six appointments, so there is an accountability process to keep the communication going. (Anne)

Amie reported a different approach to standardised outcomes which focused on employee accountability as a requirement of her organisation's funding criteria.

We need to collect the data of how we're spending our time ... so many hours per day needs to be direct work with clients and that can also mean ... phone calls to stakeholders or case discussions and things like that, but we certainly have to collect a certain number of hours per quarter to meet our funding criteria. (Amie)

Private social work practice

Interview participants in private practice provide outcome measures based on their referrer's requirements. Dean and Cali provided two examples:

I work in a medical centre ... the tool that we use, the K10 (Kessler Psychological Distress Scale) and HoNOS (Health of the Nation Outcome

Scales) ... to report they are managing the symptoms they came to the doctor with. (Dean)

[the] practice owner requests social work complete K10 before and after the HoNOS, also risk assessment. (Cali).

Equally, Aila and Ella spoke about their preferred measures in private practice:

As a sole practitioner, my effectiveness is rated by the local doctors and other agencies who refer ... Victims Services also reviews cases and encourages clients to report on their experiences. The essential criteria I use to rate my work is that clients get well, remain safe, symptoms reduce, and scores on the PCL5 [Posttraumatic Stress Disorder Checklist] reduce. (Aila)

I mostly do the tools because that's what doctors like ... [If] I'm seeing a perinatal client, I use the Edinburgh Postnatal Depression [Scale] as an assessment tool regardless of what the doctor has used ... If the person is not a perinatal client, I just keep using the assessment tool the doctor's been using just for consistency, unless I think it's totally inappropriate, but it always has seemed fine to me, so either the K10 (Kessler Psychological Distress Scale) or the DASS-21 (Depression, Anxiety and Stress Scale—Short Form), but I wasn't really thinking of that in terms of outcome, more thinking about, you know, the client's base and strength level. (Ella)

Interviewees questioned the motivation behind the feedback requirements, as stated by

Paul:

I'm not sure how much emphasis GPs rate on the feedback they get from practitioners. Some do; for some, it's a Medicare-orchestrated rule. (Paul)

5.5.3.2. *Social work funding*

Interview participants identified funding standards that limit the services they can provide and contribute to unsafe pathways for women. Medicare, was one example, provided, as the program reimburses 10 sessions per year and requires a mental health issue, (Australian Government, Department of Health, 2014) thereby limiting the services social workers can provide. Interviewees in private practice reported funding restrictions as changing their service model because ‘the fee to private practitioners from Medicare and Victims Services is poor’ (Aila). Maintaining the overhead costs of managing a private practice and ensuring a liveable income resulted in the need for social workers to take a pragmatic approach to the services provided. Tara explained the consequences of inadequate funding:

where the money becomes a problem for social workers, in particular, is because our practice model is complex ... we like to do case management ... not heaps, as we recognise that case management takes time, and our rebates are so low ... so we’re really reliant on those community services to do those things, and as a social worker, that’s hard ... we want to do it, and if we weren’t cut so thin ... I just don’t bulk bill ... and it breaks my heart. (Tara)

Similarly, Emma discussed making changes to manage her workload and the costs of private practice resulting in no longer accepting crisis referrals.

Within government organisations, funding-based standardised services accompanied by monitored timeframes limit the services social workers provide, as explained by Abby and Lacy:

... within the constraints of the environment that we’re working in, we don’t have the luxury of building a rapport, it’s not a counselling type of environment, so it’s very much about brief, direct information provision. (Abby)

... we're the first people that people disclose to, that can be quite powerful and certainly ... we encourage them, we give them their options, we try and support them to safely leave the hospital, but I think sometimes, without that continuity, maybe they fall down ... walking out into the community to get these sorts of services when you're quite traumatised is sometimes more than anyone can do.
(Lacy)

5.5.3.3. Professional discretion

Interview participants considered the potential for standardised practices and service boundaries to reduce their professional discretion, thereby reducing the services social workers can provide to reliably respond to the different needs of women experiencing domestic violence. Dean described this situation as:

...up to a point, social problems get ... turned into a generic problem ... you need a certain amount of standardisation, but when we're dealing with people ... we can't do that ... even the language we use to describe them tends to sort of reduce them in some way to what looks like a generic problem. (Dean)

Liam, however explained his use of professional discretion within a standardised service to ensure recognition of vulnerabilities:

I always try to have a bit of a critical approach to the screening for ... DV so ... that we're not just identifying women ... who might be at risk of DV, but ... I just make sure we're looking at other vulnerable populations as well... that we're not just ticking a box and saying 'yes, we ask all the women about DV', but that we're looking at more depth at cases of DV. (Liam)

Influencing social work practice with domestic violence

Social work practice can be challenged in standardised work environments by reducing professional autonomy. Adam reported the effects that compliance with standardised interventions based on funding criteria can have on service providers:

there are certain ways you can work ... a lot of my colleagues ... are fairly experienced, but they're really unable to really use their skills, partly it's because the agency is ticking a lot of boxes and I think there's a lot of anxiety in the sector and a lot of fear ... the balance doesn't quite seem right, but I'm sure that the women working in that sector could work it out if they had a little bit more freedom. (Adam)

Lara and Ella acknowledged that the vital aspect of the social work process can be hidden and remain invisible amongst colleagues:

people see that ... we have this very practical outcome of someone leaving hospital ... what's not visible is the four hours I spent..., over a few days, with one person ... talking about how they're feeling, how they've adjusted to this situation, why they're so concerned about what the healthcare system is trying to put in place, and that, really, is the invisible work that we do, and that's the stuff that makes our profession really valuable. (Lara)

certainly, in my own practice, the expectation of some other disciplines has been that I'm congratulated because I've quote 'got a woman to leave and gone to a refuge, and that to me seems a strong misunderstanding of the process that we actually go through, and that the woman drives it. It's not the social worker or anyone else who drives it—they do, and it's part of the empowerment process. And we provide whatever support is going to be useful, regardless of the decision. (Ella)

Increasing the visibility and acceptance of social work processes to non-social work colleagues led interview participants to reflect on developing a specialist domestic violence role for social work. Overall, there was cautious support for such a role. Dane made a case for and against a unique social work role with domestic violence, describing generalist social work as providing the 'ability to empathise with anyone in any circumstance', while acknowledging the benefits of specialisation as potentially increasing 'social work's respectability'.

Interview participants offered examples of specialist domestic violence social work positions already existing, yet often not formally recognised or named as such:

all the social work department for the hospital are basically trained to be consultants ... any staff member can contact us with questions about family violence. (Lara)

I am recognised, not in any formal way, but by the referrals I get. I certainly feel recognised as an expert in trauma ... I'm very aware that ... we as social workers specialise in certain areas, and that's just my speciality. (Emma)

Interviewees supporting specialisation for social work in domestic violence believed the role would provide in-depth knowledge and status that could influence domestic violence responses in organisations and indirectly advocate for comprehensive training.

Abby outlined her thoughts about a specialist role:

I have talked with colleagues ... about having a specified domestic and family violence worker in the hospital ... that could be based in emergency, but also able to attend wards when emergency demands weren't there ... because the means are there. It's not like it's only a few—it would be quite easily enough work there for a designated worker, and then they could have that role as being

the key educator because that does take a lot of time ... you know, resourcing and those sorts of things. (Abby)

In contrast, Dean expressed concern that specialisation in social work would support a one size fits all approach and negatively affect clients:

don't want specialist services, don't believe in them, have dealt with them previously and don't like them ... I object to ... an overall approach. I kind of get where it comes from, and I get the idea that we want to uphold a good quality and often specialisation is an attempt to do that, and it promises that ... [But] I'm not always sure it delivers that. (Dean)

Additional concerns were raised about the potential for a specialist domestic violence position to be an artificial role, based on training rather than experience, making it susceptible to becoming standardised. Ruby and Ella expressed their concerns:

organisations say 'we're only going to employ people who've got this certificate in this area of training or have met these particular requirements', and I think ... we're reinforcing that whole notion of expertise resting with particular people ... and I think the area of mental health social work is a really good example ... that's now become an artificial gold standard. In actual fact it's no guarantee of effectiveness of someone's work or approach or satisfaction from their client.

(Ruby)

it's great to be a specialist, but I don't think it's good to be able to say you're a specialist because you've done some training. I think if you can say you've worked in this area for 10 years, then I'd say, okay, you're a specialist—go and do that, then you can have a certificate. (Ella)

5.5.4. Theme 4: Recognising the needs of women

Interview participants recognised the need to improve service collaboration to provide safe pathways for women experiencing domestic violence. Lacy expressed her concerns that the lack of clear pathways and service responsiveness creates a lack of certainty about the effectiveness of services available to women.

I think that having that continuity when they leave the hospital could be really effective ... we're the first people that people disclose to, that can be quite powerful and certainly ... we encourage them, we give them their options, we try and support them to safely leave the hospital, but I think sometimes, without that continuity, maybe they fall down ... walking out into the community to get these sorts of services when you're quite traumatised is sometimes more than anyone can do. (Lacy)

Survey respondents recommended 'better informed systems to support safe service collaboration' for women and children experiencing all forms of domestic violence. Respondents believed that service collaboration could be improved by building trusting relationships to support safe reporting pathways and assist early recognition and intervention. Improving collaboration would also enable a 'move away from shelter/protection while providing quicker and easier access to services'. Women would subsequently be able 'to commence support with the service that can provide her with ongoing assistance', rather than be referred to multiple service providers. Several interview participants provided examples of safe service designs that were supportive of the needs of women. One example provided by Ruby, described her service as independent and receiving no government funding:

we've ... deliberately chosen not to seek government funding because of the strings attached and the expectations around providing way too much

confidential information about vulnerable people. So, we actually have been relying on small donations and grants from philanthropic trusts ... we've been providing services to ... victims of domestic violence, sexual assault, childhood sexual assault and other childhood trauma ... The reason we set it up, we were just really incredibly alarmed by the number of women and children that were falling through the cracks accessing existing services or where the barriers to accessing existing services were so ... difficult to overcome, so that people just weren't getting the help they needed. (Ruby)

In contrast, Tori provided an example of a funded service maintaining consistency and service standards by sharing values and practising within a post-structural feminist framework:

we're a white ribbon accredited ... organisation, we're a large organisation, with many different services that people are aware of the effects of domestic violence on women and children specifically, and then my particular service is a counselling service, and probably about 73% of the work we do is related to DV, and that's whether men or women or children. Specific policies no, but there are very broad understanding. We have a framework for service provision ... for example, our services are based on the understanding that people have the capacity to change ... we work from a position of strengths-based approach. We understand the socio-political context of people's lives, we have a gendered understanding of abuse and violence ... our team works in quite a specific way. (Tori)

Furthermore, new services and service improvements implemented since the Royal Commission into Family Violence (2016) were discussed by interviewees as developing services with flexible, collaborative models that enabled professional social work

experience and values to influence their practice. Liam provided one example of a new service model:

it's a new state initiative where health and police and corrections and housing and some women's domestic violence services and child protection teams all meet once a fortnight, and we discuss the serious domestic violence that have AVOs [apprehended violence orders] that have been taken out in that fortnight, and so I represent my service at that meeting ... We'll come up with a bit of a plan ... it's senior people from each service that go along, so we can come back and actually get things done fairly quickly, so they don't have to wait, we can jump someone over a waiting list, [NAME] can sort of find a house for someone in the afternoon of the meeting, whereas usually if you ring up housing and ask for accommodation for this person, it can take a little while. But this can happen almost instantly, so, yeah, that's how the safety action meeting works. (Liam)

Interview participants across Australia identified several new programs. Many of these services have been well resourced. Lois and Glen provide two examples of new services:

we're a pilot site ... if we've got someone in one of our units that we're concerned about, we can take it to that meeting, police can disclose if there's been previous incidents, [NAME] can ... put in any extra resources that the family might need, or police can initiate an AVO based on the coordinated information ... there's the resourcing and the research support to see whether or not it's going to be effective. (Lois)

A unique program that's come out of the Royal Commission we had down here in Victoria, it's a program trying to address the needs of women who want support, referred for family violence, and are still in the relationship. So

previously, there was support for women if they wanted to leave, but not much if they were still in the relationship ... this is a unique project and is actually a trial and demonstration project where we work with couples or even the whole family where there are children involved, where there is known family violence.

(Glen)

These programs are often designated as trials or pilot projects, with specific targets to be met in the context of funding uncertainty:

It can reduce serious physical risk to a person and children, but it doesn't really attend to maybe the overall wellbeing or long-term needs of the people involved, so it's kind of a very short-term solution. (Dyan)

The new services provided a glimpse of potential for services to meet the needs of women experiencing domestic violence while enabling professional discretion.

However, interview participants were cautious about their permanency and identified the need for structural change to ensure continuity.

5.5.4.1. Structural change

Interview participants identified the need for prevention programs to ensure services available to women experiencing domestic violence continued to be responsive to their needs.

Long-term strategies were considered essential to change attitudes and address change more generally, as outlined by Lucy:

we need to be thinking about making a difference in the long term, and that's got to be around prevention, and it's got to be around education, and it's got to be around the four main drivers of domestic violence not only in schools but in workplaces in community groups ... through the media. (Lucy).

Similarly, in question 22, domestic violence was referred to by survey respondents as being 'structurally embedded', thereby requiring specific strategies to promote change in community attitudes and create 'better informed systems' for women and children experiencing all forms of domestic violence.

Survey respondents explained attitudinal change as potentially 'leading cultural change', 'improving gender equality and decreasing tolerance of domestic violence'.

Attitude change was considered to lead to 'a stronger public acceptance of the existence of family and domestic violence' and a 'reduction in the stigma attached to victims'.

Strategies to assist attitude change, were identified by survey respondents as 'strengthening the visibility of domestic violence' by 'men in parliament calling out abuse of women' and 'government, churches and service groups' becoming involved as advocates to 'help stop domestic violence behaviour when it starts'.

Dawn recognised domestic violence as part of the public discourse requiring ongoing 'public campaigns' to progress towards change. Accordingly, survey respondents recommended 'greater emphasis/funding around primary prevention', calling on community leaders to become advocates for 'stop' domestic violence campaigns.

Respondents drew on their knowledge of child safety campaigns and recommended appropriating the phrase, 'safety of victims is everyone's concern'.

Interview participants expressed apprehension about the intention of some community campaigns. Rhea reported her concerns about a lack of depth, of campaigns, which she described as 'not looking at some of the absolute root issues'. Dane shared his experience after attending a public campaign meeting as '... I heard something ... on Radio National ... people in local businesses making sure their profile was on it, rather than doing anything'. The experience led Dane to feel sceptical about the genuineness of a community business leader's response to domestic violence.

However, in addition to public campaigns, educating support services was a priority amongst interviewees, as described by Dyan and Anne:

we need to be working on the social responses more broadly, not just on social work responses because social workers are generally good at responding to this if they've had training and experience; it's all the other people that the victims would meet first that can be a barrier. (Dyan)

'The trauma's not just domestic violence; it's around the systems that are supposedly supporting people get safe from violence' (Anne).

Roxy and Tori provided examples demonstrating the need for domestic violence education:

[s]ome services are not aware of power and control issues, deal with violence as family counselling, often wooed by the guy. (Roxy)

Sometimes DV can be treated as if it's some sort of relationship and communication problem. (Tori).

Survey respondents also recommended training and domestic violence undergraduate education for all professionals who provide services to women experiencing domestic violence. Additionally, survey respondents recommended training for legal service providers, support workers, community service providers and counsellors 'to increase their understanding of domestic violence and its underpinning disadvantage and to help professional groups recognise this as a part of their role and the roles of other disciplines'.

5.5.5. Theme 5: Social work services—opportunities and challenges

In addition to acknowledging the challenges women experiencing domestic violence meet when accessing services, research participants reflected on the services social workers provide. Interview participants and survey respondents considered expanding

the profession's approach to gendered violence by augmenting its theoretical lens. Additionally, a more visible presence with domestic violence through specialisation would empower the status of social work practice.

5.5.5.1. Expanding social work practice with domestic violence

Survey respondents and interview participants suggested expanding social work interventions with domestic violence. Survey respondents challenged the premise of existing training that often-prescribed gender inequality and power and control as the central factor that legitimises some intervention methods, while 'devaluing clinical interpretations. Similarly, interview participants described a feminist or gendered approach to domestic violence as limiting services available to women. A number of interview participants linked feminist perspective with their education and training and which required a change in their own values. According to Dean, his encounter with feminism as a male social work student was both confronting and transitioning in preparing him for social work practice:

I quite accidentally found myself in a class studying feminism ... I was one of three men in the class and ... I think that was probably a bit of a turning point for me ... I had to put myself through it to see all the benefits that accrued to me with the status quo ... I think men are happier once they take on this view, but it's a bit intangible. (Dean)

The gendered approach, while often accepted, was also viewed as incompatible with individualised domestic violence interventions and potentially biased. Cleo provided an example of the consequences of applying a single lens to intervention.

from a feminist perspective, this is the woman's story, support her with her story where she's at what's going on in her life, and it wasn't our practice to delve too much into that and ask lots of questions of her mental health outside trauma-

informed kind of care ... there is a really significant intersection of domestic violence and mental health, and both sides are not dealing with that as well as what I think we should be. (Cleo)

Cara also stated that her preference for an expanded theoretical approach to domestic violence was due to her employment experiences in mental health services:

I think my leaning has been towards systemic practice ... but to be a practitioner and a mental health worker, I've got to take on, learn, psychological interventions for individuals as well, and so CBT [cognitive-behavioural therapy], DBT [dialectical behaviour therapy], group work, the narrative lens. (Cara)

Extending rather than replacing feminism appeared to address the concerns of interviewees who were cautious about their interventions being too focused on one theory. Dyan expressed her concern about limiting theoretical approaches.

I think there's a lot of theory and approaches out there that can lead to practitioners taking a one-size-fits-all approach, but, actually, violence has a really different impact on different people depending on a range of factors and the systems around them, and the way they respond to violence is going to look really different in context ... I think just having that individual lens and seeing that person in context and understanding the systems and the range of things around them that influence their experience of violence and their responses to violence. (Dyan)

Furthermore, the challenges of applying a gendered approach when working with men who experience domestic violence was discussed by Paul:

I guess the main presentation is still women that are subjected to physical and sexual violence, but it is not unusual to get men that are coming that are also

subjected to physical, sexual, and emotional violence as well, and so it is very difficult to go down too strongly a gendered pathway and look at it from its origins and where is the power imbalance and what's behind maintaining and supporting that power imbalance ... It's not taking away from the sense that women and children are more likely to be physically harmed by the violence, but ... women ... can also be physically violent as well ... We live in a very violent society, and the whole culture of violence starts with the economic policies of our governments ... and what value is put on that, so for me it's a filter-down effect, you know, and that defines some of the fabric of the maintenance of violence. (Paul)

Similarly, Adam rejected the 'victim–perpetrator sort of lens', describing this approach being 'all from the victim's point of view'. Adam explained that men also suffer abuse and 'it's up to me to stay grounded that they, the men, are human too ... that's helpful for me to get that bit of context.

Theoretical approaches were challenging for interview participants with many also supporting for an exclusive feminist approach to domestic violence. Interviewees frequently explained the system from a feminist perspective, requiring recognition of patriarchy to address the structural aspects that maintain violence against women, which

Tina explained as:

the more powerful women become ... the more violent men and patriarchy become because it's like control needs to be held onto. (Tina)

Additionally, Dawn defined her reliance on 'a radically feminist perspective' as being 'sufficient' for her practice. Amie also recognised the influences in her practice, and her organisation as 'very strong feminist'. Similarly, Lucy and Ruby strongly identified with feminism:

we are all feminists, and I identify as being feminist ... we all work from ... strengths-based... trauma-informed practice. (Lucy)

I think there are some real commonalities around the way we work. We are all feminists, and I identify as being feminist, and we all work from a strengths base ... we all operate from a trauma-informed practice, which is a really important part of the work that we do. (Ruby)

Overall, interview participants were divided about the usefulness of feminist theory in their practice. The preference to include micro interventions resulted in interviewees suggesting an expanded feminist approach would be useful to improve services to women experiencing domestic violence and enable violence against men to be addressed. In contrast interviewees prioritising a feminist approach nevertheless reported including micro interventions as part of the support they provided to women experiencing domestic violence.

5.5.5.2. Specialist domestic violence social work role

Addressing challenges to the services social workers provide to women experiencing domestic violence was identified previously as limiting professional discretion and reducing access to supervision and continuing professional development. Challenges to social work practice with women experiencing domestic violence were identified by interview participants as gaps and limitations in the services they provided to women, resulting from 'funding issues' (Jade). Likewise, survey respondents noted: 'social workers [are] not having enough time to provide services' and '[there is] insufficient reimbursement for therapy', because of 'funding... moved away from women's services'.

Managing the service gaps resulted in 'increasing the workload of social workers providing emergency assistance as community services are stretched'. Survey

respondents and interview participants reported their allocated time for service provision was insufficient to establish trust in a confidential clinical setting, impacting their ability to provide effective interventions to women experiencing domestic violence. Suggestions made for, 'increased funding for social work staffing to provide ongoing support for women in the community', particularly as other services often have limited resources for individual service provision.

Survey respondents reported the lack of availability of training that developed advanced expert knowledge, described as, 'advanced training with high level of expertise is critical rather than rehashing or being told to suck eggs'. Survey respondents within all experience cohorts recommended more and better training identified as: 'more training', 'ongoing DV [domestic violence] education in ED [emergency department]', 'SW [social worker] training to be at a higher level rather than repetitious', 'more specialised training and support for staff'.

Respondents subsequently linked their suggestions with the development of a specialist domestic violence social worker role. Survey respondents described the role as a 'skilled specialist in domestic and family violence work', being able to provide training and supervision to help develop the social work response to women who experience domestic violence. Likewise, interview participants expressed support for a specialist social work role with domestic violence to improve practice and reduce the invisibility of social work processes, potentially increasing professional discretion.

Furthermore, survey respondents described a specialist role as providing leadership. The role would be based on a high level of skills and knowledge of the complexities of providing effective interventions to women experiencing domestic violence and support less experienced staff to improve service provision and provide advocacy. The

recommendations for a specialist domestic violence social work role, was supported by the suggestions made by respondents in all experience groups.

5.6. Chapter Summary

This chapter incorporated the voices of interview participants under emerging themes. Additionally, this chapter included survey respondents' recommendations for change. The thematic analysis isolated five major themes. Themes 1, and 2 focused on social work professional values and expertise. Themes 3 and 4 addressed funding models and services available to women. Theme 5 discussed opportunities and challenges for social work services.

The following Chapter 6 integrates the themes identified in this chapter with the survey data outlined in Chapter 4 to provide the research findings. The findings are subsequently reviewed with reference to the current literature and the standards outlined in the Australian Association of Social Workers' (2015) *Position Statement: Violence against Women*.

Chapter 6: Integrated Findings and Discussion

6.1. Chapter Overview

In this chapter, the analysed data from Phases 1 and 2 of the research, outlined in the previous two chapters, are integrated, and the findings are discussed. The discussion links the findings with the current literature and the standards outlined in the Australian Association of Social Workers (2015) Position Statement: Violence against Women. As discussed in Chapter 3, integrating the data in a separate chapter allows the analysed data from each phase to be merged to demonstrate methodological triangulation. (Bronstein and Kovacs, 2013; Creswell & Plano-Clark, 2007). The chapter commences with a brief reiteration of the study purpose and the analysis plan. Next, demographic information is provided to review the circumstances in which research respondents were likely to progress from survey to interview participation and confirm that all Australian states were represented in the research. The data are subsequently integrated within the study's objectives, and the findings are discussed.

6.2. Study Purpose

As identified in the literature, social workers provide services within an evolving context and have not always received the level of professional development and advanced training to work with domestic violence that they would like to receive (Cowan et al., 2020; Danis, 2004). This research sought to understand these experiences by exploring social work practice with women who experience domestic violence. Specifically, the purpose of the study was to understand the context in which social workers practice and how they draw on their experience, supervision, and training to support their work.

As previously discussed, the survey and interview questions were based on the practice standards developed and maintained by the Australian Association of Social Workers

(2013) and the association's Position Statement: Violence against Women (Australian Association of Social Workers, 2015). Participation in the research was available to social workers with eligibility for membership of the association (Australian Association of Social Workers, 2018c). Assigning this professional identity was essential for the study to ensure research participants shared accredited professional training based on ethical and practice standards. Of relevance to this research were the four engagement levels for social workers to manage violence against women. This approach outlines social workers' responsibilities to maintain an informed, responsible, and ethical practice while advocating for change within their employment and the broader community (Australian Association of Social Workers, 2015). Further, social workers are required to maintain a comprehensive focus that includes micro- and macro-elements of practice. Such a comprehensive approach is needed to support advocacy for change and is as relevant in the twenty-first century as it was in the 1970s (Austin et al., 2016; Piper & Stevenson, 2019b; Webster et al., 2018). Yet, despite a history of advocacy, reducing the prevalence of violence against women has been challenging. Consequently, the four levels of engagement to manage domestic violence provided a framework to discuss the integrated findings.

6.3. Analysis Plan

As discussed in Chapter 3, this research used a two-part sequential design (Mertens, 2012), which explored the same phenomena (Chaumba, 2013; Desimone, 2009). This mixed-methods study applied a blended quantitative and qualitative approach to the online survey, followed by qualitative interviews (Greene, 2007; Liamputtong, 2013). The interviews expanded on the survey data, increasing the depth of the information, and enabling the findings of both parts of the study to be integrated (Heale & Forbes, 2013) without the expectation of consistency. In this chapter, the data from the

interviews and surveys are conceptually viewed alongside each other (Bekher & Zauszniewski, 2012; Moran-Ellis et al., 2006) and linked with the literature. The triangulation process is used to integrate the data following the initial two-part analysis, thereby not diminishing the data gathered from the surveys or interviews (Savin-Baden & Howell Major, 2013).

6.4. Research Participation

As outlined in Chapter 5, the demographic information supplied by research participants was categorized according to state, location, employment, experience, and qualification. The 'state' and 'location' categories identified the geographic location of the research participant. 'Employment' was divided into government organizations, non-government organizations and private practice. The 'experience' category was divided into four cohorts, and the 'qualification' category identified the highest qualification held by the research participants.

This chapter contrasts the demographic characteristics of the survey respondents and interview participants in table 6.1.

Table 6.1

Survey and Interview Participation reviewed by State

| State | Survey Respondents (<i>n</i> = 163) | Interview Participants (<i>n</i> = 34) |
|------------------------------|--------------------------------------|---|
| Australian Capital Territory | 5% | 3% |
| New South Wales | 21% | 21% |
| Northern Territory | 4% | 3% |
| Queensland | 31% | 46% |
| South Australia | 7% | 3% |
| Tasmania | 5% | 6% |
| Victoria | 20% | 12% |
| Western Australia | 7% | 6% |

Survey respondents and interview participants were further reviewed to identify the groups preferring to complete an online survey only and the survey respondents who decided to progress to an interview, as outlined in Table 6.2 below.

Table 6.2

Survey and Interview Participation reviewed by Location, Employment, Experience and Qualification

| | Survey (n = 163) | Interviews (n = 34) |
|--|------------------|---------------------|
| Location | | |
| City | 62% | 53% |
| Regional | 31% | 41% |
| Rural/remote | 7% | 6% |
| Employment | | |
| Government department | 46% | 32.5% |
| Non-government organisation | 26% | 32.5% |
| Private practice | 28% | 35% |
| Experience | | |
| New graduate to 2 years | 12% | 6% |
| 3 to 10 years | 34% | 27% |
| 11 to 20 years | 25% | 38% |
| 20+ years | 29% | 29% |
| Qualification | | |
| Bachelor of Social Work degree | 59% | 47% |
| Graduate diploma or graduate certificate | 7% | 15% |
| Master of Social Work or other master's degree | 32% | 32% |
| PhD or professional doctorate | 2% | 6% |

6.5. Participants

The social workers who participated in the research reflected the Australian population concentration. Australia is a large and sparsely populated country, with over 70% of the population living in the eastern mainland states (Australian Bureau of Statistics, 2015). Most of Australia's population (85.9%) live in urban areas (Australian Population [LIVE], 2020). The research responses suggest that city-based research participants

rather than regional and rural/remote groups were more likely to complete an online survey only. Survey respondents employed in a government organization were more likely to complete an online survey only rather than progress to an interview than were respondents employed in non-government organizations or respondents working in private practice.

Interview participation appeared to also correlate with experience and the qualification held by the participant. Survey respondents reporting a Bachelor of Social Work as their highest qualification were less likely to progress from the online survey to an interview than were participants who held a postgraduate qualification. The '11 to 20 years' experience cohort was more likely to participate in an interview after completing the online survey than other experience groups. Further exploration regarding the decision about whether to progress to an interview may provide interesting insights. In particular, understanding the effects of location and experience on the decision to advance to interview may be of interest for further studies.

However, as discussed in Chapter 3, these data are not fully representative of the domestic violence workforce, as the survey respondent numbers were small and participant selection was nonprobability based. In addition, as noted previously, participation in the research required eligibility for membership of the Australian Association of Social Workers (2018c, 2020a).

6.6. Data Integration

As discussed previously, this research design has two forms of data collection, which enabled triangulation to cross-validate the findings (Bekherth & Zauszniewski, 2012; Cameron, 2009; Carter et al., 2014; Heale & Forbes, 2013; Moran-Ellis et al., 2006; Salkind, 2010; Savin-Baden & Howell Major, 2013). For this purpose, the results from

the online survey and the semi-structured interviews outlined in Chapters 4 and 5 are integrated. A narrative approach manually merges the results (Fetters et al., 2013).

Data integration includes numerical data from the survey where closed questions have been used. The qualitative data from the survey and the interviews have not been subjected to quantizing (de Block & Vis, 2019, p.503). The integrated research data is further analysed and discussed in relation to the literature and includes source referencing for the data and the literature.

The four levels of social work practice with domestic violence against women as stated in the AASW position statement has been used as a framework to describe and discuss this integrated data. The four levels are identified as:

1. Individual client level, attending to the needs of the client
2. Organizational level, advocating for change in their own organizations
3. Societal level, advocating for change at a government and policy level
4. Personal level, ensuring that their practice is ethical, attending to factors of discrimination, and not reproducing inequitable gender norms (p.1).

The four levels provide the categories in which the findings develop, commencing with the first level below.

6.6.1. Individual Client Level, Attending to the Needs of the Client

The individual, client level of intervention was interwoven in the survey questions seven to ten and seventeen to twenty-two. (Appendix D). Interview participants were provided with a semi-structured list of interview questions broadly addressing the individual level in question 2 (Appendix F). Additionally, interviewees discussed the individual client level, as it became relevant throughout the interview and identified in theme 1: Safe therapeutic alliances.

6.6.1.1. Social work values implicit in working with domestic violence

Consistent with the individual client level of engagement (Australian Association of Social Workers, 2020b), the themes emerging from both survey respondents and interview participants associated their interventions with the profession's values and included their personal and lived experience in establishing an empathetic process (Theme 1). Both survey respondents and interview participants indicated their shared values while recognizing the enduring negative attitudes and gender-based discrimination towards women in the community. Negative attitudes were described as potentially impacting women seeking help with domestic violence, and research participants recommended education, including public campaigns, to change structurally embedded community attitudes (Theme 3).

The findings of the Australian National Community Attitudes towards Violence against Women Survey (Webster et al., 2018) and the recommendations of the National Plan to Reduce Violence against Women and Their Children (Neave et al., 2016) indicate the complexity of the work yet to be done. In this environment, the social work role with gendered violence requires ongoing support as the profession's values are not always shared within organizations (Theme 3). Consequently, individual social workers can become isolated when subjected to conflicting standards imposed by their employing organization.

Consistent with the survey respondents and interview participants, concerns that an empathetic and non-judgemental relationship is not a standard in all service areas, the literature draws attention to the many factors contributing to discrimination and violence against women (Kuskoff & Parsell, 2020; VicHealth, 2019; Webster et al., 2018). These factors are less likely to be recognized and consequently difficult to address, as evidenced by the findings of the Australian National Community Attitudes

towards Violence against Women Survey (Webster et al., 2018) which suggest that discriminatory attitudes continue to exist. The community attitudes survey found a reduction in recognition of the gendered nature of domestic violence. Furthermore, the recognition of the cultural and structural elements supporting gender discrimination that maintain violence against women has reduced since the previous survey (Kuskoff & Parsell, 2020; Spolander et al., 2015; Webster et al., 2018). As a result, the need to address these attitudes was prioritized in the recommendations made in the National Plan to Reduce Violence against Women and Their Children (Neave et al., 2016).

6.6.1.2. Developing safe relationships with individual clients

Attending to the needs of vulnerable clients is consistent with social work values. A non-judgmental approach is needed to establish safe therapeutic relationships with women experiencing domestic violence (Theme 1). Through their suggestions for service improvement, respondents to the online survey identified social work values as core to working with women experiencing domestic violence. Survey respondents raised their concern that the time allowed to establish trust in a confidential clinical setting was not sufficient to address the needs of vulnerable women experiencing domestic violence. Furthermore, respondents considered that services women are referred to frequently demonstrate discriminatory beliefs, hindering the development of effective therapeutic relationships with women experiencing domestic violence (Theme 1).

Interview participants discussed the importance of social work values and understanding power issues in their work with women experiencing domestic violence. Social work values and a non-judgemental approach were described as essential when establishing a therapeutic alliance with vulnerable women to enable them to experience a safe relationship. Respecting the lived experience of vulnerable

and traumatized women by acknowledging that domestic violence can be experienced differently was required to develop and maintain safety (Theme 1).

Approaches to developing a therapeutic alliance varied amongst interviewees. Despite the diverse methods used; interviewees conceptualized their alliance as a professional relationship based on believing and listening to individual experiences and providing time and space for women to develop their confidence. Interview participants shared the belief that an empathic and validating approach ensures that the power in the therapeutic relationship remains with the woman and helps establish and maintain a non-judgemental therapeutic relationship with women who have experienced domestic

violence (Theme 1). Survey respondents and interview participants consistently expressed their commitment to establishing safe and supportive relationships and considered the therapeutic relationship as part of the intervention (Theme 1).

Likewise, the literature identifies the therapeutic relationship as 'a distinctive practice approach where the social worker-client relationship is seen as the workspace for intervention' (Rollins, 2020, p. 395). This type of relationship can provide a safe space to build confidence and trust (Rollins, 2020), relying on elements of planned flexibility (Green et al., 2006), consistent with the Australian Association of Social Workers' practice standards (2013).

6.6.1.3. Respecting the lived experience

Respecting the lived experience is a part of the non-judgemental therapeutic process. Interview participants shared their personal lived experiences of domestic violence (Theme 1). This option was not available to survey respondents due to the closed survey question, which asked whether they drew on their professional and personal experiences in their work with domestic violence without an opportunity to elaborate (Appendix D).

An overwhelming majority (97%) of survey respondents stated that they drew on their professional and personal experience to help inform their social work practice with domestic violence (Section 4.4.4).

Similarly, interview participants acknowledged the relevance of professional and personal experience as part of their social work identity, with experience insightfully integrated with the professional role. Professional experiences were woven into their practice, contributing to empathic responses and understanding (Theme 1).

Furthermore, interview participants were able to expand their responses, and a significant number shared their personal experiences of domestic violence. Interviewees described their experience of domestic violence as helping them acknowledge the woman's individual experience of domestic violence (Theme 1).

The experiences shared by interviewees included domestic violence within their family of origin or within intimate partner relationships. Their lived experiences were integrated into their practice with insight, and boundaries were acknowledged. The lived experience was associated with improved professional practice by increasing understanding and empathy with women experiencing domestic violence and by prioritizing the development of a validating and trusting therapeutic relationship dedicated to the woman's sense of safety within the professional relationship (Theme 1).

Interviewees expressed concern that this way of working was not a process reliably used by other services that women access to obtain support (Theme 3).

The literature recognizes the need for social workers to develop a trusting and empathic client-focused relationship (Laing et al., 2013; Marthinsen, 2019). This process is described as free from worker expectations (Rollins, 2020) and driven by the woman, thereby removing therapeutic obstacles (Buchanan & Wendt, 2017; Keeling & van Wormer, 2012). Furthermore, Heinonen and Nissen-Lie (2020) asserted that the lived

experience of domestic violence could increase empathy in a role that values empathetic responses.

Greenberg et al. (2018) acknowledged that empathy following a lived experience can be elevated, enabling an enhanced understanding of the experiences of others. However, the lived experience, integrated with a professional role, also raises concerns about boundary violations through over-identification (Connor et al., 2012). The importance of education, training and professional and personal support was identified to ensure professional boundaries and insightful practice were maintained. This support is also needed to help manage the potential for adverse responses to the disclosure of personal experiences (Byrne et al., 2016; Tosone et al., 2012).

6.6.2. Organizational Level, Advocating for Change in their own

Organization

The influence of organizational guidelines and policies was raised in the online survey questions 8 and 9 (Appendix D) to explore the level of structure available to guide workplace practices with domestic violence against women. Further investigation of these issues was prompted in the semi-structured interview questions 1 and 2 (Appendix F), resulting in theme 3: identifying unsafe service pathways for women experiencing domestic violence and theme 4: Recognizing the needs of women.

6.6.2.1. Service pathways

In total, 118 survey respondents indicated they were aware of policies and procedures in their workplace, and 85% of this group confirmed that their workplace policies and guidelines influenced their practice. However, the level of influence of organizational policies and procedures varied and depended on the type of employment. Ninety per cent of respondents in private practice agreed that policies and guidelines influenced or directed their practice, as did 85% of respondents employed in a government

organization and 77% in non-government organizations. The lowest rate of influence was reported by the new graduate to 2 years cohort (Section 4.4.2).

Despite the high levels of recognition of organizational policies and procedures, survey respondents described the potential for more effective interventions if they had sufficient time to develop relationships with vulnerable women, rather than being limited by predetermined standards and inadequately funded services. Respondents recommended that service options be expanded and transparent; collaboration between services improved to address the complexity of service pathways and reduce waiting times to keep women safe (Theme 3).

Furthermore, imposed standardization was blamed for reducing safe service pathways by interview participants. Interviewees reported that women were at risk of being re-traumatized when services normalized the excessive interrogation of the woman's story that delayed the provision of essential services. Additionally, these organizations enable service providers to 'negate women's stories' and 'talk down to women', resulting in victim blaming and reinforcing a traumatized woman's self-blame. Interview participants described the need for accurate domestic violence assessments to ensure women's experiences are not labelled as mental illness or explained as a relationship or communication issue. Delaying the response to women's needs can increase the risk to women's emotional or physical safety (Theme 3).

Similarly, the literature identifies the need for services responding to women experiencing domestic violence to maintain a responsive, non-judgemental, and knowledgeable approach (Australian Association of Social Workers, 2018a; Kuskoff & Parsell, 2020; Laing et al., 2013; Robbins et al., 2016) to address the support needs of women (Australian Association of Social Workers, 2015; Francis, 2015; Husso et al., 2012; Josephson, 2005; Theobald & Murray, 2019). Providing services in this complex

environment is exacerbated by a neoliberal free-market ideology (Fraser, 2013), which preferences individually focused interventions without attending to the culturally accepted elements that maintain discrimination (Payne, 2014).

6.6.2.2. Standardized services and professional discretion

Research participants gave examples of policies that prescribe standardized interventions and limit services available to women while simultaneously restricting professional discretion. Interviewee participants suggested that standardization has turned individual needs into generic problems. The tension between standardized organizational practices and social work values was reported as resulting in reduced professional discretion and social workers' satisfaction with their role (Theme 3). Overall, the safety of service pathways was linked with funding and standardized practices. While interview participants generally supported standardized interventions, this support was on the condition that services were adequately funded and social workers could employ professional discretion when required. Professional discretion was needed when working with domestic violence and crucial when organizational standards and practices were not well understood and obstructed interagency collaboration (Theme 3).

Interview participants discussed the importance of maintaining professional discretion due to concerns that organizational directives that impose standardized practices do not fully address the complex needs of women experiencing domestic violence. Many social workers provide services in environments where they navigate their employer's organizational policies and the practices of external services with whom they collaborate. This work regularly includes advocacy for vulnerable individuals and groups within environments that may not share social work values. Exploring the practice context in which social workers assist women who experience domestic

violence is essential to understand what contributes to the complexity of domestic violence against women and consequently affects social work practice.

Participants indicated their preference for workplace structures and well-funded standardized approaches that provided space for professional discretion to optimize outcomes for women experiencing domestic violence (Theme 3). According to interview participants, this criterion has been met in the newly funded, standardized programs (Theme 4), developed according to the recommendations made in the National Plan to Reduce Violence against Women and Their Children (Neave et al., 2016). Since the conclusion of the research interviews, Australia's National Research Organisation for Women's Safety has published a guide to evaluation for the violence against women sector (Koens & Ninnes, 2020). The guide provides a comprehensive framework addressing the complexity involved in evaluating outcomes and includes a feminist and intersectional approach in the design (Koens & Ninnes, 2020).

However, most survey respondents and interview participants continue to manage standardized approaches to domestic violence interventions within an environment where their ability to influence organizational procedures was limited. Furthermore, the outcome measures used to assess standardized approaches are often linked with employment requirements which impact the roles of social workers and reduce services available to women experiencing domestic violence.

6.6.2.3. Safety planning

As one example of standardized practices, safety planning is a complex process that can be prescribed by workplace guidelines or assessment instruments. Research participants frequently addressed safety planning as an essential component of their practice. Survey respondents focused on risk management as they rated the training topic 'safety planning' as 'very useful' more frequently from the options listed (Table 4.12). This

rating was consistent across all experience groups. Followed by screening for domestic violence, which was the next most frequent 'very useful' rating amongst all experience groups except for the 20+ years cohort (Table 4.12).

The high priority respondents placed on risk management and safety planning is consistent with the responses to assessing women's safety related to domestic violence. One hundred and thirty-three respondents indicated they regularly asked women about their safety in the home. This response included 91% of 3 to 10 years, 90% of the 20+ experience group, 89% of the 11 -20 years group and 85% of the new graduate to 2 years' experience group (Section 4.10).

Deciding whether to use a standardized, approved screening tool was linked to the experience of the individual interview participant. The more experienced interview participants were, the more likely they were to rely on their skills to identify risk indicators and the less likely they were to use a screening tool routinely. Some interviewees also expressed concern about the capacity of traumatized women to provide valid responses to standardized measures during times of crisis (Theme 3). Nevertheless, safety planning which incorporates organizational policies rather than women's individual needs, was recognized by interviewees as influencing their practice. Furthermore, interviewees held varying beliefs about the efficacy of outcome measures, particularly risk screening. Most interview participants confirmed they regularly asked women about their safety, and several acknowledged the routine use of risk-screening tools in their practice. An equal number of interview participants did not accept the reliability of screening tools, stating that more research was needed to validate their use and instead drawing on their knowledge and professional experience to assess risk (Theme 3).

Overall, interview participants and survey respondents were guarded when organisationally approved, and standardized interventions focused on ticking boxes, particularly sole reliance on prescribed tools to assess outcomes or risk and thereby impact safety planning. The absence of professional assessment did not enable the complexities of safety and risk to be recognized. This often left social workers having to advocate for the efficacy of their services to address the complexities of domestic violence against women more comprehensively (Theme 3).

The literature acknowledges a place for standardized practices and screening tools (Day et al., 2015; O'Doherty et al., 2015; Tower, 2006) in combination with clinical evaluation provided by a skilled professional (Backhouse & Toivonen, 2018) and accompanied by effective interagency collaboration (Australia's National Research Organisation for Women's Safety, 2020c). However, professional discretion in social work practice continues to be affected as services align with managerialist preferences for standardized service provision (Mullin, 2016; Payne, 2014; Strier & Feldman, 2018). Professional discretion has become obstructed as social workers are situated between the neoliberal free-market ideology and social work values (Laing et al., 2013; Marthinsen, 2019; Robbins et al., 2016). The obstruction of professional discretion is less evident in private practice. However, the funding available to social workers in private practice, such as the Medicare Better Access program (Australian Government, Department of Health, 2014), is based on the same open-market ideology as organizational funding and thereby constrains service provision to manage the cost of private practice, limiting services to individual-focused interventions. In recognition of this inequity, Cintio (2017) made a case for the profession to organize a political campaign to lobby for the needs of social workers in private practice and called on the

Australian Association of Social Workers to consider the resources needed to thrive in the current economic environment.

The literature identifies funding criteria as concentrating on standardized, individual, time-limited interventions (Martin, 2013; Papadopoulos & Maylea, 2020) and needing to be increased to respond effectively to domestic violence (Australian Association of Social Workers, 2015; Francis, 2015; Husso et al., 2012; Josephson, 2005; Theobald & Murray, 2019). However, change is challenged by outcome measures that legitimize standardized interventions (Mullin, 2016; Payne, 2014; Strier & Feldman, 2018; Van Gramberg & Bassett, 2005). The resulting service model is subsequently reinforced by employee performance management plans, making it difficult for social workers to exercise professional discretion (Morley, 2004).

Furthermore, the literature recognizes the need for women's services to be adequately funded to respond to multiple layers of disadvantage (Australian Association of Social Workers, 2015; Francis, 2015; Husso et al., 2012; Theobald & Murray, 2019).

Consistent with micro-approaches to intervention, service boundaries and reduced interagency coordination often mask unmet needs (Chung et al., 2020; Martin, 2013; Papadopoulos & Maylea, 2020). At the same time, evidence of improved funding and service designs has been emerging since the implementation of the recommendations made by the Royal Commission into Family Violence, which potentially provides a model for the future (Chung et al., 2020; Neave et al., 2016; Stewart, 2020).

6.6.3. Societal Level, Advocating for Change at a Government and Policy Level

The Position statement: violence against Women (Australian Association of Social Workers, 2015) states:

The social work profession uses a 'feminist structural ecological systems analysis' as the core theoretical and conceptual basis for understanding and responding to violence against women. This incorporates an understanding of the complex interplay of gender, ethnicity, ability, race, socioeconomic status, sexuality and religion on women's lived experiences of violence (p. 1).

For this reason, it was essential to review social workers' understanding and beliefs about domestic violence against women.

Most survey respondents identified the main reasons women continue to experience domestic violence as structural, naming 'lack of gender equity' and 'community attitudes' as the two main reasons (Table 4.8). However, the prioritization of structural aspects of domestic violence varied between experience groups. Eighty-five per cent of the new graduate to 2 years cohort (n=20) prioritized structural reasons for women continuing to experience domestic violence. This ratio reduced for the 3-10 years group (n=56), of which 63% prioritized structural reasons. Seventy per cent of the 11-20 years (n=40) prioritized structural reasons, and 53% of the 20 years + cohort (n= 47) prioritized structural reasons.

Fifty-one per cent (n=163) of survey respondents identified the two main reasons that men are violent towards current or previous partners as individual and structural, 25% identified 'he has a childhood experience of domestic violence' and 26% identified 'community attitudes to domestic violence' (Table 4.6). However, upon reviewing all responses, including the individual responses provided in the 'other' category in table 4.6, individual, structural, and combined reasons were prioritized differently between experience groups. The new graduate to 2 years cohort (n=20) was divided, with 50% indicating individual or combined reasons and 50% identifying structural reasons women continue to experience domestic violence. The 3- 10 years' experience group

(n=56) reported their priorities as 63% individual or combined reasons, and 37% identified structural reasons. Fifty-five per cent of the 11 to 20 Years group (n = 40) identified individual or combined reasons, while 45% identified structural reasons. The 20 + cohort (n=47), identified individual or combined reasons at 62%, with 38% identifying structural reasons.

The data indicate that more recently qualified social workers are more inclined to identify structural factors than their more experienced cohorts. However, the data also suggests a shift from the belief that structural reasons are the main reason domestic violence against women is occurring. This finding raises questions regarding the theoretical understanding of domestic violence amongst social workers.

Theoretical approaches to domestic violence were not raised as a separate question in the online survey; nevertheless, insights were gained through the ratings of training topics provided by survey respondents. Respondents were less likely to rate theories of domestic violence as 'not useful' as their experience increased. Thirty-eight per cent (n = 8) of the 'new graduate to 2 years' cohort rated theories of domestic violence as part of their training as not useful. In contrast, the '3 to 10 years' group provided a 'not useful' rating at 32% (n = 25), while 22% (n = 9) of the '11 to 20 years' group rated theories as not useful, and the '20+ years' cohort were the least likely to rate theories of domestic violence as not useful (18%, n = 17). The respondents who gave a low rating to theories of domestic violence as a topic of education provided their reasons as: 'doesn't represent varied circumstances', 'only exposed to feminist theory', 'clinically unhelpful with actual issues', and 'male victims not included'. Survey respondents described a feminist analysis as limiting services available to women while negating the broader issues and the needs of men (Table 4.12).

Similarly, interview participants were divided regarding their beliefs about domestic violence and the best way to provide interventions. Interview participants acknowledged feminism as providing the framework to challenge beliefs that maintain victim-blaming and reinforce beliefs that women experiencing domestic violence are required to defend their role in their partner's violence towards them. However, interviewees also identified difficulties in applying a feminist analysis when working with men as perpetrators of gendered violence or experiencing domestic violence. While describing their work as primarily influenced by feminism, interview participants frequently identified the need to adapt their processes when providing micro-interventions (Theme 5).

The definition of feminism appears to be changing to prioritize a feminist analysis that is more consistent with an individualized approach to intervention (Theme 4). The findings suggest that de-gendering of domestic violence was occurring as most interview participants and survey respondents did not consider the possibility of including individualized strategies within a feminist approach. A focus on standardized individual approaches to intervention has changed human service models, thereby challenging critical feminist theories that underlie service provision to women experiencing gendered violence, despite many interview participants describing themselves as feminists (Theme 5).

The historical position of critical feminism appears to be marginalized. Survey respondents, in their recommendations for change, conceptualized a feminist approach as reducing services to women and limiting the funding available to address toxic masculinity and women's violence. Interview participants also acknowledged a preference for expanding the feminist analysis to include other theories and alternative frameworks to support standardized service provision (Theme 5).

Both interview participants and survey respondents described an expanded theoretical basis for domestic violence intervention as improving services and reducing the likelihood of social workers and other professionals adopting a one-size-fits-all approach. Many interviewees described the use of a single feminist theory as imposing a service model rather than focusing on the individual woman's needs. A gendered approach to domestic violence appears to be considered too narrow, and expanding theoretical approaches improved the siloed nature of services available to women. At the same time, several interview participants expressed concern that moving away from feminism could reinforce myths that disadvantage women by labelling them with pathologizing terms (Theme 5).

The survey and interview findings reflect Radey and Figley's (2007) assertion that experience is often a way of learning and developing. Van Gellecum and Western (2008) highlighted that feminism has a history of challenging traditional gender roles, and the feminist movement has normalized increased participation by women outside the home. Workforce participation, intended to support women, has further disempowered women, as many have moved into low-status and low-wage work (Van Gellecum & Western, 2008). With the benefit of hindsight, employment has not improved the status of all women (Australian Human Rights Commission, 2016; Fraser, 2013; Piper & Stevenson, 2019a; Webster et al., 2018), as women disproportionately fill the work roles that have a reduced status in male markets (Tak et al., 2019). This change has empowered capitalism and its free-market ideology (Fraser, 2013) and narrowed the traditional focus of feminist advocacy.

The literature recognizes the challenges stemming from the diverse definitions of feminism. These definitions are broadly defined as liberal, radical, and socialist and can be open to interpretation, depending on which definition of feminism is applied

(Agostinone-Wilson, 2020; Suharto, 2013). The Australian Association of Social Workers (2018a) Family Violence Capability Framework provides an overview of social work intervention with family violence based on feminism and gender inequality. At the same time, the framework (Australian Association of Social Workers, 2018a) includes a range of other theoretical models supporting alternate family violence interventions. The framework (Australian Association of Social Workers, 2018a) appears consistent with twenty-first-century feminism, which has shifted its focus to prioritize an individual neoliberal approach to women experiencing domestic violence. This shift has resulted in an accompanying reduction in the focus on structural elements that maintain domestic violence (Dominelli, 2002; Martin, 2013; Papadopoulos & Maylea, 2020). Hence, individualized approaches demonstrate a form of neoliberal feminism (Agostinone-Wilson, 2020; Fraser, 2013) and are reinforced through standardization (Mullin, 2016; Payne, 2014; Strier & Feldman, 2018) and time constraints which limit social work's ability to work beyond immediate needs—effectively challenging the influence of feminism.

Expanding the scope of domestic violence intervention to include an individualized and culturally appropriate approach to women, men and families is consistent with Hahn and Scanlon's (2016) study outcome. These researchers concluded that social workers combined feminism and other psychological theories to help expand their intervention and heal trauma related to domestic violence (Hahn & Scanlon, 2016). However, combining different interventions is consistent with feminism, which is concerned with the need to expand interventions, consistent with 'a holistic approach to social change at both personal and structural levels' (Dominelli, 2002, p. 162). Furthermore, a holistic approach is consistent with accepted social work practice with domestic violence (Australian Association of Social Workers, 2013).

Lay and Daley (2007) described feminist theory as part of a movement that continues to be important, despite the difficulty in applying feminist theory to social work practice. More recently, Rottenberg (2018) identified these challenges as resulting in a new neoliberal feminism that has enmeshed feminism with free-market ideology and potentially affected social work's 'ability to rise to contemporary challenges' (Maylea, 2020, p. 1). Maylea (2020) attributes the theoretical differences to 'preventing the profession from reconciling its aims of assuaging individual suffering and achieving social justice' (p. 1). Feminist theory appears to be misunderstood, requiring conversations, research, and development to highlight the role of feminist analysis and maintain scientific accuracy (Lay & Daley, 2007; Wendt & Moulding, 2017, 2018).

6.6.4. Personal Level, Ensuring that their Practice is Ethical, Attending to Factors of Discrimination and Not Reproducing Inequitable Gender Norms

Ensuring social work practice is ethical is a responsibility accepted by social workers and guided by the Australian Association of Social Workers. Therefore, the research sought to explore how social workers are prepared for their role with domestic violence. Additionally, social workers must maintain their practice competence through continuing professional development and supervision.

6.6.4.1. Professional/organizational support

In this study, professional support includes education, training, and supervision. The online survey question six enquired about respondents' education, and questions eleven to fourteen addressed continuing professional development. Supervision was addressed in survey questions fifteen to eighteen (Appendix D). Additionally, the semi-structured interview questions three to six (Appendix F) focused on all aspects of professional support.

6.6.4.2. Professional Education

The online survey results found that the 'new graduate to 2 years' cohort (n=20) reported the lowest frequency of the Bachelor of Social Work and highest frequency of the Master of Social Work (Table 4.5). The type of Master of Social Work qualification was not specified in the online survey; however, this finding suggests that the Master of Social Work (Qualifying) is increasing as the entry-level social work qualification. The implications of this relatively new entry-level qualification were not explored in the study and are recognized as an area requiring further research.

However, the usefulness of the entry-level qualification was similar across all experience groups. Eighty-seven per cent (n=15) of the new graduate to 2 years cohort rated their university qualification as useful or very useful, while 82% (n= 34) of the 3 to 10 years' experience group found their university qualification as useful or very useful. Eighty-six per cent of the 11 to 20 years group (n= 21) rated their university qualification as useful or very useful, and 85% of the 20 + experience group (n=20) rated their university qualification as useful or very useful (Table 4.11). The overall usefulness of the university qualification as a preparation for work with domestic violence is shown to be lower than other sources of training.

Interview participants recalled their social work undergraduate academic experience as positive. However, issues associated with domestic violence were often woven into related subjects rather than offered as a single standalone subject. Informal discussions with lecturers and other students were a valuable part of the education process and helped students understand domestic violence-related issues. Overall, interviewees depicted their undergraduate education as providing direct and indirect training in domestic violence and informed their future practice (Theme 2).

A preference for a separate subject covering domestic violence in the undergraduate social work degree was recommended by interview participants. Additionally, interview participants acknowledged the potential for formal university education and continuing professional development to overlap, as returning to university to complete a postgraduate qualification to increase skills in domestic violence was supported (Theme 2).

Consistent with increasing attention on professional qualifications and accreditation, significant changes to the undergraduate qualification for social work have occurred in a more competitive environment. Since 2006, the Master of Social Work (Qualifying) has been implemented across Australian universities (Australian Association of Social Workers, 2020a). Furthermore, the Australian Association of Social Workers (2020c) maintains the 'Continuing Professional Development Policy' for social workers to be accredited members of the association. Recently, accreditation as a family violence social worker has been added to the accredited membership options (Australian Association of Social Workers, 2020a), further highlighting important changes made to social work education over the last two decades (Theme 2).

6.6.4.3. Continuing professional development

In addition to their university education, research participants demonstrated commitment to developing their expertise. Engaging social workers in ongoing professional learning enhances capacities to respond effectively to complex and changing practice environments (Australian Association of Social Workers 2014b, p.2). Requirements for continuing professional development were variable, often depending on the relevance of the training topics to the employment context and experience level of the individual social worker. As confirmed by survey respondents, 92% rated their employer-provided training/workshop as the most useful, followed by community-

provided training (Table 4.11). Survey respondents' ratings of training topics also demonstrated the variation in the training needs of different experience groups. Three training topics rated as 'not useful' by over 50% of respondents varied between experience cohorts. The two experience groups from the new graduate to 10 years cohorts rated theories of domestic violence as least useful, followed by the role of community networking and screening for domestic violence. In contrast, the '11 to 20 years' cohort rated domestic violence statistics as the least useful, followed by theories of domestic violence and safety planning. The '20+ years' experience group rated screening for domestic violence as the least useful, followed by theories of domestic violence and legal responses to domestic violence (Table 4.11).

Interview participants deemed all aspects of professional support to be necessary. Interviewees varied in their preferences and concerns about the quality of ongoing training. The cost of training and lack of management support to attend training was identified in service areas impacted by funding limitations. Consistent with survey respondents, interview participants called for more and better research-based training relevant to their practice context and experience level. Interviewees identified that training for all experience levels was unavailable as most training did not provide anything new. Consequently, several interview participants returned to university to complete a postgraduate qualification to develop their knowledge and skills in a way that was relevant to their work (Theme 2).

Interview participants and survey respondents identified difficulties in finding training that would enhance their professional development. The lack of suitable training is of particular concern for the new graduate to 2 years cohort, who reported a significantly higher level of contact with women experiencing domestic violence than other experience groups (Table 4.10). Overall, the availability of advanced training was

limited, and, in combination with the cost of training and insufficient management support, barriers to training were significant (Theme 2).

The literature recognizes ongoing professional development as being highly valued by social workers (Bessaha et al., 2017; Egan, 2012) and essential to maintaining practice integrity (Australian Association of Social Workers, 2020b) and competence with domestic violence (Australian Association of Social Workers, 2015). Despite professional development being highly valued, access barriers have been identified, including time constraints, costs, geographical location, and availability of training appropriate to the social worker's experience level (Ballan & Freyer, 2017; Ekstrom, 2018; Hudson et al., 2021; Spath, 2014). The identified barriers to professional development are of concern, as studies have drawn attention to variations in social workers' perception of their competencies in working with domestic violence (Ballan & Freyer, 2017; Cowan et al., 2020). Hudson et al. (2021) suggest the gap in ongoing professional development could be filled through higher education, enabling universities to remain engaged through postgraduate study or other short courses. This strategy would improve the generic, baseline training often available, which did not motivate study participants to attend. However, social workers' professional needs are complex, particularly when social workers balance professional practice standards and the contexts in which they work (Australian Association of Social Workers, 2020c; Ballan & Freyer, 2017; Cowan et al., 2020; Danis, 2004; Ekstrom, 2018; Hudson et al., 2021; Spath, 2014). Competing ideologies can impact professional discretion (Australia's National Research Organisation for Women's Safety, 2020e; Backhouse & Toivonen, 2018), resulting in ambiguity regarding professional development needs. When values conflict, social work can be impacted and its theoretical core challenged (Laing et al., 2013; Marthinsen, 2019; Robbins et al., 2016).

6.6.4.4. Professional supervision

Addressing professional dilemmas, including juxtaposed positions regarding theoretical perspectives, is recognized as one of the functions of professional social work supervision. The responses received in the online survey indicate that social workers are likely to seek to address professional dilemmas in supervision. Survey respondents rated critical reflection in professional supervision as their highest priority (55%), followed by debriefing (35%) in response to six options provided in the online survey (Section 4.4.5). Furthermore, survey respondents reported high levels of satisfaction with supervision when the supervisor was knowledgeable and trusted. However, several survey respondents reported difficulties finding an experienced domestic violence supervisor (Theme 2).

Additionally, the survey data identified inconsistencies in supervision access between experience groups. The 'new graduate to 2 years' cohort reported the highest frequency of supervision yet the lowest rate of professional supervision separate from management supervision (Section 4.4.6). This cohort was less likely to discuss domestic violence in supervision, despite 75% (n = 20) reporting daily or weekly contact with women experiencing domestic violence. This level of contact with women experiencing domestic violence was higher than all other experience groups. Fewer than 50% of each of the other experience groups reported daily or weekly contact with women experiencing domestic violence (Table 4.13). Survey respondents reported a progressive reduction in contact with women experiencing domestic violence as their practice experience increased.

Similarly, interview participants described their ideal supervision arrangement as a trusting relationship with a knowledgeable supervisor. Adopting a flexible approach to supervision expanded supervision options and included peer group supervision,

multidisciplinary team review and non-social work supervisors with relevant expertise. Supervision arrangements could include a sole supervisor or a combination of different types of supervision. Regardless of the type of supervision, most interviewees felt their supervision arrangements were favourable when their priorities for supervision were included (Theme 2).

In contrast, interview participants also experienced conflicting supervisory arrangements, affecting their professional ethics, when clinical and management supervision were combined. The conflict was more likely to occur when a non-social worker provided dual role supervision, or a trusting supervisor/supervisee relationship could not be established (Theme 2).

Interview participants raised the need for a safe space to address vicarious trauma when working with traumatic events such as domestic violence. Vicarious trauma was associated with witnessing physical injuries and empathizing with a woman's domestic violence experiences. Several interviewees acknowledged how these experiences affected their mental health and were managed by their attention to self-care, including time out as well as access to confidential debriefing (Theme 2).

Despite interview participants having a flexible approach to their supervision arrangements, access to professional supervision varied and was impacted by the practice context of the interview participant. Interview participants in private practice were able to access a private supervisor. However, they were divided regarding their ability to financially manage the fees for supervision or manage time away from their practice. Interviewees in private practice reported the direct cost of supervision and the indirect cost of time out of their practice as barriers. These barriers were exacerbated by the lower rates of remuneration embedded in private practice fees for social workers (Theme 2).

Overall, the availability of an affordable supervisor with the required knowledge and skills was identified as the ideal supervision arrangement by survey respondents and interview participants. Like the interview participants, most survey respondents received separate clinical and management supervision and identified their main priorities for supervision as critical reflection and debriefing. However, supervision models vary and are often determined by the employment context and financial considerations.

Further, survey respondents and interview participants identified the level of expertise and knowledge among supervisors as a barrier. Potential supervisors often did not understand the work context or role of the supervisee. Other risks were identified as the less experienced social workers have more frequent contact with women experiencing domestic violence yet discuss their role with domestic violence less frequently than their more experienced peers. The reported frequency raises concerns about whether professional supervision consistently meets professional standards or able to manage the dichotomy between professional standards and workplace needs.

Professional social work supervision is part of an overall continuing professional development plan (Hudson et al., 2021) that is required to maintain accredited membership with the Australian Association of Social Workers (2020a). Furthermore, the Australian Association of Social Workers (2014a) practice standards require social workers to be responsible practitioners and ensure their practice is supervised, consistent with the engagement levels outlined in the association's Position Statement: Violence against Women (Australian Association of Social Workers, 2015), Continuing Professional Development Policy V3.2 (Australian Association of Social Workers, 2020c) and Code of Ethics (Australian Association of Social Workers, 2020b).

The literature describes the qualities of an experienced supervisor as wisdom, practice knowledge and the ability to provide debriefing while establishing a safe and trusting relationship (Beddoe et al., 2014; Kim & Lee, 2009; King et al., 2017). The complexity of supervision with domestic violence is recognized, requiring the supervisee to have a flexible approach and consider various models of professional supervision (Bailey et al., 2014; Beddoe, 2015; King et al., 2017; O'Donoghue, 2015). Supervision can encompass varied arrangements (Beddoe et al., 2014; Ekstrom, 2018; King et al., 2017; Tsui et al., 2017), and these arrangements can include a complex mix of professional and managerial aims (Beddoe, 2012; Ekstrom, 2018). However, the literature recognizes the risk that dual role supervision can become focused on organizational accountability and the practice context (Baines et al., 2014; King et al., 2017; Orovwuje, 2001), with the potential that professional supervision is provided by an unidentified skill base (Hair, 2014).

Unsupported roles with domestic violence risk vicarious trauma and are often unrecognized (Jirek, 2015; Joubert et al., 2013). Jirek's (2015) research concluded that staff members working with domestic violence and assault:

reported experiencing one or more symptoms of vicarious trauma—particularly nightmares, sleep disturbances, emotional exhaustion, and negative shifts in their view of the world ... while in the presence of traumatized victims, advocates temporarily mask or suppress their true emotions and, instead, present a calm and empathic façade (p. 9).

6.7. Recognizing the Needs of Women—Recommendations for Change

The Australian Association of Social Workers (2015) Position Statement: Violence against Women guides social work practice with domestic violence against women defined at four levels (p.1). All four levels are relevant in determining the needs of

women and addressed by survey respondents primarily in the qualitative question twenty-two (Appendix D) and in the final semi-structured interview question as well as throughout the interviews as identified by interview participants (Appendix F).

Accordingly, discussions regarding the services available to women who experience domestic violence was a significant part of this research enquiry.

Survey respondents described the need for attitudinal change within organizations and the community. To achieve attitudinal change, respondents focused on gender equality and attitudes to domestic violence as potentially reducing acceptance of gendered violence. Survey respondents suggested that influential groups and individuals should lead public education campaigns and legitimize the need for change. Engaging the community in open conversations was described as essential to improve understanding of gender inequity and domestic violence against women (Theme 3).

Many survey respondents specified underfunding and lack of recognition of women's needs as a significant area of concern. Additional services or expanding services and removing access barriers to meet needs were recommended by survey respondents.

Survey respondents identified practical needs such as access to legal support, short-term safe accommodation, and long-term affordable housing for women, children and pets leaving violent relationships be addressed. Similarly, interview participants recognized the deficiency in essential services available to women. Interviewees described funding limitations as resulting in insufficient resources and reduced access to services. As a result, interview participants concluded that social workers experience increasing workloads (Theme 3).

In contrast, several interview participants described positive experiences with service provision since some of the recommendations made by the Royal Commission into Family Violence were implemented (Neave et al., 2016). One such service required

legislative change to support interagency communication and collaboration, enabling a multi-service priority response for women and children in high-risk family violence situations. Interviewees recognized considerable variation between these services and existing services. Many described the newly funded services as well resourced and supported. The new service models, while standardized, supported a comprehensive multidisciplinary approach that allowed for individual professionals' initiative and a strong emphasis on the workforce's professional supervision and training. At the same time, the future of the new programs is uncertain as many are designated as pilots or trials (Theme 4).

Alternately, in response to the dichotomy between practice reality and professional ideals, one interviewee discussed an independent domestic violence service developed by herself and another social worker to meet the unmet needs of domestic violence and sexual assault. The two social workers decided to commence the service following their experience as paid workers and seeing women not receiving the needed services. The service relies on voluntary donations and philanthropic grants. It has been designed to focus on consumer needs and eliminate the 'strings' and 'expectations' imposed by government funding that challenge social work service priorities (Theme 4).

Survey respondents and interview participants described the need for services to be more responsive to prioritize the needs of women. Adequate resourcing of domestic violence services was a priority amongst respondents and interviewees who provided numerous examples of the effect of funding on essential services. Interview participants and survey respondents were concerned that standardization was responsible for limiting access to crisis services and the long-term assistance required by women experiencing domestic violence. The criteria to access services intersected with outcome measures and, in combination, were potential obstacles to service access.

Within government and non-government services, interviewees provided examples of access barriers based on an exclusionary criterion embedded within the intake process and allocated timeframes for services that limited the assistance that could be provided. Interview participants in private practice cited the standardized measures embedded in referrals and inadequate compensation for their services, determining and defining the services they could provide. Hence, standardized service provision was questioned regarding whether outcomes were improved through standardized approaches or whether the primary benefit was improving compliance in an environment where funding was a priority (Theme 3).

Consistent with these findings, the literature recognizes that community attitudes remain of concern, given the risk posed to women experiencing violence (Webster et al., 2018). In addition, the downgraded public sector (Van Gramberg & Bassett, 2005) has resulted in restructured and limited services available to vulnerable groups (Dominelli, 2002). This situation consequently subjects 'the whole world's population to the judgment and morality of capital' (Clarke, 2012, p. 8), as social values align with vested interests in economic change (Marthinsen, 2019; McDonald, 2006; Rogowski, 2011).

The recommendations made by the Royal Commission into Family Violence (Neave et al., 2016) targeted service models, addressing the legal obstacles and difficulties in interagency collaboration associated with reducing service efficacy (Australia's National Research Organisation for Women's Safety, 2020e). The new service models also address the skill of service providers (Neave et al., 2016). Recommendations 208 and 209 require mandatory qualifications for workers within funded domestic violence services, including a social work or equivalent degree (Neave et al., 2016). In support of increasing expertise in domestic violence, the Australian Association of Social Workers (2018a) has developed criteria for an accredited family violence social worker.

6.8. Social Work Services—Opportunities and Challenges

In survey question twenty-two, respondents to the online survey identified opportunities to assist social work practice with domestic violence. Additionally, interview participants raised opportunities and challenges for social work throughout the interviews, specifically in semi-structured interview question seven. As previously discussed, respondents and interviewees identified limited funding and reduced professional discretion as impacting the safety of services available to women and challenging the social work role and professional values (Theme 4). Survey respondents recommended developing a specialized domestic violence role for social work to address these barriers and support less experienced staff while providing an advanced level of social work services to women (Theme 5).

Reflecting on social work practice values and the depth of knowledge gained from all aspects of training and experience (Theme 2), interview participants recalled the invisibility of critical elements of social work processes. Describing their work colleagues as frequently linking the social work role with domestic violence to specific tasks, such as finding safe accommodation (Theme 5). Colleagues appeared to have little understanding of the processes social workers engage with and consider essential to establish a therapeutic relationship and develop the trust required to engage traumatized women who have experienced domestic violence (Theme 1).

The lack of acknowledgement of essential aspects of social work practice and the time constraints imposed by standardized procedures may have led interview participants to support a specialist domestic violence role for social work. Interview participants discussed a specialist role with domestic violence as an opportunity to legitimize social work values and practice standards. The position could also influence policy and

provide professional knowledge, skills and supervision to other social workers and colleagues (Theme 5).

However, interviewees also expressed concerns that formal specialization could be reduced to a mandated certificate-based title that ignores experience depth. In this situation, specialization could create an artificial role based on mandatory training rather than experience. Hence specialized, individual service provision could become standardized, narrowing the range of services provided by social workers and negatively affecting services available to women (Theme 5).

Nevertheless, interview participants were aware of expert domestic violence social work positions in existence, often formally held by specialist service managers or informally allocated to a social worker within a multidisciplinary team. However, the informal acceptance of social workers specializing in domestic violence may not create a space for formal recognition. Formal recognition of such a role in neoliberal environments can create value conflicts as social workers seek to realign with critical feminist practice and challenge competing ideologies (Bourdieu, 1998).

An accredited family violence social worker role has been developed since the research interviews in this study were concluded. This accreditation requires post-qualifying experience in addition to appropriate supervision and professional development (Australian Association of Social Workers, 2018b). As a separate role, the accreditation addresses some of the concerns raised by interview participants. Nevertheless, the risk remains that the position could become standardized to meet organizational requirements rather than encompass broader social work standards and ethical practice requirements.

The literature acknowledges social work practice with domestic requires time and advanced knowledge (Jones & Arrott Watt, 2019). Fostering a therapeutic alliance and

building relationships with vulnerable clients requires social workers to be professionally supported to maintain confidence in their professional knowledge and experience, especially when professional values conflict with standard procedures and time frames legitimized within their organization. The dichotomy between the aspirations of social work and what it is empowered to achieve (Laing et al., 2013; Marthinsen, 2019; Robbins et al., 2016) when responding to service designs imposed by free market ideology (Hahn & Scanlon, 2016; Rogowski, 2011; Van Gramberg & Bassett, 2005) places social worker's satisfaction with their role at risk (Tammelin & Manttari-van der Kuip, 2021; Wulfekuhler & Rhodes, 2021).

Working across two orders such as organizational and professional systems, can be professionally challenging (Garrett, 2007a). However, adaption to mandatory performance requirements, reinforced by the dominant ideology, places social workers at risk of symbolic violence (Bourdieu, 1998; Garrett, 2007a), as they suspend their professional values (Wiegmann, 2017), potentially reducing social work's capital and influence (Bourdieu, 1986).

6.9. Summary of Integrated Findings

The study findings addressed the complexity of social work practice with domestic violence against women in a context in which social work values can conflict with the dominant ideologies. The context in which social workers provide services to women incorporates attitudes and ideologies that influence funding, which determine and standardize interventions with domestic violence and motivate social workers' professional support needs. These practice realities are complex, as discretionary approaches to social work service provision vary and are frequently determined by organisationally directed adherence to standardized service models. At the same time,

the Australian Association of Social Workers designates the profession's practice standards and values.

From the findings, it seems evident that social workers manage the dichotomy between their reliance on the profession's values to maintain ethical practices and organizational directives within under-resourced services that prioritize micro-interventions.

Consistent with the emphasis on individualized and standardized interventions, feminist analysis of societal and structural levels of violence against women have been marginalized. Attention has subsequently been diverted from the intersecting structural disadvantages that maintain gendered violence, as social workers are constrained by funding and service designs that limit their ability to provide comprehensive interventions.

A gap between social work values and the free-market ideology has emerged, and professional development is increasingly linked with employment rather than professional standards. Training and supervision that assists in maintaining professional social work competence are increasingly supporting the requirements of the practice context and the preference for micro-interventions. Shifting control from professional analysis about women's safety is demonstrated by new social work graduates' reports of higher levels of service provision to women experiencing domestic violence, accompanied by decreased professional support.

These findings draw attention to the research participants' commitment to social work values and adaptation to multiple sources of practice evidence, organizational standardization, and regulation. In this evolving environment, social work values and practice experience risk becoming invisible, increasing the profession's vulnerability to the dominance of managerialist processes. Social work service provision with domestic violence may be further confounded by variable access to training and professional

supervision. The complex environment emerging from these findings adds insights to the literature that reports some social workers feeling underprepared to work with domestic violence and the risk of reduced satisfaction with their role.

6.10. Chapter Overview

This chapter adds to the information provided in Chapters 4 and 5 by integrating the data and interpreting the findings from the online survey and semi-structured interviews consistent with the four levels of engagement in the Australian Association of Social Workers (2015) Position Statement: Violence against Women. The following Chapter 7 discusses these findings using a feminist Bourdieusian lens (Bourdieu, 2003; McKinnon, 1989; Moi, 1999; Mugge, 2015) to consider social work habitus and analyses the effects of the macro-fields and subfields in which social workers practice. As previously discussed, combining a critical feminist and Bourdieusian approach is complex, as habitus and field theory are not critical theories. Instead, they provide a framework to unravel the cultural beliefs that normalize gender roles and gender inequity, which covertly support violence against women (McKinnon, 1989; Mugge, 2015) and affect social work practice with domestic violence.

Chapter 7: Applying a Bourdieusian Lens to the Findings

7.1. Introduction

In this chapter, the main integrated findings presented in Chapter 6 are reviewed using a critical feminist lens while applying a Bourdieusian explanatory framework, focusing on habitus, field, and capital (Bourdieu, 2003; McKinnon, 1989; Moi, 1999; Mugge, 2015; Wiegmann, 2017). In this analysis, a feminist lens and Bourdieusian framework were combined to identify the effect of power relations and to explore the complexity of social work practice with domestic violence in a neoliberal context. Feminism has historically focused on structural inequalities resulting in the oppression of women (Barnish, 2004; Ford, 2016; Hahn & Scanlon, 2016; McLellan, 2010; Robbins et al., 2016; Sokoloff & Pratt, 2005; Summers, 2003; Urbis, 2013; Wall, 2014), enabling the discriminatory beliefs associated with gendered violence to be recognised (Kotsadam et al., 2017). Here Pierre Bourdieu's 'conceptual framework' (Waterfield, 2015), which describes how underclass status becomes embodied in individuals and the ways that personal, professional, and political fields perpetrate this oppression' (Wiegmann, 2017, p. 95) contributes to this analysis.

Bourdieu (1977) provides an additional and important interpretative theoretical lens to this research. Including the concepts of habitus, field, capital, and symbolic violence adds a practical framework for analysis (Moi, 1999; Turnbull et al., 2019). While not a feminist theory, Bourdieu's social theory allows marginalised aspects of human life to be defined and structural inequalities to be analysed (Kuskoff & Parsell, 2020; Rose, 2015; Vu et al., 2014). Moi (2001) referred to Bourdieu as attending to the details of cultural life and speaking of a 'social unconscious' (p. 253).

Krais (2006) recognises the important work of the women's movement in reducing '*masculine domination*' (p131) and conceptualises Bourdieu's framework as an

opportunity to reconstruct sociology to '*integrate gender as a central category*' (p.119).

Krais thereby identifies the:

role of symbolic struggle, political organization, and political representation in helping social groups to achieve recognition and assert their interests (Krais, 2006, p 131).

Furthermore, Bourdieu's perspective is particularly relevant to this practitioner-focused research, as Bourdieu's (1977) concepts recognise the interdependence of theory and practice (Waterfield, 2015). For this reason, a feminist and Bourdieusian approach was used to consider the effects of neoliberal-informed political and cultural norms in relation to habitus, field, and capital (Fowler, 2000) to explore further the influence of a free-market ideology on social work practice with women experiencing domestic violence.

7.2. Applying Bourdieu's Theories to Social Work Practice with Domestic Violence

The practice environment in which social workers assist women experiencing domestic violence can be complex. Social workers must comply with the neoliberal preference for standardised micro-intervention models concurrently with social work practice standards and the principles outlined in the Australian Association of Social Workers' (2011, 2015) *Position Statement: Violence against Women*. Social workers can be caught between these two positions, which Garrett (2007a) described as 'serving two masters' (p 240). This situation can appear to be a naturally occurring order and is challenged by Bourdieu's theories (Bourdieu, 1984,1986,1998) which concentrate on the embodiment of class and the way oppression is perpetuated (Wiegmann, 2017). This section commences with an exploration of habitus which can be acquired and learnt and shapes the beliefs and attitudes of social workers. The field and capital are subsequently reviewed to gain an alternative understanding of the social world through

groups and models (Scambler, 2012; Skegs, 2004; Wacquant, 2010). This framework's additional layer of theoretical analysis is linked to the key findings identified in Chapters 4 and 5 and integrated in Chapter 6.

7.2.1. Habitus

Habitus refers to the physical embodiment of cultural capital, comprising individual habits, skills, and dispositions due to life experiences, which provide 'the mental structure through which people deal with the social world' (Ritzer, 1996, p. 2). Defining habitus can be complex because of its acquisition, which is shaped by past experiences and legitimised social structures, and because it is often not a conscious process (Bourdieu, 1984; Ritzer, 1996). In effect, habitus can be changed in certain circumstances, or over time. Bourdieu's concept of habitus (Bourdieu, 1977) provides a connection between structuralism and existentialism (Lane, 2000) by revealing how 'inequalities influence the self-perception ... Bourdieu signals to social workers that their work on behalf of clients must attend to inequality and structural barriers' (Wiegmann, 2017, p. 113).

Focusing on structural barriers and inequality is consistent with professional social work practice standards (Australian Association of Social Workers, 2013). Moreover, the thematic analysis of this study's qualitative data identified that funding models, rather than professional models, often determine the services provided.

Funding for the essential resources on which social workers rely to assist women experiencing domestic violence (Santoreneos, 2019) has changed as managerialism has operationalised the neoliberal preference for a free-market ideology (Mullin, 2016).

This situation was described by Bourdieu (1998) as:

a kind of radical capitalism, with no other law than that of maximum profit, an unfettered capitalism without any disguise, but rationalised, pushed to the limit

of its economic efficacy by the introduction of modern forms of domination, such as ‘business administration’, and techniques of manipulation, such as market research and advertising (p. 35).

The subtleness with which neoliberalism and globalisation assert corporations’ rights over individuals’ rights has enabled managerialism to become the structural driver in reversing the ‘hard won rights for health and gender justice’ (Baru & Mohan, 2018, p. 1). As discussed previously, feminism has been compromised by its own challenges of traditional gender roles, which eventually enabled capitalism (Fraser, 2013; Rottenberg, 2018, 2020; Secret, 2020). As women moved away from traditional roles (Dabrowski, 2020; Van Gellecum & Western, 2008), they remained in low-wage jobs, with their work retaining a low status (Tak et al., 2019). A new neoliberal feminism subsequently emerged, aligned with the free-market ideology (Fraser, 2013; Rottenberg, 2020). In this environment, the means can be uncritically linked with the ends (Lane, 1999; Navarro, 2007). Without considering the effects of the disparities that maintain the privilege assigned to some individuals and groups, the terms used to identify the deserving and the promotion of individual responsibility remains unchallenged (Fowler, 2000; Moi, 2001).

Under these circumstances, social work services have prioritised micro-interventions, thereby aligning responsibility for disadvantage with individual responsibility for change (Dominelli, 2002; Garrett, 2016; Hahn & Scanlon, 2016; Hastings & Rogowski, 2015; Laing et al., 2013; Marthinsen, 2019; Martin, 2013; Papadopoulos & Maylea, 2020; Robbins et al., 2016; Swain, 2017; Van Gramberg & Bassett, 2005). Consistent with this position, interview participants expressed concern about maintaining professional discretion, especially when determining that the intervention standards imposed in their workplace were not helpful to their clients. In these situations,

interviewees identified the dichotomy between social work values and organisational requirements. This dichotomy suggests that social work habitus is evolving, as the profession's values are being challenged and potentially modified by standards imposed in the employment context. At the same time, the long-term effect of the change in priorities is concealed (Bourdieu, 1998).

This focus is consistent with responses from participants in this study regarding the training topics seen or not seen as useful. Survey respondents described feminism as 'not representing varied circumstances' and 'clinically unhelpful'. Early-career social workers more often held these views. In addition, this cohort was less likely to receive clinical supervision separate from professional supervision, and less likely to discuss domestic violence in supervision, despite being the experience group most likely to provide services to women experiencing domestic violence. Further, the research findings identified that many survey respondents and interview participants in all experience cohorts expressed the importance of training relevant to their workplace and for supervisors to have knowledge of the supervisee's field of practice.

7.2.2. Field

Social work has a history of referring to the area of practice or employment context as the field (Australian Association of Social Workers, 2022). Bourdieu (1977, 1986) takes a more analytic approach as 'fields' are defined as social institutions in which people express themselves through their habitus and compete for capital (Fowler, 2000; Gaventa, 2003; Ihlen, 2018). Thus, fields influence social workers who provide services (Mullaly, 2007), as the relevance of the profession and its values are determined by the habitus of the field.

According to Bourdieu (1977), fields are competitive group environments in which certain habitus, including dispositions and skills, are valued, or excluded (Fowler,

2020). Each field contains subcategories that determine its membership's accepted behaviour or habitus. Social workers can struggle to assert their position in a field where social work values conflict with the habitus required by the field (Donovan et al., 2017; LiPuma, 1993; Moi, 2001).

Social work habitus is communicated within the fields where social workers practice, and differences to the accepted habitus are readily apparent. Most research participants in this study identified the need for professional autonomy within the field. Yet social work practice was described by participants as significantly focused on micro interventions. Structural and systemic issues were identified as recommendations for change by research participants who drew on social work values to recognise the need for systems to change and address inequity by matching resources with needs. However, structural change was generally considered to be the responsibility of others, defined by several participants as 'influential men' to lead change and the development 'appropriate legislation' to support change.

Outsourcing the societal level responsibilities of the social work role with domestic violence appears to be linked with the reduced autonomy experienced by research participants in their practice fields. Reduced autonomy occurred through organisational imposed constraints and limited recompense for social work services that reduce the scope of service provision to micro-interventions. Examples of constraints provided by research participants employed in government and funded organisations included restricting time social workers were able to spend with a woman experiencing domestic violence, reinforced by high workloads. In private practice, low rebates for services resulted in a reduced range of services provided, thereby challenging social worker's preference to bulk bill for their services.

Compliance with imposed standards appears inevitable, as dominant fields legitimise their practices through attitudes and beliefs, which are accepted norms and reinforced by actions that require no identification or explanation.

Bourdieu (1984) defined common beliefs and popular opinions as 'doxa' (Davey, 2012; Fowler, 2000). The required adaptation to the habitus of the field in which social workers are employed can present challenges to adjust to the doxa, particularly when legitimised practice standards can potentially reshape social work practice. Compliance is reinforced by organisationally normalised penalties that create a fearful culture characterised as symbolic violence (Bourdieu, 1990).

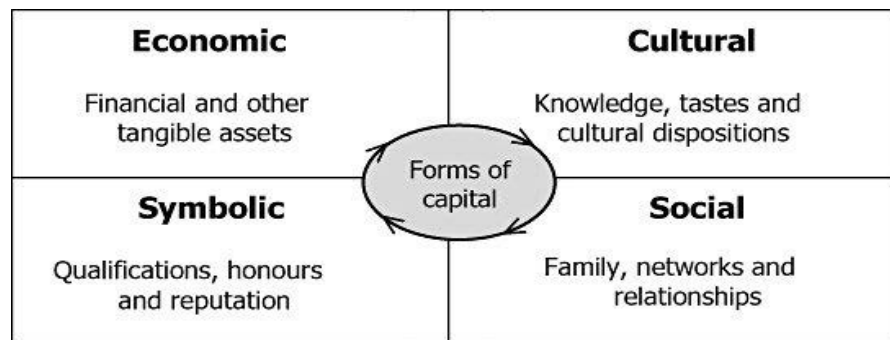
Inevitably, the emphasis on the structural inequalities that influence and maintain disadvantage and discrimination was identified by interview participants and survey respondents as being reduced because standardisation prefers an individualised approach. This situation causes social workers to have a reduced margin for intervention (Dobrof et al., 2019) and undermines much professional discretion. Compliance is ensured through various means and overtly supported by organisational policies, mandatory outcome measures and codes of conduct that guide employees' actions, regardless of whether these standards conflict with the profession's code of ethics and practice standards. These changes are supported by professional development and supervision arrangements (Akesson & Canavera, 2017), frequently linked with funding criteria and organisational policies requiring short-term, individualised, and standardised interventions (Australian Government, Department of Health, 2012, 2014, 2021).

Bourdieu's (1990, 1998) analysis of dominant fields that legitimise their power and perpetrate symbolic violence is consistent with the feminist critique of the structurally accepted abuse of power that maintains inequality and negatively affects women's lives

(Barnish, 2004; Ford, 2016; Hahn & Scanlon, 2016; McLellan, 2010; Robbins et al., 2016; Summers, 2003; Urbis, 2013; Wall, 2014). Feminism has provided a significant understanding of the structural factors that affect equality. However, a feminist analysis of domestic violence against women was identified in this research as requiring expansion. Some interview participants described feminism as limiting service provision, being one sided and relying on the view of the victim. The reducing recognition of the role of a feminist critique to analyse power, gender inequality and the intersectionality of domestic violence within such a dominant and accepted discourse is conflicting for social workers and exacerbated by the need to compete for capital within the fields in which they practice (Baum et al., 2016; Rottenberg, 2018; Spolander et al., 2014).

7.2.3. Capital

Bourdieu (1986) defined field as ‘the social arena in which power struggles and conflict take place, in which specific kinds of capital (economic, cultural, social, symbolic, etc.) are at stake, and certain forms of habitus or dispositions are fitted for success’ (Gaventa, 2003, p. 6). All forms of capital become integrated as symbolic capital, linked with a reputation for competence as evaluated within the capitals (Ihlen, 2018). Bourdieu (1986) conceptualised capital as economic, cultural, social, and symbolic, emphasising that capital needs to be analysed within all these categories, as capital refers to many factors and encompasses more than economic aspects. Figure 7.1 provides an overview of the forms of capital.

Figure 7.1*Bourdieu's Forms Of Capital*

Source: Harvey and Maclean (2008, p. 25; adapted from Maclean et al., 2006, p. 29)

Analysis of capital is beneficial to help understand class and its effects (Bourdieu, 1986; Paccoud et al., 2019). However, analysis can be challenging, as cultural and symbolic capital are the most difficult to identify, despite encompassing the resources that determine the prestige and recognition of individuals and fields (Bourdieu, 1990). Cultural capital is particularly significant to women, as analysing cultural capital can assist in identifying structurally embedded discrimination against women that maintains gendered violence. It refers to the collection of behaviours acquired through membership of a social class that provides a collective identity and is a significant source of social inequality that can hinder social mobility (Bourdieu, 1990; Ihlen, 2018). Bourdieu (1990) explained higher cultural capital as determining the expressions used to identify accepted norms, which subsequently define competency, and are legitimised through individual responsibility.

Survey respondents and interview participants identified discrimination against women and the need for social change to improve their practice with domestic violence against women. Discrimination was recognised as being legitimised by norms that conflicted with social work values. Respondents recommended attitudinal change to address discrimination against women through increased community awareness and emphasised primary prevention. Interview participants discussed victim blaming and shaming

reinforced by systems that described women experiencing domestic violence in terms of being impaired. Hence, the gendered underclass status is reinforced through the responses women receive when they access legitimised systems, such as healthcare (Paccoud et al., 2019).

Limited and decreasing availability of social supports, accompanied by the legitimisation of individual responsibility, leaves social workers relying on an:

old order by drawing on the resources stored up in it, in the legal or practical models of assistance and solidarity that it offered, in the habitus it favoured (among nurses, social workers etc.), in short, in the reserves of social capital which protect a whole block of the present social order. (Bourdieu, 1998, p. 103)

This situation raises concern about the risks of reducing professional autonomy within: elite communities which function with established norms and cultural practices, requiring conformity of behaviour from the individuals who serve them ... often in the face of apparent change. (Harvey & Maclean, 2008, pp. 21–22)

Social workers are at risk of becoming stuck and reasserting existing structures and status (Bourdieu, 1998; Harvey & Maclean, 2008) and enabling systemic gender-based oppression, in which domestic violence against women occurs in a context where repeated harm against women continues in many forms (Rose, 2015). Interview participants described discrimination as being maintained by entrenched attitudes reinforced by blaming feminists and exacerbated as women achieve more independence. However, despite interview participants generally identifying feminism as central to their work with women experiencing domestic violence; many expressed the need to include other approaches. Interviewees considered they could not include other additional approaches if applying a feminist analysis, often stating that feminism meant a one-size-fits-all approach.

The participants' assertion to expand a feminist analysis appears to be related to misunderstanding feminist theory and the need to accommodate the standardised micro interventions imposed by the field of practice. There are other possible explanations as patriarchy determines gender capital and is 'tactically conceived and constantly reconfigured by all actors involved in struggles of power' (Yamak et al., 2016, p. 141). Recognising the role of capital and the associated symbolic violence in positioning and maintaining women in lesser status (Wacquant, 2013; Yamak et al., 2016) is an essential part of the analysis of capital.

Hence it is important to review feminism as evolving. As previously discussed, a new form of neoliberal feminism has emerged (Rottenberg, 2018) and has become a source of cultural capital, without an overall improvement in the status of women (Bourdieu, 1990; Rottenberg, 2018). Consequently, the historically provided basis that legitimised the feminist analysis of patriarchy and culturally sanctioned violence against women (Bruns & Kaschak, 2011; Dominelli, 2002) is marginalised. Similarly, this research identified that the fragmentation of a feminist analysis of domestic violence coexists with the reduced focus on the structural elements that maintain unequal power relations. As feminism is being challenged, the Australian Association of Social Workers (2015) nevertheless positions the profession's work with domestic violence within a feminist framework. At the same time, social work practice is shaped by a neoliberal influence (Bailey, 2016), requiring understanding how habitus and field come together to recognise power and symbolic capital (Bourdieu, 1998). Critical analysis of the self and the context is essential to maintain a reflexive approach to enable understanding of the effects of legitimised power (Calhoun, 1993; Fook, 2002, 2012; Wiegmann, 2017).

7.3. Maintaining Reflexivity

Reflexivity is core to social work practice and critical feminist practice (Australian Association of Social Workers, 2018b). Critical reflexivity allows subjective understanding to be acknowledged to provide a basis to evaluate the broader effects of assumptions (Fowler, 2000; Gray et al., 2015; Morley, 2016). Equally, reflexivity was proposed by Bourdieu (1984) as a means of recognising one's beliefs and biases, which is essential to professional awareness and empowerment (Navarro, 2009).

Accordingly, social workers have a habitus that predates their acquired social work habitus. Two interview participants provided an example of their conscious adjustment to the social work habitus as male social work students. Both described their first encounter with feminist theory as confronting and integrating this position into their personal and practice frameworks a challenging process. However, reflexivity in social work can also be diminished through unacknowledged acceptance of the habitus supported by the fields where social workers are employed and their collaborative networks. Compliance with organisational habitus, imposed by the practice fields can leave social workers questioning their professional and personal beliefs (Fowler, 2000; Navarro, 2009).

Bourdieu (2003) explained professional and personal beliefs as part of habitus. Within a market ideology, social work habitus is a helpful way of examining social work practice with domestic violence to identify normalised structural elements that maintain gendered violence. Wiegmann (2017) asserts that 'social workers must use reflexivity' (p. 112) to examine their responses and practices in their organisational or practice context that result in limiting services, and subsequently maintain the structural inequalities that support gendered violence (Australian Human Rights Commission,

2016; Cicourel, 1993; Collins, 2016; Conneely & Garrett, 2015; Dominelli & Loakimidis, 2016).

Dominelli (2002) and others have argued that structural inequalities can be difficult to identify, as they become normalised within neoliberalism's free-market form of capitalism (Baum et al., 2016). The redeployment of welfare services to individualised methodologies has meant that social work interventions are determined by the managerialist interpretations of the neoliberal agenda, with less attention devoted to macro-level intervention (Mullin, 2016). The increase in micro-interventions that individualise responsibility for domestic violence, supported by outcome measures and time constraints, contributes to maintaining the structural elements of domestic violence that pathologise women who access services (Dominelli, 2002; Paccoud et al., 2019; Rose, 2015).

7.4. Market Ideology Versus Feminism

The analysis of gender equity and gendered violence has historically relied on feminist critique to understand the harmful effects of structural inequality on the lives of women (Barnish, 2004; Bruns & Kaschak, 2011; Ford, 2016; Hahn & Scanlon, 2016; McLellan, 2010; Robbins et al., 2016; Summers, 2003; Urbis, 2013; Wall, 2014). According to Ritzer (1996), the 'macro-structural patterning' maintains 'gender inequality ... reproduced by a system of institutionalised knowledge that reflects the interests and experiences of men' (p. 340). Danis (2003) argued that social work analysis of domestic violence requires a feminist analysis. Feminism has been an integral part of social work practice, particularly with domestic violence, as outlined in the Australian Association of Social Workers' (2015) *Position Statement: Violence against Women* discussed in detail in chapter 6.

The majority of interview participants in the research agreed with the assertion that feminist analysis of domestic violence is essential, describing domestic violence as having effects beyond individuals or families, and including the use and misuse of power within the broader context. However, interview participants were divided regarding the application of a feminist approach in their practice, defining feminism as both leading their service provision and restricting their services. Consequently, the research findings identified a preference for an expanded approach to feminism, and many interview participants reported that their practice primarily focused on micro-interventions. While there is recognition that micro-practice can influence structural elements of disadvantage (Hahn & Scanlon, 2016), it is conceivable that social work will be influenced to acquire the habitus of the dominant interests and the field in which social workers practice (Bourdieu, 1990; Wiegmann, 2017).

Furthermore, the interview participants' acceptance of an expanded approach to feminism appears consistent with neoliberal feminism (Rottenberg, 2018). This new form of feminism is defined by Rottenberg (2018), as directing 'its address to the middle and upper classes, effectively erasing the vast majority of women from view' (p. 2), and impacting domestic violence services (Barnish, 2004; Mullin, 2014; Urbis, 2013). The span of influence of the market ideology has subsequently been aided by the dilution of a feminist analysis of domestic violence, accompanied by an increasing individualised approach to human services (Fraser, 2013; Skeggs, 2008).

7.5. Expanding Boundaries of Dominant Thought

This study revealed that survey respondents and interview participants, while acknowledging the structural elements that maintain gendered violence, distanced themselves from feminism as the sole theoretical basis for their work with domestic violence. Survey respondents identified the need to expand the feminist perspective,

finding feminism to be ‘unhelpful with ‘actual issues’. Interview participants also identified difficulties integrating feminist theories with behavioural interventions. Feminism was reported as not meeting all the needs of gendered and family violence by research participants, and macro-level intervention was often not manageable within time constraints or organisational priorities. These findings are consistent with Hahn and Scanlon’s (2016) research which found that ‘the majority of participants were reluctant to fully endorse feminism as the most significant explanatory and practice framework for their work’ (p. 340).

It can be argued that every person has a habitus pre-existing their professional identity. However, the unique role of social work makes the habitus of the profession particularly vulnerable. External influences have historically challenged social work’s identity and subsequently contested its ability to retain political capital as an independent profession (Donovan et al., 2017).

7.6. Social Work Embracing Bourdieu’s Habitus, Field and Capital

As a professional group, social workers share an identity based on norms, values and attitudes originating from the profession’s standards of practice (Australian Association of Social Workers, 2013). These behaviours are developed or culturally acquired and comprise the schemata that assign the individual to a particular social group or class that has produced it. As explained by Scrambler (2012)

Bourdieu’s concepts of field and habitus seek to address the ways in which agency and reflexivity (habitus) are shaped by or embedded within structure (field). The framework he outlines offers a novel way of thinking about the complexities of the everyday experiences of life, incorporating structure and agency and providing a way of categorising the different forms of currency or capital that we use to negotiate the lifeworld and our place within it. (p. 2)

Bourdieu (1986) explained that human beings are social agents who develop strategies and adapt to the needs of the social world they inhabit and are regulated by the underlying structures, resulting in individual beliefs being shaped by specific interests, rather than being independent of these interests (Fowler, 2000). Integrating the social work profession's historically layered habitus can be complex (Donovan et al., 2017), and, when culturally acquired, it comes with the chance of the individual experiencing a divided sense of self. Further risks occur as social workers move between non-social work groups or fields.

The risks are difficult to identify, as habitus is flexible and frequently unconscious (Moi, 2001); therefore, social workers can unknowingly adapt to a new field's habitus, which Bourdieu (1998) described as 'buying into the status quo' (p. 83). A divided sense of self can subsequently occur when social workers provide services to women experiencing domestic violence within fields maintaining different values and aspirations. Interview participants and survey respondents described this conflicting position as occurring when intervention was focused almost exclusively on individual responsibility and accompanied by 'a bid for welfare savings' (Robbins et al., 2016, p. 137). Interview participants in the study reported awareness of the actions and behaviours that met their organisation's expectations and their compliance with these standards that were subsequently reinforced. Services provided by social workers that did not match the field's habitus were ignored or not recognised, resulting in significant elements of social work practice being invisible in the fields in which social workers practice. Social work's status can be questioned within an individualised market-based context (Moi, 1999), highlighting the complexity of negotiating fields with conflicting habitus. As identified by Garrett (2007a), 'given this tension, this competition for the

allegiance of the social professions, individual workers are confronted with a choice as to which 'master' to follow' (p. 240).

Social workers can be challenged when negotiating their role within new fields that may not recognise social work standards and values or may consign the social work role to a minor status (Tyler, 2015; Wiegmann, 2017). Maintaining reflexivity is a vital and non-negotiable component of all aspects of social work practice. Reflexivity requires self-reflection, which was evident during the interviews as participants reflected on the positive effects their lived experience of domestic violence on their work. Interviewees thoughtfully discussed how they have been able to integrate the learning from their personal experience of domestic violence with their education and professional experience.

However, disclosing personal experience as a professional involves a degree of risk, as a lived experience of domestic violence continues to include victim blaming and shaming and does not have an equitable role within standardised and micro-focused fields. Further, empathising with women experiencing domestic violence and focusing on their empowerment is not generally recognised at professional levels. Professional visibility and professional identity are continually being redesigned to adapt to organisational and professional changes and linked with status and class (Bourdieu, 1984). Yet, class is difficult to identify within neoliberal capitalism, with its egalitarian individualised approach, despite exhibiting familiar historical inequities and exploitation existing in traditionally recognised classes (Bourdieu, 1984; Tyler, 2015). Hence, the analysis of habitus, field and capital require the recognition that power is demarcated non-traditionally within contemporary society (Reay, 1998; Skeggs, 1997).

7.7. Negotiating Multiple Fields

The existence of class identities within professional fields can present obstacles to practice if misconstrued (Reisch & Jani, 2012). The struggle is accentuated when fields overlap, thereby contributing to practice complexity, as a result of the contradictions between practice fields (Laing et al., 2013; Marthinsen, 2019; Pease and Nipperess, 2016). Understanding a broader non-traditional definition of class (Reay, 1998; Reisch & Jani, 2012; Strier, 2008) can assist in analysing the fields in which social workers practice and collaborate.

Political awareness is required to navigate multiple fields (Reisch & Jani, 2012), particularly when negotiating services for systemically disempowered women experiencing domestic violence. Examining the relationship between habitus and field is needed to avoid uncritical acceptance of new fields and their habitus, as ‘the habitus determines the manner in which problems are posed, explanations are posed, explanations are constructed, and instruments are employed’ (Garrett, 2007b) within the workspace, which Bourdieu (1998) defined as the field.

However, political awareness may be difficult to achieve if social work values are not wholly acknowledged or accepted within non-social work fields. Furthermore, non-acceptance of social work values can be less discernible when the social worker is ambivalent about their profession’s habitus as professional identities are explicitly expressed. In contrast, habitus is ‘essentially implicit’ (Donovan et al., 2017, p. 2297). Moreover, habitus can be unconscious (Moi, 2001) and social workers with an inconsistent social work identity can struggle within a subfield because of the tenuous nature of habitus that is culturally acquired (Fowler, 2000).

Without engaging in critical analysis, professional identities can become ambiguous as social workers experience the constraints imposed by multiple fields. Research

participants were aware that these practice challenges, which were frequently related to funding criteria which limited the services they could provide and impacted women's safety. Interview participants recalled their efforts to challenge standardised measures, that reduced professional discretion particularly with complex and high-risk interventions. Bourdieu (1990) equated reduced professional discretion with reducing the profession's symbolic and social capital, which are essential to maintain professional influence (Fowler, 2000).

Nevertheless, the fields in which social workers are employed have been aligned with a market ideology that has modified social values with economic interests (Baum et al., 2016; Spolander et al., 2014; Witt, 1987). Hence, social work values have also been redefined. Adapting to legitimised standards that normalise practices is often unconscious (Garrett, 2007a). It is particularly problematic when reinforced by professional development, focusing on mandatory performance outcomes that are reinforced by insecure employment (Bourdieu, 1998).

In so doing, the dominant group imposes norms that subordinate others. Bourdieu (1998) termed the resulting unequal power as nonphysical symbolic violence (Garrett, 2007b). Symbolic violence is 'impervious, insidious and invisible' and 'simultaneously legitimises and sustains other forms of violence' (Thapar-Björkert et al., 2016, p. 144). Symbolic violence can occur when social workers suspend their professional values and view the market ideology as natural (Ihlen, 2018; Wiegmann, 2017) or unrecognisable because of its unconscious legitimisation within a structure (Moi, 2001).

In contrast, this study found that those interview participants employed in the newly developed service models based on recommendations made by the Royal Commission into Family Violence (Neave et al., 2016) described service frameworks consistent with social work practice standards. This small group of interviewees reported high levels of

satisfaction with their role and engagement with other services, demonstrating improved social and symbolic capital (Bourdieu, 1990; Fowler, 2000). The newly funded services, while standardised, incorporated a collaborative approach and demonstrated the potential to merge several subfields into a new field to develop a multidisciplinary habitus alongside the habitus of the individual professions. These programs suggest that macro-level change has occurred in the form of amendments to legislation, enabling information sharing between participating services, thereby acknowledging the roles of participating services and professions (Serpa & Ferreira, 2019) and providing an alternative model of care.

7.8. Adapting to New Dominant Fields

Research participants indicated their willingness to adapt to their work environment and consider their professional development needs accordingly. Interview participants valued training and supervision highly when their professional development needs were met, relevant to their work with domestic violence and the field in which they practised. However, available training was often repetitive and generic, leaving interviewees to decide whether they could meet the cost of training and whether the training was helpful for their practice. Similarly, access to professional supervision was inequitable because of availability, cost and time constraints. Difficulties were raised when professional and management supervision was combined (Clare, 2001; Egan et al., 2016; Orovwuje, 2001) and primarily concentrated on organisational accountability (Baines et al., 2014; King et al., 2017; Orovwuje, 2001), with potential risk for a conflict of interest.

Professional supervision and continuing professional development have evolved in a neoliberal environment that legitimises individualised approaches to intervention. The research participants were more likely to prefer supervision and training specific to their practice content and field. However, training and supervision are evolving to match

professional development that supports standardised interventions, creating boundaries to preserve the legitimacy of the interventions. Bourdieu (1977) described fields as having their own boundaries that can be exclusive, ensuring their members are consistent with the habitus valued by the field (Cook, 2000).

7.9. Resistance through Embracing Bourdieu's Framework of Analysis and Reflexivity

Social work has a history of struggling for legitimacy as a profession (Wiegmann, 2017) and the subfields in which social workers practice can influence their role. The subfields can include the organisations in which social workers are employed, the services with which social workers collaborate, and the geographical location in which they work, which all have their own rules (Fowler, 2000). While fields have influenced and contributed to social work achievements (Donovan et al., 2017; Garrett, 2007a; Wiegmann, 2017), they can also place the profession's foundations at risk (Wiegmann, 2017). Awareness of habitus and field is necessary to understand the social work profession's dependence on its history and struggle between identities, resulting in the sense of hysteresis in which practice responses depend not only on the work context but also on workers' professional history (Donovan et al., 2017, p. 2302). Bourdieu's work (Donovan, 2017; Wiegmann, 2017) provides a framework for self-awareness to analyse social workers' struggles in their advocacy for change and consider an increased focus on reflection. As stated by Donovan et al. (2017)

it is possible to theorise a position of disciplinary self-awareness and from this begin a new understanding of social work's responsiveness to change ... It highlights the centrality of shared disciplinary experience to a common sense of identity but also demonstrates the importance of understanding whether this

social work habitus is changing or self-perpetuating and the potential of this to produce alternative change responses. (p. 2303).

Research participants in this study demonstrated awareness and the ability to reach beyond reliance on standardised micro-approaches to include meso- and macro-dimensions of domestic violence. Several interview participants held informally designated roles as domestic violence and trauma specialists or consultants within their organisations. They acknowledged the need to communicate their role more fully to influence policy and develop relationships. Social workers have a history of relationship building, which according to Fowler (2020), was explained by Bourdieu as a means to maintain power. However, as evident in the findings, it has been challenging for social workers to maintain cooperative professional relationships when organisations adhere to managerialist rules that do not share social work values and reduce professional autonomy. Nevertheless, defeating the current ideology is not a requirement for change if social work capital can be mobilised to further the profession's values.

7.10. Social Workers Mobilizing their Capital to Influence Change

Bourdieu (1984) recognised the need for capital to influence change, as low levels of capital can lead to adaptation to the dominant ideology. Economic, cultural or social capital become symbolic when acknowledged as legitimate (Bourdieu, 1986; Ihlen, 2018). Symbolic capital provides prestige or recognition, as it connects with other forms of capital, dependent on the requirements of the field (Ihlen, 2018). Consequently, high levels of all capitals would enable social workers to become strategically engaged in their practice fields.

Within the capitals, cultural capital has a central role in power relations and is less identifiable as the basis of inequality than other forms of capital (Gaventa, 2003).

Cultural capital is closely linked with habitus; therefore, it is based on the interplay of

ingrained experiences and social structures. Bourdieu (1986) explained cultural capital as the means with which social class and power are maintained and affect symbolic capital. The diversity in individual social workers' economic, social, and cultural capital and the profession's tenuous symbolic capital (Wiegmann, 2017) influence the profession's power and the resulting struggle to assert cultural capital (Bourdieu & Waquant, 1992), as the quality of social work is explained in terms of the habitus required by the subfield.

7.11. A Way Forward

Reviewing research participants' theoretical and practice preferences has helped define the process of adaptation to new fields and identify opportunities for change through awareness and knowledge (Bourdieu, 1990). Critical awareness is essential to maintain reflexivity as a vital and non-negotiable component of social work practice (Probst, 2015). The connection between habitus, field and capital (Fowler, 2020; Schlerka, 2019) must be examined and their influence understood to determine a pathway forward for the profession (Donovan et al., 2017).

Change is 'attainable in Bourdieusian theory if we can successfully identify the "mismatch" between the field and habitus' (Yang, 2014, p. 1522). Understanding the complexities of habitus and field is essential to avoid being subsumed by competing ideologies (Bourdieu, 1998). Therefore, awareness of personal and culturally acquired habitus can help assess the implications within the fields and subfields in which social workers practice. This awareness assists with building a critical analysis of the structures that covertly support violence against women (McKinnon, 1989; Mugge, 2015).

The social work profession has a history of managing complex change, and social workers have the requisite skills and cultural competence to be part of the change

process. Developing an individualised awareness beyond their habitus can support social workers as they examine the influences of competing elements and negotiate the habitus of other fields. Integrating a reflexive approach to support women experiencing domestic violence within their micro-practice can increase social workers' confidence in a pathway to change (Fook, 2002; Wiegmann, 2017) and help understand the political and structural elements that maintain the profession in a state of crisis (Donovan et al., 2017).

The Bourdieusian framework has revealed the continuing relevance of critical feminism in drawing attention to the structural elements that maintain domestic violence against women to ensure gender relations inform policy (Abrar et al., 2000; Danis, 2004). Attempts to dilute or exclude feminist analysis from the conversation must be examined to understand the context in which these changes are sought. Social workers are ideally placed to guard against attempts to transform feminism to be acceptable to the free-market ideology (Fraser, 2013). In combination with Bourdieu's (1986) analysis of habitus, field, and capital, revisiting a feminist analysis can identify and strengthen practices under threat (Donovan et al., 2017; Fowler, 2000; Garrett, 2007b; Wiegmann, 2017).

7.12. Chapter Overview

This chapter has provided a critical analysis of the findings presented in Chapter 6 and expanded on these findings in terms of the influence of cultural capital, habitus, and field (Bourdieu, 1977, 1998; Donovan et al., 2017; Fowler, 2000; Garrett, 2007b; Wiegmann, 2017). The chapter has thereby raised issues regarding the complexity of social work practice with domestic violence and advocated for increasing awareness of social work habitus through a Bourdieusian framework, as well as upholding a feminist analysis and reflexivity to enable the profession to maintain focus on and resist the

processes that legitimise the foundations of inequity that maintain domestic violence against women. The following chapter concludes the research findings and provides reflections on the research process and implications for further research.

Chapter 8: Conclusion and Recommendations

8.1. Chapter Overview

This chapter concludes the author's research journey, which has explored social work practice with women who experience domestic violence. In this study, social workers' voices were centralised to contribute to an ongoing discussion about the complexities that professional social workers encounter when working with domestic violence. The insights of practising social workers contribute to understanding participants' preparedness to intervene at micro-, meso- and macro-levels against the grain of current ideology. This chapter reviews the research conception and findings, enabling a few final reflections to be provided from a researcher's perspective. The concluding comments offer a summary of the findings related to the four research objectives. Finally, the significance of the study and implications for further research are presented.

8.2. Conception of Thesis

This research was conceived during a time of change prompted by the community's response to violence against women. There has been growing awareness of the violence in women's lives since the 1970s, resulting from the number of women who continue to seek assistance, as well as greater accuracy in data collection—particularly regarding domestic violence–related deaths (Connor et al., 2012; Piper & Stevenson, 2019b). Improvements in data collection have provided more reliable evidence and enabled the magnitude of violence against women to be recognised (Australian Bureau of Statistics, 2009, 2013). Such data were supported by the 2018 Data Report compiled by the Australian *Domestic and Family Violence Death Review Network* (2018), which recorded 152 intimate partner homicides occurring between 2010 and 2014. Of these, 121 were female deaths killed by a current or previous male partner, comprising 80% of adult domestic violence–related deaths (Australia's National Research Organisation for

Women's Safety, 2019). Under these circumstances, domestic violence became recognised as a significant health problem for women (Sutherland et al., 2016; World Health Organization, 2017).

More accurate data, accompanied by improved media reporting (Poulson, 2016), highlighted the extent of the problem, and maintained concern within the community. The overwhelming and indisputable data (Australian Bureau of Statistics, 2013; Australia's National Research Organisation for Women's Safety, 2019) and community concern gained political attention, culminating in the appointment of the Royal Commission into Family Violence (Premier of Victoria, 2014). The findings of the Royal Commission led to the development of the *National Plan to Reduce Violence against Women and Their Children* (Neave et al., 2016). The subsequent launch and funding of Australia's National Research Organisation for Women's Safety (2014) provided an environment of heightened interest in family violence research and generated optimism about the community's readiness for change. This situation presented an ideal environment to embark on this research to explore social work practice with domestic violence against women.

Throughout this time of change, the social work profession has continued assisting women experiencing domestic violence with the requirement to address multiple aspects of disempowerment emanating from systemic discrimination (Australian Association of Social Workers, 2015; Robbins et al., 2016). Social work practice, influenced by emerging ideologies, has also undergone change, and progressed to a micro-focused service. In this environment, interventions have become standardised, reducing the range of assistance that social workers can provide (Theobald & Murray, 2019). This research sought to understand the influence of these challenges by exploring social workers' experiences within the limitations imposed on their scope of practice.

8.3. Reflections on the Research Journey

As a researcher, my determination throughout this research has been to maintain an inclusive approach and respect professional experiences. While I recognise the essential role of research ethics and standards in maintaining the researcher's integrity, my understanding of the hidden nature of privilege and its potential, increased my vigilance. Furthermore, applying a critical lens helped maintain distance from any one ideological position through ongoing self-reflection. Further, it provided the impetus to include Bourdieu's framework as a vital addition to the analysis process (Wiegmann, 2017).

The findings subsequently confirmed the importance of this approach. The unimpeded sharing of experiences by interview participants provided a view of the conflicting value positions that these social workers encountered, with little evidence that constructive discussions occurred across the profession regarding management of this conflict. Hence, the contextual factors in which social workers provide services received considerable attention from survey respondents and interview participants in the study and became the central focus of the research.

8.4. Objectives and Summary of Findings

In this section, the research findings are summarised and linked with the four objectives, thereby providing the basis to discuss the significance of the study.

8.4.1. Objective 1: To Identify Contextual Factors that Inform Social Work Intervention with Women Who Experience Domestic Violence

The first research objective sought to understand the importance of the context in which social workers assist women who experience domestic violence. This objective indicated the pervasiveness of the accepted cultural norms and political environment that social workers navigate.

The findings discussed in Chapter 5 confirmed the ongoing challenges interview participants regularly manage in their work environments as their practice is impacted by inconsistent standardisation reducing their professional autonomy and the safety of women experiencing domestic violence. As discussed in Chapter 6, the literature identified managerialism as embedded within human services, with far-reaching effects based on the neoliberal preference for a free-market approach (Mullin, 2016).

Subsequently feminism emerged under neoliberalism by adapting to the new norms and values aligned with economic interests (Agostinone-Wilson, 2020; Fraser, 2013). A paradigm shift has occurred, with feminism being challenged by neoliberal ideology (McDonald, 2005; Rottenberg, 2018), with less attention to the structural elements that affect domestic violence against women (Baker, 2007; Hanson & Patel, 2014; Payne, 2014).

The new norms and values have redirected domestic violence services to individually focused interventions. A micro-focused agenda has been established through policy change in the public sector, funding agreements in non-government organisations, and the obligatory adherence to health professional standards for intervention imposed on social workers in private practice. This agenda has been reinforced by the professional accreditation requirements for mental health social workers in private practice (Australian Association of Social Workers, 2020d). The imposed standards prioritise a micro-focus that is inconsistent with the comprehensive approach outlined in the *Position Statement: Violence against Women* (Australian Association of Social Workers, 2015).

Despite acknowledging the micro-focus of their practice with domestic violence, survey respondents and interview participants reported the need to address structural change in their approach to domestic violence. They acknowledged community and individual

attitudes as requiring a change to address the discriminatory attitudes that maintain victim blaming and privilege certain groups and systems that overtly and covertly support domestic violence against women. Social workers appeared to navigate these beliefs and systems through a process of adaptation that changed their practice.

Interview participants who embraced a structural analysis of domestic violence while working within a micro-context expressed a sense of disempowerment when discussing the complexity of social work with domestic violence against women. These interview participants acknowledged that macro-practice was not possible within their role and time constraints.

Moreover, the context in which social workers provide services challenges the history of services to women experiencing domestic violence (Marthinsen, 2019; McDonald, 2006; Robbins et al., 2016; Swain, 2017). Domestic violence interventions have become consistent with neoliberalism's narrow lens that preferences micro-standardisation and contests alternate processes by publicly disputing their credibility. In this political environment, social work has been influenced by a paradigm shift that has modified family and social values to align with economic interests (McDonald, 2006; Van Gramberg & Bassett, 2005). A new type of feminism acceptable to neoliberalism has emerged as critical feminism has been marginalised (Fraser, 2013; Rottenberg, 2018). This shift has reduced the focus on critical feminist analysis, enabling a micro-approach that requires little consideration of the structural elements that maintain gendered violence (Fraser, 2013; Marthinsen, 2019; McDonald, 2006; Swain, 2017). Feminism has subsequently become part of the dialogue enabling an increased focus on individual approaches that positions domestic violence in the psychological environment. The new form of feminism is consistent with liberal feminism, demonstrating the lowest correlation with social work practice of all feminist traditions (Enge, 2013). It

legitimises the primary role of micro-practice, while the influence of critical feminism on social work practice is challenged. These tensions are concerning, as feminist theory has been an integral part of professional social work practice, particularly with domestic violence (Danis, 2004).

Maylea (2020) described these theoretical tensions as preventing the social work profession from achieving its aims of addressing macro-practice, despite the profession valuing social justice. Theoretical tensions raise questions about social work's professional cohesion regarding its body of knowledge and the skills developed through research, training, and supervision. The varying approaches to feminism increase doubt regarding whether social work with its current agenda is sustainable—particularly given that neoliberal feminism does not prioritise the effects of structural components that maintain domestic violence against women (Fraser, 2013).

The findings indicate that the contextual factors that inform social work interventions with women who experience domestic violence continue to be misunderstood or resisted within the community. Many social workers in this environment appear to be working in professional isolation, as social work values are challenged. This situation is exacerbated by the decline in legitimacy of feminist critique, as neoliberalism has co-opted feminism to meet its agenda.

Including Bourdieu's framework (1977) in this discussion expanded the analysis of the structural components that maintain privilege, discrimination, and gendered violence. Combining an analysis of habitus, field and capital with a critical feminist approach provided a comprehensive assessment of the structural elements that support and legitimise discrimination. This approach has provided potential for an alternate analysis in support of critical feminism.

8.4.2. Objective 2: To Understand What, if Any, Specific Education and Training Inform the Social Work Response to Women Who Experience Domestic Violence

The second objective of this research considered the significant role of education and training in the professional standing of the social work profession. As discussed in chapter 2, the literature has identified social workers as regularly feeling underprepared to intervene with domestic violence (Ballan & Freyer, 2017; Cowan et al., 2020).

Therefore, this objective explored the role of training and education in supporting social work practice with domestic violence.

The findings noted that social work education is changing with the inclusion of the master's qualifying degree as an entry-level qualification. The effect of this qualification was evident in the survey. The 'new graduate to 2 years' experience group reported a significantly higher rate of a master's degree as their highest qualification than other experience groups. The outcome of this change was not explored in the study. However, the change could be relevant to the ongoing training and supervision needs of this cohort. The potential for further research to understand its effect is required, as the social work profession continues to experience challenges to its value base.

Survey participants identified the importance of continuing professional development in their practice. However, available training for social workers assisting women experiencing domestic violence was reported as variable. Research participants frequently described the training provided by government and non-government organisations as 'basic'. Survey respondents varied in their assessment of its quality, which they described on a continuum from useful to repetitive. Many survey respondents and interview participants went to great lengths, including travelling long

distances and paying for expensive training, to attend professional development that they considered relevant to their practice and experience level. In so doing, several access barriers to domestic violence training were acknowledged, relating to the quality of training, relevance of training to the experience level of the social worker, cost of training and not having enough time to attend training. The barriers identified were experienced differently, depending on the participant's employment, with interview participants in private practice being more likely to pay for the training they attended. Increasing flexibility towards training was evident among research participants as they attempted to minimise the effects of the barriers they experienced. Several research participants relied on workplace or online training. In contrast, others returned to university to complete a postgraduate qualification to develop their knowledge and skills with domestic violence and related issues. Further, several interview participants identified the potential for a specialist domestic violence social work position to provide training suitable for varying experience levels.

However, research participants recognised the potential for positive development in social work education and training regarding domestic violence following the recommendations made by the Royal Commission into Family Violence (Neave et al., 2016). The commission's recommendations for specialist domestic violence knowledge, outlined in Standard 209, required mandatory qualifications for domestic violence practitioners to be introduced before the end of 2020. Further, funded services were required to ensure family violence workers have a social work or equivalent degree (Neave et al., 2016). The requirement provides an opportunity for social work educators to lead this change at the tertiary level.

The Royal Commission (Neave et al., 2016) also influenced professional development in the programs established in response to the recommendations made in the *National*

Plan to Reduce Violence against Women and Their Children (Neave et al., 2016). The professional development was highly valued by interview participants, working in the new programs, who described the training as directly relevant to their interventions and the model of care. These newly funded services provide evidence of the disparity in training available to social workers providing services to women experiencing domestic violence.

8.4.3. Objective 3: To Ascertain the Role of Professional Supervision in Helping Social Workers Develop Their Intervention Skills in the Area of Domestic Violence

The third objective for the research was concerned with the role of professional supervision, recognising that training and supervision can be linked as essential components of professional development and influenced by the work context. Survey respondents and interview participants were consistent about their supervision needs. The ideal professional supervisor was described as someone with whom practitioners could engage in a safe space for critical reflection, debriefing, and learning. Research participants reported a high level of satisfaction with various supervision arrangements. Satisfaction was dependent on their supervisor being supportive and trustworthy, who also had knowledge of domestic violence and the practice context of the supervisee. Similar to their approach to professional development, research participants maintained flexibility toward supervision to help them obtain a knowledgeable supervisor. The flexibility allowed for the inclusion of peer support, peer debriefing, informal networking, multidisciplinary team meetings, peer group supervision and supervisors from the same or a related discipline. In addition, a flexible approach appeared to include an alternate supervision model, described as a dual role supervision arrangement. This model encompassed the social worker's team leader, providing both

management and professional supervision. Dual role supervision was a helpful way of combining professional and organisational needs. Like other supervision arrangements, satisfaction with dual role supervision was dependent on the supervisory relationship being supportive and trustworthy, and the supervisor having the required knowledge of domestic violence and the practice context of the supervisee.

Despite a flexible approach, it seemed difficult for many research participants to achieve their ideal supervision arrangement because of the need for the professional supervisor to know the supervisee's work context and have knowledge of social work practice. The importance placed on the work context suggests the increasing influence of managerialism and subsequent dilution of professional social work supervision. This growing focus on organisational requirements supports compliance with standardised practices and codes of conduct that guide employees' actions, potentially conflicting with social work values. The findings suggest that professional supervision is evolving to match a market-based system. Social workers are challenged by the inconsistency resulting from increased management accountability and under-resourcing, coinciding with a reduced focus on professional standards. Within this environment, modified professional supervision assists social workers in adapting to the situation in which they work. The emphasis on social work values can depend on management definitions of the social work role.

8.4.4. Objective 4: To Identify if Social Workers Draw on their Professional and Personal Experience to Help Inform their Intervention with Domestic Violence

The fourth research objective explored the participants' responses to their professional and personal experience. Specifically, it investigated whether the social workers drew on their professional and personal experience to help inform their intervention with

domestic violence. It subsequently sought to understand the contribution of experience to professional practice. Most survey respondents and interview participants acknowledged the contribution of professional and life experience to their social work role.

Many participants drew on and were guided by practice wisdom, social work theories, professional values, relevant social policies, organisational requirements, university training, and ongoing advanced training, organisational and professional supervision, and the ethics and standards of their profession. However professional practice was constrained by neoliberal influences prioritising individualised micro practice.

These findings help to understand the restraints imposed on professional discretion, and the accompanying risks for women experiencing domestic violence.

In addition, life experience, particularly a lived experience of domestic violence can further challenge social workers to address the risks of micro practice by expanding their interventions. Interview participants disclosing a lived experience of domestic and family violence stated that their lived experience influenced their work. Life experience helps form the individual's habitus, which can become layered (Donovan et al., 2017) through the cultural acquisition of an alternate habitus. Understanding habitus is valuable for examining social work practice with domestic violence and identifying normalised structural elements that maintain gendered violence (Wiegmann, 2017) and organisational procedures that limit social work services.

A lived experience of domestic violence prepared participants to empathise with a woman's experience without judgement. Interview participants provided many examples of empowering women through this process while maintaining focus on boundaries when considering whether self-disclosure was appropriate.

A lived experience supported respectful, non-judgemental engagement with women in which power was shared. Power sharing is essential in supporting women, particularly during the early stages of trauma recovery. Additionally, power sharing helps social workers to understand their acquired habitus (Wiegmann, 2017) and manage their professional power (Moran et al., 2022). Furthermore, a recent study reported that women who experience domestic violence are responsive to feminist interventions that include trauma-informed processes (Marsden et al., 2021) and compatible with reducing judgemental attitudes to women experiencing domestic violence (Dominelli, 2002; Theobald & Murray, 2019).

A lived experience of domestic violence appeared to increase research participants' confidence when working with women who experienced domestic violence and was described by interviewees as improving outcomes through validation. *Validation* was defined as joining with women through shared understanding that could be conveyed verbally or non-verbally. In so doing, the unique experience of women can be acknowledged (Wendt, 2009). Potential obstacles to establishing and maintaining a genuine therapeutic relationship can be reduced when validating the lived experience vulnerable women for whom trust had been fractured (Australian Association of Social Workers, 2018a; Australia's National Research Organisation for Women's Safety, 2020c, 2020d, 2020e; Kuskoff & Parsell, 2020; Laing et al., 2013).

The findings suggest that a lived experience of domestic violence highlights the value of the relationship between social worker and client. Relationship building has a long history in social work practice. However, the role of relationships in therapeutic interventions appears to be given less attention as processes maintain a top-down, time limited, expert- and evidence-based focus. These findings draw attention to the potential for the profession to reposition the lived experience and the importance of the

therapeutic relationship when intervening with women who have experienced domestic violence.

8.5. Study Significance

This research is significant because it centralises social workers' voices in an exploratory study to provide insights into social work practice experiences with domestic violence in a neoliberal, market-focused environment. The study challenges the marginalisation of critical feminism. In addition, the research findings provide a way forward, using a Bourdieusian framework to empower social workers to participate in change at the grassroots level in this complex and evolving context. The data identifies the political, organisational and cultural factors contributing to the variation in social workers' services to women. Domestic violence services are often provided within a crisis management framework, with micro-interventions prioritised by funding requirements, standardisation, and professional development. Such an approach diverts attention away from the structural causes of gendered violence, as social workers provide services within a managerialist-imposed criterion that limits professional discretion. The themes presented in this thesis incorporated perceptions from workers in private and organisational practice, with similarities expressed across practice settings.

8.6. Implications for Social Work Practice and Policy

The social work profession is recognised for its values and dedication to improving lives. Entry-level education programs prepare social workers to identify and challenge the discriminatory aspects of neoliberalism and address victim-blaming attitudes that maintain gendered violence. However, the profession cannot remain dormant and will continue to evolve in any political context. Taking action beyond the micro-elements of practice remains essential to maintain the profession's integrity and advocate for the relevance of its value base.

Critical analysis can provide a pathway to determine the intersecting factors that affect women and maintain gendered violence. Joining a critical analysis with Bourdieu's analysis of capital (Bourdieu, 1986) can contribute to an understanding of gender inequity and discrimination by applying a lens focused on the effects of class and the resulting cumulative disadvantage of the structural factors that support privilege. The process can simultaneously illuminate the deprioritising of the structural elements maintaining discrimination that has accompanied the growing challenges to feminism and, subsequently, social work practice with domestic violence.

Social workers are well placed to intervene with domestic violence that extends beyond micro-level interventions through research and reprioritising advocacy in policy development to challenge the standardised neoliberal agenda. Attention to policy will reclaim social workers as agents of change within their organisations and societal levels. Working towards the promotion of social development and empowerment of all people, regardless of their social capital, has the potential to similarly empower the profession. A specialist domestic violence role for social work was discussed in the research as having the potential to help social workers navigate this complexity and ensure that ongoing professional support needs can be addressed, while advocating for the profession within the work context. The specialist domestic violence position can increase the presence of social work and influence systems by developing a new role that includes dedicated time and an advanced knowledge and skill base that can contribute to organisational policies and provide much needed support for social workers.

While specialisation can be interpreted as consistent with concepts of privilege through exclusive ownership of knowledge, specialist domestic violence social work practice often exists informally. Social work must own its skill and knowledge base to ensure

that the profession's standardised practices are acknowledged and included within organisational policies. Not doing so risks the profession's values and its research agenda being marginalised or defined by organisational standards, influenced by the free-market ideology.

8.7. Implications for Social Work Education and Training

Social work education has undergone considerable change within the last two decades. The effects of the increasingly popular master's qualifying degree as an entry-level qualification for social work must be understood to determine its influence on professional values and practice standards. In this research, participants in the 'new graduate to 2 years' experience group were more likely to hold a master's qualification than were the other experience groups. Further, this cohort were less likely to consider theories of domestic violence as an essential component of their ongoing professional development and more likely to implement organisationally standardised practices. These findings suggest the potential for increased alignment with organisational priorities among this cohort. This alignment can further marginalise social work values and standards in an environment where micro-practice is often the only legitimised method of addressing domestic violence against women. Under these circumstances, education and professional development are critical to ensure newer graduates receive support to maintain social work practice standards.

This study found social work education regarding domestic violence was beneficial and was also supported by the recommendations of the *National Plan to Reduce Violence against Women and Their Children* (Neave et al., 2016). In contrast, ongoing professional development in this field appears fragmented, without planning for the social worker's level of experience. Interestingly, in a context in which standardisation is highly valued, professional development seems inconsistent with considerable

inequities in access to training and associated costs. The findings raise concerns that social work education and ongoing professional development could become a means of cultural reproduction (Nash, 1990). However, the recommendations made in the *National Plan to Reduce Violence against Women and Their Children* (Neave et al., 2016) provide universities with the opportunity to develop a specialisation in social work practice with domestic violence, by leading standards for domestic violence education. Doing so would influence models for community training and expand opportunities for social work practice with domestic violence as a speciality for the profession.

8.8. Implications for National Social Work Agenda (Australian Association of Social Workers)

This research has identified the pervasiveness of neoliberalism. The resulting influence appears to be maintained through managerialist standardisation, which directly affects services available to women and determines social work practice, as hierarchal structures are legitimised and empowered to impose standards for service provision. In addition, measures to monitor compliance ensure social workers' practice is in accordance with these standards. Correspondingly, a reduction in professional autonomy occurs as neoliberal standardisation asserts its influence on domestic violence services. This study's findings question the future of social work standards as the profession, potentially, becomes increasingly aligned with a managerialist constructed service framework (Mullin, 2016; Timor-Shlevin & Benjamin, 2021). Thereby potentially neglecting the structural elements that maintain discrimination and gendered violence as the profession decreases its reliance on critical theory.

These findings suggest that social workers manage increasing workplace obstacles when providing services to women experiencing domestic violence. Social workers are

often conflicted between professional values and incompatible organisational directives and require support to advance the profession's confidence when working with domestic violence within the profession's frameworks. The profession's values and standards asserted at the leadership level have the potential to challenge organisational directives and advocate for the profession. Influencing funders and policymakers is essential from both outside and within the organisation. Further, political action as a visible and ongoing aspect of the Australian Association of Social Workers is necessary to invalidate the persistent claims made by the free-market ideology that influence standardised practices.

8.9. Implications for Further Research

The findings of this research indicate several areas of interest for further discussion and analysis to assist the profession in understanding its role in a neoliberal environment. There is an opportunity for the descriptive data collected in this research to provide a basis for future studies to expand and update the trends affecting social work practice with domestic violence and devote particular attention to the structural factors that maintain gendered violence. This research has not investigated social work practice with women from different cultural groups or women with disabilities who experience domestic violence. Social work services within these groups require dedicated research, as they have not been addressed in this study. Also, the research did not address the gender identity of participants which is a limitation of the study and identified as an area requiring further research.

Hearing further stories of social workers providing services to women is needed to evaluate their professional experience with increasing standardisation of services and the effects on women seeking support. Including women's stories in practice-based research is essential to empower and legitimise their lived experiences and add their

perspectives to the discussion. Understanding women's experiences can add substance to the changing views of theoretical positions and the role of feminism in domestic violence discussed in this research.

Further, understanding the lived experience of domestic violence of practising social workers is highly recommended. The lived experience assists in maintaining a human rights perspective, which has been reported as improving the quality of services provided to women. The research findings identified lived experience as contributing to service providers' empathic understanding and validating responses that enhance the relationship between the social worker and women accessing services. Further research can help understand the contribution of lived experience to professional social work practice and provide evidence for recognising the role of lived experience in services provided to women who have experienced domestic violence.

Additionally, professional development, including training and professional supervision with domestic violence, is recommended for further research to ensure social workers have access to the support they need to develop their professional practice. The findings indicate that both supervision and training frequently did not meet the needs of these social workers. Developing a specialist role for social work with domestic violence was considered valuable in providing advanced social work services that can influence policy, support professionally isolated social workers, and potentially address the inequities and neoliberalism's impact on the direction of education and training identified in the findings.

At the contextual level, analysing the environments in which social workers practice through workplace research is recommended to include social work experience and insights to influence and advocate for women. This approach can influence policy, increase professional discretion, and reduce the gap between social work values and

practice realities. In addition, including the Australian Association of Social Workers' family violence frameworks in the research would review social work practice with domestic violence against women to identify areas requiring development to challenge the free-market ideology's attempts to minimise the values held by the profession. Overall, the findings of this study identify a role for social workers in developing standardised practices for the profession, including an increased focus on the structural aspects influencing domestic violence. The implication is for social workers to become active researchers within their area of employment to contribute to practice evidence and policy development, with direct support and advocacy from the Australian Association of Social Workers. This process can increase the professional capital of social workers and guide organisations and funding bodies while reducing the limitations existing within interventions primarily focused on managerialist-imposed standardisation.

8.10. Conclusion

In conclusion, this study has helped facilitate a process of self-reflection for participants that can be extended to the social work profession. This research recommends that the profession maintain increased awareness of their habitus to understand how oppression is perpetuated. This self-awareness is essential, and this thesis has argued for the importance of using a critical feminist lens while applying a Bourdieusian explanatory framework to understand the effects of power relations and to explore the complexity of social work practice with domestic violence in a neoliberal context. This thesis has also highlighted the importance of social workers developing an understanding of their habitus and the habitus of the macro-field and subfields in which they practise. This study has identified considerable variation in research participants' experiences within their work contexts. Awareness is needed to enable social workers to critically analyse

the structures that support discrimination and gendered violence to allow the profession to participate in change strategically.

More social work practitioner-led research to enable sharing experiences between services will add to the knowledge of managerialist standardisation and its effects on social work autonomy. Social work practitioners' voices and lived experiences are essential contributions to continuing the profession's focus on social justice. Defeating the current ideology is not a requirement for change. Bourdieu's theories (Bourdieu, 1977, 1986) indicate an openness to change through knowledge and recognition of the connection between habitus, field and capital (Fowler, 2020), which must be examined, and their influences understood to determine a pathway forward for the profession (Donovan et al., 2017).

As concluded by Bourdieu

the social world is accumulated history, and if it is not to be reduced to a discontinuous series of instantaneous mechanical equilibria between agents who are treated as interchangeable particles, one must reintroduce into it the notion of capital and with it, accumulation and all its effects. (Bourdieu, 1986, p. 241)

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Appendix A: Participant Invitation

Exploring the diversity of social work practice responses to domestic violence against women.

Are you a social worker eligible for membership of the Australian Association of Social Workers (AASW) and providing health services in Australia, including hospitals, mental service services, community health services, not-for-profit organisations or working as an accredited health and/or mental health social worker in private practice?

If so, you are invited to take part in a research study that explores what informs professional social work practice with women who have experienced domestic violence in terms of training, theoretical frameworks, professional/personal experience and clinical supervision.

Social workers are the most likely contact for women who have experienced domestic violence (Danis, 2004) and are well positioned to address the complexity of disempowerment emanating from systemic disadvantage and discrimination (AASW, 2015). Services are often provided in challenging bureaucratic and social environments in which social work values and theoretical frameworks are increasingly challenged. Hence this study plans to explore how social workers utilise their resources to inform their practice with women who have experienced domestic violence while responding to the competing demands of complex bureaucratic and social contexts.

The study is being completed by Vera Hempel, Principal Investigator (PhD candidate JCU), and supervised by Associate Professor Debra Miles and Associate Professor Susan Gair.

The questionnaire will be open for responses from 1 October 2018 and close on 31 December 2018.

If you meet the criteria and are interested in knowing more and participating, please read further and join the study by clicking the button below to access the information sheet, consent form and questionnaire.

(Please click to progress to the information page, consent form and the survey)

Information, Consent and Survey

Appendix B: Information Sheet

PROJECT TITLE: Exploring the diversity of social work practice responses to domestic violence against women

You are invited to take part in a research project to explore how social workers utilise training, theoretical frameworks, professional/individual experience and clinical supervision to reflect on and develop their interventions with domestic violence. The study is being conducted by Vera Hempel, Principal Investigator, and will contribute to the Research PhD in the College of Arts, Society and Education at James Cook University, Townsville.

If you agree to be involved in this part of the study, you will be asked to provide your consent by clicking on the button at the bottom of the consent form (next page) and then complete the questionnaire, which asks you general information about your practice area and about the domestic violence training you have attended, your supervision arrangements, as well as other factors that contribute to the knowledge base that informs your practice with women who have experienced domestic violence. Your responses to the questions are anonymous and the questionnaire will take approximately 20 minutes to complete. Taking part in this study is completely voluntary and you can stop taking part in the study at any time without explanation or prejudice.

At the end of the questionnaire you will be asked if you wish to participate in a face-to-face, Skype or telephone interview and if you chose to do so you will be asked to enter your preferred contact details. These details will be separated from your questionnaire and there will be no connection between your answers and your contact details.

The data from the study will be used in the PhD thesis, research reports, journal articles and conference presentations. You will not be identified in any way in these presentations or publications. If you elect to participate in a follow-up face-to-face, Skype or telephone interview, the contact details you provide will be stored separately in a locked cabinet.

Principal Investigator: Vera Hempel
College: Arts, Society and Education
James Cook University
Phone:
Email: vera.hempel@my.jcu.edu.au

Advisor:
Name: A/Professor Debra Miles
College: Arts, Society and Education
James Cook University
Phone:
Email: debra.miles@jcu.edu.au

If you have any concerns regarding the ethical conduct of the study, please contact:

Human Ethics, Research Office
James Cook University, Townsville, Qld, 4811
Phone: (07) 4781 5011 (ethics@jcu.edu.au)

Appendix C: Informed Consent Form

| | |
|-------------------------|---|
| PRINCIPAL INVESTIGATOR: | Vera Hempel |
| PROJECT TITLE: | Exploring the diversity of social work practice responses to domestic violence against women |
| COLLEGE: | Arts, Society and Education, JCU Townsville |

I understand the aim of this research study is to identify training, supervision, professional/personal experience and organisational policy that contribute to my interventions with women who have experienced domestic violence.

I consent to participate in this project, the details of which have been explained to me in the information sheet.

I understand that my participation will involve a **questionnaire** and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- Taking part in this study is voluntary and I am aware that I can stop completing the questionnaire at any time without explanation or prejudice
- That any information I give will be anonymous and that no names will be used to link me to the completed questionnaire or identify me with this study
- If I elect to participate in an individual interview and provide my contact details, these details will be separated from my completed questionnaire and there will be no connection between my answers and my contact details. My contact information will be stored separately in a locked cabinet.

For further information you can contact the principal investigator:

Phone:

Email: vera.hempel@my.jcu.edu.au

(Please click to indicate consent)

I CONSENT TO COMPLETE THE
QUESTIONNAIRE

Appendix D: Questionnaire

Exploring the diversity of social work practice responses to domestic violence against women

Q.1. Please indicate your consent to proceed to the survey questions.

Q2. Where do you work?

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Q.3. Is the community you work in:

- City
- Regional
- Rural
- Remote

Q.4. Who is your primary employer?

- Public hospital
- Private hospital
- Mental health service
- Community health service
- Not-for-profit organisation
- Private practice
- Other (please name).....

Q.5. How many years have you worked in a social work role?

- New graduate—2 years
- 3–10 years
- 11–20 years
- Over 20 years

Q.6. What is your highest social work qualification?

- BSW
- GD
- MSW
- PhD
- Other (please name).....

Q.7. How often do you see women who have been affected by domestic violence?

- Daily
- Weekly
- Monthly
- Other (please name).....

Q.8. Are you aware of policies and/or practice guidelines pertaining to domestic violence within your workplace?

- YES
- NO—proceed to Q9.

Q.9. If yes, do these policies or guidelines direct or influence your practice?

- YES
- NO

Please describe reasons for your response.....

Q.10. Do you routinely ask women about their safety in the home, related to domestic violence?

YES

NO

Please describe reasons for your decision.....

Q.11. Have you ever received training related to domestic violence intervention?

YES

NO—proceed to Q14.

Q.12. How useful was the training? (indicate all applicable)

| | Very Useful | Useful | Not Useful | Not Applicable |
|-------------------------------------|-------------|--------|------------|----------------|
| University qualification/program | | | | |
| Employer-provided training—online | | | | |
| Employer-provided training/workshop | | | | |
| Community service—provided training | | | | |
| Conference attendance | | | | |
| Other—please identify: | | | | |

Q.13. How would you rate the topics covered in the training you attended?

| | Very Useful | Useful | Not Useful | Not Applicable |
|--------------------------------------|-------------|--------|------------|----------------|
| Definitions of domestic violence | | | | |
| Domestic violence statistics | | | | |
| Theories of domestic violence | | | | |
| Legal responses to domestic violence | | | | |
| Role of community networking | | | | |
| Screening for domestic violence | | | | |
| Safety planning | | | | |
| Other—please identify: | | | | |

Q.14. Has your practice been influenced by training you attended?

YES (please describe how).....

NO

Q.15. Do you have regular clinical supervision that is separate from operational (management) supervision?

YES

NO—proceed to Q18

Q.16. How frequently do you have clinical supervision?

Weekly

Fortnightly

Monthly

Other (please state).....

Q.17. How often do you discuss domestic violence–related issues with supervision?

- Never
- Rarely
- Sometimes
- Regularly

Reasons for your response?.....

Q. 18. What determines how you prioritise your own supervision? (Number all boxes from 1 to 6; 1 being highest priority)

- Career development
- AASW accreditation
- Critical reflection
- Education/training
- Debriefing
- Other (please name)

Q.19. Do you draw on your professional/personal experience to help inform your intervention with domestic violence?

- YES
- NO

Q.20. What do you think are the main **two** reasons that men are violent towards their current and/or previous partners?

- He has childhood experience of domestic violence
- He has mental health issues
- He is under the influence of drugs or alcohol
- She provoked him
- Community attitudes towards domestic violence
- Other (please name).....

Q.21. What do you think are the **two** main reasons women continue to experience violence from men?

- She has childhood experience of domestic violence
- She has mental health issues
- She is under the influence of drugs or alcohol
- Community attitudes towards domestic violence
- Lack of gender equity
- Other (please name).....

Q.22. What would help you in your work with women experiencing domestic violence?

.....

.....

.....

.....

Q 23. If you are interested in participating in a face-to-face, Skype or telephone interview, please provide your preferred contact details by clicking the button below to access the information sheet, interview questions and consent form.

(Please click to proceed to the information for the interviews)

*THANK
TAKING*

I AM INTERESTED IN PARTICIPATING IN
AN INTERVIEW

*YOU FOR
THE TIME*

TO HELP WITH THIS STUDY

Appendix E: Information Sheet

PROJECT TITLE: Exploring the diversity of social work practice responses to domestic violence against women

You are invited to take part in a research project to explore how social workers integrate training, theoretical frameworks, professional/personal experience, clinical supervision and organisational policy to reflect on and develop their interventions with domestic violence. The study is being conducted by Vera Hempel, Principal Investigator, and will contribute to the Research PhD in the College of Arts, Society and Education at James Cook University, Townsville. Interviews will be scheduled between 1 November 2018 and 31 January 2019. They will take between 60 and 90 minutes to complete and will follow the interview plan outlined on the next page.

If you agree to participate in an individual interview, you will be asked to provide your consent by clicking on the consent button at the bottom of the consent form (next page) and by providing your preferred contact details. No connection will be made between the questionnaire you completed and your contact details.

The data from the study will be used in the PhD thesis, research reports, journal articles and conference presentations. You will not be identified in any way in these presentations or publications. The contact details you provide will not be connected to your interview responses and will be stored separately in a locked cabinet.

Principal Investigator: Vera Hempel
College: Arts, Society and Education
James Cook University
Phone:
Email: vera.hempel@my.jcu.edu.au

Advisor:
Name: A/Professor Debra Miles
College: Arts, Society and Education
James Cook University
Phone:
Email: debra.miles@jcu.edu.au

If you have any concerns regarding the ethical conduct of the study, please contact:

Human Ethics, Research Office
James Cook University, Townsville, Qld, 4811
Phone: (07) 4781 5011 (ethics@jcu.edu.au)

Appendix F: Semi-structured Interview Questions

1. Tell me about your agency's response to domestic violence:
 - The priority given to providing services to women who have experienced domestic violence
 - Relevance of organisational policies/guidelines
 - Other staff providing timely referrals
 - Your organisation's commitment to domestic violence training
2. How would you describe the effectiveness of the domestic violence services the social workers in your organisation provide in terms of:
 - Client/patient satisfaction
 - Organisational policy
 - AASW practice standards
3. What do you draw on to help women experiencing domestic violence:
 - Training
 - Supervision
 - Professional and life experience
 - Organisational policy
4. Describe the challenges you deal with when working with women who have experienced domestic violence:
 - Access to relevant training
 - Managing high workload
 - Obtaining clinical supervision
 - Other
5. Are there barriers in accessing domestic violence training?
6. Are there barriers in accessing or maintaining quality professional supervision?
7. What do you think is of greatest importance when providing an effective response to women experiencing domestic violence?

Appendix G: Informed Consent Form

| | |
|-------------------------|---|
| PRINCIPAL INVESTIGATOR: | Vera Hempel |
| PROJECT TITLE: | Exploring the diversity of social work practice responses to domestic violence against women |
| COLLEGE: | Arts, Society and Education. |

I understand the aim of this research study is to identify training, supervision, professional/personal experiences and organisational policy that contribute to my interventions with women who have experienced domestic violence.

I consent to participate in an interview, the details of which have been explained to me in the information sheet.

I understand that my participation will involve an interview and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- Taking part in this study is voluntary and I am aware that I can withdraw at any time without explanation or prejudice
- That any information I give will be anonymous and that no names will be used to link me to the responses I provide in the interview or identify me with this study
- Interviews will be recorded and if I do not agree to this I can advise the interviewer and notes only will be taken
- My contact details will be separated from my interview responses and there will be no connection made to my details. My interview responses will be de-identified and records of the interview will be stored separately. My contact information will be stored separately in a locked cabinet.

For further information contact the principal investigator

Phone:

Email: vera.hempel@my.jcu.edu.au

(Please click to indicate consent and to provide contact details)

I agree to provide my contact information to be used to arrange an appointment for an interview.

Appendix H

Consent to provide contact details to the researcher for the purpose of arranging an interview.

I consent to participate in an interview and my contact details are:

NAME:

| Title | First name | Last name | Preferred name |
|-------|------------|-----------|----------------|
| | | | |

Preferred contact type (indicate one)

Face to face, preferred location is

.....
 Telephone, preferred phone number is

.....
 Skype, preferred Skype address is

Best days/times to contact (indicate all that apply)

| | Morning 9.00–11.30 | Afternoon 1.30–5.00 | Evening 7.00–8.30 |
|-----------|--------------------|---------------------|-------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Your location (indicate one)

| State | City | Regional | Rural | Remote |
|-------|------|----------|-------|--------|
| ACT | | | | |
| NSW | | | | |
| NT | | | | |
| QLD | | | | |
| SA | | | | |
| TAS | | | | |
| VIC | | | | |
| WA | | | | |

THANK YOU FOR AGREEING TO PARTICIPATE IN AN INTERVIEW.

THE PRINCIPAL RESEARCHER WILL CONTACT YOU WITHIN ONE WEEK TO ARRANGE A TIME FOR THE INTERVIEW.

Appendix I: Informed Consent Form

INFORMED CONSENT FORM

| | |
|-------------------------|---|
| PRINCIPAL INVESTIGATOR: | Vera Hempel |
| PROJECT TITLE: | Exploring the diversity of social work practice responses to domestic violence against women |
| COLLEGE: | Arts, Society and Education |

I understand the aim of this research study is to identify training, supervision, professional/personal experiences and organisational policy that contribute to my interventions with women who have experienced domestic violence.

I consent to participate in an interview, the details of which have been explained to me in the information sheet.

I understand that my participation will involve an interview and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- Taking part in this study is voluntary and I am aware that I can withdraw at any time without explanation or prejudice
- That any information I give will be anonymous and that no names will be used to link me to the responses I provide in the interview or identify me with this study
- Interviews will be recorded and if I do not agree to this I can advise the interviewer and notes only will be taken
- My contact details will be separated from my interview responses and there will be no connection made to my details. My interview responses will be de-identified and records of the interview will be stored separately. My contact information will be stored separately in a locked cabinet.

I consent to participate in the interview:

Participant Name.....

Signature.....

Primary Investigators

Name.....

Signature.....

Phone:

Email: vera.hempel@my.jcu.edu.au

Appendix J: Semi-structured Interviews—Introduction

Thank interviewees for their interest and time.

Explain the topic of social work practice with domestic violence linked with my PhD.

My work history, as relevant to my interest in the topic.

My interest in capturing the experience and views of social workers in their practice with domestic violence.

Draw attention to the list of questions to ensure all interviewees had a copy and discuss the process—to follow the order of the questions or the interviewee could follow their own process and I would review to ensure all areas were covered.

Identify any concerns or not wanting to discuss certain areas, please let me know.

Any questions before we begin recording and commence the interview.

Appendix K: Invitation to Participate in Research Project

Title: Exploring the diversity of social work practice responses to domestic violence against women.

The study is conducted by PhD candidate Vera Hempel, has JCU ethics approval and is listed on the AASW website.

| | |
|--------------------------------------|--|
| Key dates | The survey will be open until March 2019. |
| Participants sought | Participation is sought from social workers who are currently eligible for membership of the AASW and providing health services in Australia in a wide range of settings, including not-for-profit organisations, public and private hospitals, mental health services, community health services, as well as accredited health and mental health social workers in private practice. |
| About | The study is requesting feedback from social workers to identify what informs their responses when working with women who have experienced domestic violence in terms of training, supervision, organisational policy and experience, to understand what guides professional social work practice with women who receive social work assistance for domestic violence. |
| What is involved | You can participate in the study by completing an anonymous online survey, which will take approximately 15 minutes to complete. This is the first part of the study and you may wish to submit your responses to the questionnaire and end your participation at this stage. At the end of the survey, you will be invited to participate further and progress to stage two of the study by expressing your interest in attending an individual interview (in person, by phone or Skype) to explore these matters further. |
| How to get involved | Information for potential participants, consent form and the questionnaire can be accessed via this link: https://www.surveymonkey.com/r/7W5JYZG or via the AASW website: https://www.aasw.asn.au/practitioner-resources/opportunities-for-research-participation |
| Institution and investigator contact | Principal investigator for the study is: Vera Hempel, MSW, GDRC, BSW, BA PhD Candidate College of Arts, Society and Education, JCU Vera.Hempel@my.jcu.edu.au Supervisors for the study are: Associate Professor Debra Miles, PhD, MSW, BSW College of Arts, Society and Education, JCU Debra.Miles@JCU.edu.au |

Associate Professor Susan Gair, PhD, GCTT, PG Cert
Writing, BSW (Hons.)
College of Arts, Society and Education, JCU
Susan.Gair@JCU.edu.au

Appendix L

STOP Domestic Violence Conference, 2018

Poster

Exploring the diversity of social work practice responses to domestic violence against women



<https://degreesfiction.files.wordpress.com/2012/02/theory1.jpg>

PROJECT OVERVIEW

The overarching aim of the study is to identify what informs professional social work practice with women who have experienced domestic violence and how social workers utilize training, theoretical frameworks, clinical supervision and organizational policy to guide and develop their interventions with women who experience domestic violence.

The study is inviting feedback from social workers who are currently eligible for membership of the AASW and providing health services in Australia including public and private hospitals, mental health services, community health services, not for profit organizations as well as accredited health and mental health social workers in private practice.

Study participation includes an anonymous online questionnaire taking approximately 20 minutes to complete.

In addition, respondents can also volunteer to participate in an individual interview (in person, by phone or Skype) to explore these matters further.

CONTEXT

The AASW Code of Ethics identifies the operating positions of social workers as being 'at the interface between people and their social, cultural and physical environments' (AASW, 2010, P.9), hence this study recognises the complexity of domestic violence against women on a continuum and the need for an understanding of skill requirements to intervene effectively.

CONTACTS

Principal Investigator for the study:

Vera Hempel, MSW, GDRC, BSW, BA.
PhD Candidate College of Arts, Society and Education, JCU.
Vera.Hempel@my.jcu.edu.au

Supervisors for the study:

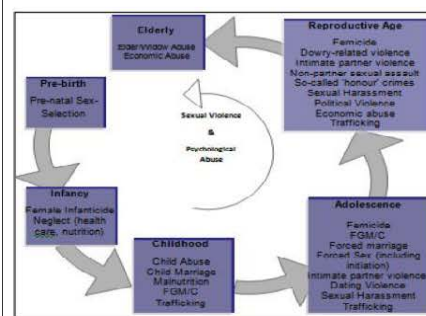
Associate Professor Debra Miles, PhD, MSW, BSW
College of Arts, Society and Education, JCU.
Debra.Miles@JCU.edu.au

Associate Professor Susan Gair, PhD, GCTT, PG Cert Writing, BSW (Hons.)

College of Arts, Society and Education, JCU.
Susan.Gair@JCU.edu.au



UNWomen. Retrieved from: <http://www.endvawnow.org/en/articles/298-the-life-cycle-and-violence.html>



BACKGROUND

Research indicates that social workers are the most likely contact for women who have experienced domestic violence (Danis, 2004) and are well positioned to address the complexity of disempowerment emanating from systemic disadvantage and discrimination (Australian Association of Social Workers (AASW), 2015).

Victims of domestic violence often present to health services in the first instance with services provided in a neo liberal context in which social worker's values and theoretical frameworks are increasingly challenged (Ife, 1997) with the potential to reduce the profession's scope of practice.

In this environment social workers need to be adaptable and have confidence in their skill base. Yet domestic violence training is variable with social workers reporting they are unprepared to manage the complexities and need specific training in domestic violence (Heffernan et al. 2014).

Hence this study plans to explore how social workers utilize their resources to inform their practice with women who have experienced domestic violence while responding to the competing demands of complex bureaucratic and social contexts (AASW, 2015).

Appendix M

Intersectionalities in Domestic Violence Conference, Perth, 2019

Abstract

Social work with domestic violence—the role of professional supervision.

ABSTRACT: Intersectionalities in Domestic Violence Conference, 2019

Principal Researcher:

PhD student Vera Hempel, MSW, has knowledge of the social impact of domestic violence and has extensive experience in social work practice within hospitals, mental health services and private practice. Her experience includes clinical social work practice and management, including evidence-based social work service. Vera currently provides social work services in the Emergency Department of Townsville Hospital while completing a research PhD at James Cook University, titled 'Exploring the Diversity of Social Work Practice Responses to Domestic Violence against Women'.

Research Advisors:

Professor Debra Miles, College of Arts, Society and Education, JCU Townsville. Associate Professor Susan Gair, College of Arts, Society and Education, JCU Townsville.

Abstract

There is recognition amongst social workers that wide-ranging knowledge and skills are required to intervene with domestic violence that incorporates individual circumstance and systemic factors. The theoretical and value-based framework included in the training of the social work profession provides a basis to address immediate safety needs and the complexity of disempowerment emanating from systemic disadvantage and discrimination.

However, while social workers are often the first professional that women who experience domestic violence have contact with, they regularly report feeling unprepared and needing specialist training to intervene in this complex area. Hence, an exploratory study was designed to add to the discussion about the professional support needs of social workers working with domestic violence against women in terms of supervision, training and experience. The mixed-methods study was open to Australian Association of Social Workers' (AASW) eligible social workers working within Australia and included an online survey and semi-structured interviews.

Study participants described working with women who have experienced domestic violence as complex, requiring a knowledgeable, professional supervisor with whom they can establish a trusting and supportive relationship to facilitate critical reflection and debriefing. However, social workers' access to professional supervision was often dependent on their practice context and influenced by neoliberalism's commitment to the contradictory positions of deregulation and managerialist standardisation.

KEYWORDS: professional supervision, domestic violence, neoliberalism