



**UNSW**  
SYDNEY

Australia's  
Global  
University

# Evaluation of the technology trial (Keeping Women Safe in Their Homes)

Final report

Prepared for:  
Queensland Department of Child Safety, Youth and Women

August 2019

Sandra Gendera, Paula Jops, Timothy Broady, kylie valentine and Jan Breckenridge

## **Research Team**

Sandra Gendera, Paula Jops, Timothy Broady, kylie valentine, Jan Breckenridge

For further information:

kylie valentine [k.valentine@unsw.edu.au](mailto:k.valentine@unsw.edu.au)

## **Social Policy Research Centre**

UNSW Sydney NSW 2052 Australia

T +61 2 9385 7800

F +61 2 9385 7838

E [sprc@unsw.edu.au](mailto:sprc@unsw.edu.au)

W [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)

© UNSW Sydney 2019

Suggested citation:

Gendera, S., Jops, P., Broady, T., valentine, k., & Breckenridge, J. (2019). *Evaluation of the technology trial (Keeping Women Safe in Their Homes)*. Sydney: Social Policy Research Centre, UNSW Sydney.

<http://doi.org/10.26190/5d894c6128880>

# Contents

1	Executive summary .....	1
2	Introduction .....	5
	2.1 Background to the technology trial.....	6
	2.2 Aims and anticipated outcomes of the technology trial .....	8
	2.3 Evaluation questions.....	9
	2.4 Process/implementation questions .....	9
	2.5 Outcome questions.....	10
	2.6 Investment questions.....	10
3	Methods.....	11
	3.2 Caveats and limitations.....	13
4	Client characteristics.....	15
	4.1 Demographic information.....	15
	4.2 Support received.....	19
	4.3 Living arrangements .....	20
	4.4 Satisfaction with and use of technology .....	21
5	Process/implementation findings .....	25
	5.1 Implementation facilitators and enablers .....	25
6	Outcome and investment findings .....	31
	6.1 Client outcomes .....	31
	6.2 Service provider outcomes and investment requirements .....	42
	6.3 Impact on perpetrator behaviour and accountability .....	43
7	Conclusion.....	45
	Appendix A Queensland Police Service crime data .....	46
	Appendix B Client demographics .....	49
8	References .....	50

# Tables

Table 1: Trial participant survey responses ..... 11

Table 2: Comparison over time, survey responses matched ..... 12

Table 3: Program participants by trial site, age, income, accommodation  
status and living arrangements ..... 16

Table 4: Personal duress alarm activation across timepoints ..... 22

# Figures

Figure 4.1: Self-rated health and wellbeing at commencement survey.....	17
Figure 4.2: Self-rated safety at home, in the community and children’s safety .....	18
Figure 4.3: Type of safety and security measures that participants thought would increase their safety .....	18
Figure 4.4: Technology measures .....	19
Figure 4.5: Casework and other support.....	20
Figure 4.6: Living arrangements .....	20
Figure 4.7: Personal duress alarm activation and useability .....	21
Figure 4.8: Duress alarm perceived effectiveness .....	23
Figure 4.9: Security cameras useability .....	24
Figure 4.10: Security cameras perceived effectiveness.....	24
Figure 7.1: Changes in breaches of Domestic Violence Protection Orders, all sites .....	46
Figure 7.2 Changes in breaches of Domestic Violence Protection Orders, Rockhampton.....	46
Figure 7.3 Changes in breaches of Domestic Violence Protection Orders, Caboolture .....	47
Figure 7.4 Changes in breaches of Domestic Violence Protection Orders, Cairns .....	47
Figure 7.5 Changes in breaches of Domestic Violence Protection Orders, Ipswich.....	48
Figure 7.6 Changes in breaches of Domestic Violence Protection Orders, Queensland .....	48

# Glossary

CALD	Culturally and linguistically diverse
DCSYW	Queensland Department of Child Safety, Youth and Women
DFV	Domestic and family violence
DVO	Domestic Violence Order
KWSITH	Keeping Women Safe in their Home
PDA	Personal duress alarm

# 1 Executive summary

The Queensland Keeping Women Safe in their Home (KWSITH) technology trial is part of the Commonwealth Government funded Women's Safety Package. The KWSITH Technology Trials commenced in Cairns, Ipswich, Rockhampton and Caboolture in September 2016, with the trial due for completion by 30 June 2019.

Elements of the trial include:

- enhancement of home and personal security to support and empower women experiencing domestic and family violence, and their children, to remain close to family and other support networks such as workplaces, schools and childcare
- completion of a comprehensive risk assessment and the implementation of a detailed safety plan that monitors and reviews risk over time
- implementation of new and innovative technology driven solutions such as the provision of 24/7 security monitored personal duress alarms and security cameras at the KWSITH participants' home
- conducting of property audits and/or cyber audits, where identified as safe and appropriate, to assess the safety of home/property and examining cyber environments such as computers, smart phones and vehicles (tracking devices) to address identified or perceived security concerns of surveillance and/or stalking.

This is the final report of the evaluation of the technology trial, which aims to investigate whether and how the technology-based initiative enables people to stay safer at home, which people, and under what circumstances, and if it empowers them in other ways.

## Methods

The evaluation uses multiple methods and data sources.

**Client survey:** Participants in the program were requested to complete surveys at entry to the program, after 3 months, 6 months and on exit. The surveys included items on, devices issued, whether and how the device has been used, any incidents of harassment or abuse since commencing in the program, interactions with the police since commencing, and impact of the program on felt safety.

**Staff and client interviews:** phone interviews were conducted with:

- thirteen program participants about their experiences with the program, their satisfaction, and their views on how each of the components of the program could be improved to better meet their needs
- six staff and managers in the four trial sites.

## Implementation findings

The trial is regarded very positively by staff and clients and has been implemented in line with the principles outlined in the guidelines.

The services delivering the trial also reported implementation challenges, relating to:

- casework resources required to collect and record data, keep cases open while clients have either a security camera or a personal duress alarm
- communication with social housing providers and landlords in the private rental market around the installation of cameras
- communication with police
- relationships with companies that provide and maintain the technology.

Services reported mixed experiences regarding the integration with the broader community sector and key stakeholders in the trial sites, such as departments of housing, police and other emergency services. Service integration and collaboration have been improved by the introduction of high-risk teams in three of the four trial sites, and implementation of the trial has been affected by the strengths and challenges of pre-existing relationships.

To support the domestic and family violence (DFV) service providers, DCSYW set up multiple opportunities to 'co-design' the initiative and build the capacity of the DFV staff in the use of technology and in technology-facilitated abuse. In interviews, DFV providers emphasised the value and benefits of these opportunities. However, they also emphasised that significant resources, including time, were required to participate.

Program stakeholders acknowledged that the responsibilities of service providers in managing both casework and technology are significant, and that DFV service providers have expertise in DFV and in supporting clients, but not in troubleshooting technology.

### **Client characteristics**

The trial commenced in September 2016. Survey data is available for 276 clients who have participated since the trial started, over four sites: Ipswich, Caboolture, Cairns and Rockhampton.

Most clients were living with children and/or other family members in a household.

Most survey respondents were still living in the same accommodation three and six months after commencing their participation in the trial. At the three-month survey, 136 women (82.4%) were still living at the same accommodation, and at the 6-month survey, 75 women (75.0%). Since the last survey, 25 women had moved.

At commencement, the majority of women (82.3%, N=227) in the program were issued with a personal duress alarm (PDA) while around a third (32%, n = 89) were issued with a security camera. Clients who received support relevant to technology facilitated abuse were fewer in number than received PDAs or security cameras, that is, safety information (N=14), a smart phone application (N=9) or a cyber sweep by an IT consultant (N=7).

### **Client outcomes**

At entry to the program, almost 65 per cent of clients reported in the survey that they felt either 'very unsafe' or 'unsafe' when they were out in the community. Nearly half of the respondents reported that they felt 'unsafe' or 'very unsafe' at home.



Survey respondents who were issued with a PDA reported improvements in their sense of safety over time. At the 6-month survey, 63 women (84% of respondents) reported that over the last 6 months it had increased their sense of safety. Equally, for the women who had dependent children, 44 mothers (80%) reported that it had increased their child's safety over the last 6 months.

Survey respondents who had been issued with a home security camera reported that it had increased their feeling of safety (41 women, 85.4%) as well as their child's safety (28 women, 71.8%).

Survey responses are supported by interview findings. Clients in interviews reported that the personal duress alarms and security cameras made them feel safer, gave them peace of mind, made them feel less anxious, changed how they engaged with their children, and increased their participation in the community.

In the interviews, all women who were living with dependent children said that the technology had made a significant positive difference to their child's actual safety, children's own sense of safety and wellbeing.

The majority of clients exiting the trial reported that the perpetrator was aware of the security camera, and around a third indicated that this had deterred the perpetrator from coming to the property. In interviews, clients reported that perpetrators had communicated to them that the devices were keeping them away, or that they assumed the devices were doing this because the harassment had ceased after they received the devices. However, deterrence may not always be an effect of the technology, and a small number of cases were reported where the perpetrator had used the technology to continue harassment in new ways, for example by perpetrators damaging the security cameras.

Clients and service providers also reported some negative experiences, which related to three significant themes:

- impact of broader system failures, especially when police or courts are perceived to be ineffective
- technology useability and reliability
- concerns about privacy.

### **Service provider and sector outcomes, and areas for development**

The evaluation underlines the need for resources to be invested in supporting service providers and funding agencies to design and monitor outcomes of new initiatives which make use of technology. Data limitations, especially relating to the needs of different groups of women (women from culturally and linguistically diverse CALD, backgrounds, Indigenous women and women with disability) place constraints on the findings of this evaluation, but policy development options exist for:

- increasing the sustainability of the use of PDAs and security cameras
- continuing to build partnerships between technology vendors and DFV service providers, and improving the capacity of both

- reducing respondent burden for data collection and ensuring that meaningful data is collected to track key outcomes
- building capacity in the domestic and family violence sector to respond to technology-facilitated abuse through, for example, professional development opportunities and joint training and education with technology vendors.

## 2 Introduction

This is the final report of the evaluation of the Queensland Keeping Women Safe in their Home (KWSITH) technology trial designed to assist women who are risk assessed as highly vulnerable or experiencing ongoing domestic and family violence, to stay safer in their home, where appropriate and safe to do so, through the provision of new and emerging technological enhancements to home, property and personal security. The evaluation aims to investigate whether and how the technology-based initiative enables people to stay safer at home, which people, and under what circumstances, and if it empowers them in other ways.

The initiative is part of the Commonwealth Government funded Women's Safety Package. The funding supports the work being undertaken as part of the *National Plan to reduce Violence against Women and their Children (2010-2022)* (Council of Australian Governments, 2013) and complements other actions the Queensland Government is implementing to deliver on Recommendation 86 in the *Not Now, Not Ever* report (Special Taskforce on Domestic and Family Violence in Queensland, 2015).

This evaluation report adds to the evidence base on the effectiveness of interventions to address domestic and family violence, and the impact of the innovative use of technology driven solutions supported by safety plans and case management. As an evaluation project commissioned by the Queensland Department of Child Safety, Youth and Women (DCSYW), the government agency that is funding and managing the initiative, its findings will support the improvement of policy design and implementation.

The KWSITH Technology Trials commenced in Cairns, Ipswich, Rockhampton and Caboolture in September 2016, with the trial due for completion by 30 June 2019. The trial is delivered as an enhancement to the suite of existing domestic and family violence and Safety Upgrades Initiative responses rather than a stand-alone response. Elements of the trial include:

- enhancement of home and personal security to support and empower women experiencing domestic and family violence, and their children, to remain close to family and other support networks such as workplaces, schools and child care
- completion of a comprehensive risk assessment and the implementation of a detailed safety plan that monitors and reviews risk over time
- implementation of new and innovative technology driven solutions such as the provision of 24/7 security monitored personal duress alarms and security cameras at the KWSITH participants' home
- conducting of property audits and/or cyber audits, where identified as safe and appropriate, to assess the safety of home/property and examining cyber environments such as computers, smart phones and vehicles (tracking devices) to address identified or perceived security concerns of surveillance and/or stalking.

The trial introduced new technology, as well as new practice implications about technology-facilitated abuse, to DFV service providers with expertise in DFV but not necessarily in the use of technology. To support the providers, regular communication with DCSYW project officers was encouraged, and the program manager regularly sent resources and advice to services.

Professional development was provided to the services twice during the trial by WESNET; a national women's peak body with expertise in DFV, technology-facilitated violence and communication products and services; and services were partially funded to attend WESNET Technology Summits on an annual basis for three years.

## 2.1 Background to the technology trial

There are two related but distinct components to the initiative:

- using technology such as personal safety alarms and security cameras to enhance victims' safety, in which technology is part of a safety response to support victims
- identifying and responding to technology-facilitated abuse, in which technology such as social media is used by perpetrators to stalk and monitor victims.

The research on both is reviewed briefly below. In addition to published research, the Queensland technology trial also drew on Victoria's Safe Futures initiative. Through sharing information and resources, and ongoing relationships, staff and stakeholders from the Safe Futures Foundation ensured that the technology trial was built on promising practices and principles.

The academic and grey literature on the impact of personal safety alarms for victims of domestic violence is based on a small number of studies, but research to date does support the view that personal safety alarms contribute to an increased sense of safety for victims, when provided as part of a comprehensive 'safe at home' initiative. There is also tentative evidence that safety alarms may be associated with other positive outcomes, including an increased likelihood of victims remaining in their own home or a home of their choice (rather than in refuge-type accommodation), reduction of repeat abuse of victims, improvement in partnerships with key stakeholders and greater cost-effectiveness.

A growing body of evidence on 'safe at home' initiatives, summarised in an Australian meta-evaluation, (Breckenridge, Chung, Spinney, & Zufferey, 2016: 15) indicates the importance of technology-assisted initiatives being part of an integrated service that incorporates:

- a focus on maximising women's safety using a combination of criminal justice responses, such as legal provisions to exclude the perpetrator from the home and protect victims from post-separation violence, proactive policing, safety alarms and home security upgrades
- a coordinated or integrated response involving partnerships between local services
- 'safe at home' as a homelessness prevention strategy, which includes ensuring women are informed about their housing options before the time of crisis and at separation, and providing support for women to maintain their housing
- recognition of the importance of enhancing women's economic security.

Of the 12 'safe at home' responses included in the evaluations, six included the use of some form of safety alarm. Of these, the most recent evaluations noted the involvement of police in the initiatives: Staying Home Leaving Violence (NSW), Improving Safety in the Home Response (Queensland) and Safe at Home (Western Australia) (Breckenridge et al., 2016).

The intended purpose of personal safety alarm schemes to address and prevent domestic violence vary between jurisdictions and programs. They include: to provide support and protection to victims of domestic violence who are at high risk of harm so that they may remain in their own home or a home of their choice (Breckenridge, Walden and Flax, 2014); enforcing compliance with, or deterring breaches of, restraining orders (Nicholson, 2012; Paterson and Clamp 2014); increasing detection of and accountability for perpetrators of domestic violence (Taylor and Mackay, 2011); and facilitating apprehension of perpetrators (Römken, 2006).

The available evidence supports the view that DFV victims' sense of safety increases when they use a personal or fixed home safety alarm. Relevant findings include:

- Romkens' (2006) studied a Dutch safety alarm scheme in which the victim's house is wired with an electronic alarm system that the victim can press by pushing a button in the house or a pendant that she can also carry with her in the close vicinity of the house. The study found that the alarm made victims feel safe at home again and that their psychosomatic complaints (e.g. sleep disturbance) diminished dramatically. Note the small sample of 9 participants.
- The final evaluation of the former BSafe alarm scheme in Victoria (Taylor and Mackay 2011) found that 58 percent of women experienced an increase in their sense of safety, to 'safe' or 'very safe', following the installation of BSafe (p. 38).
- A study of a telephone alarm system for DFV victims run by a local authority in England found alarm users felt that the alarm made them feel 'a lot safer' (Walker 2001). Note there were only 3 alarm users during the trial period.
- A trial of the TecSOS device in the UK, which is based on a system developed in Spain by Vodafone alongside the Red Cross, was conducted with a sample of 30 DFV victims. These individuals were provided with a TecSOS device and polled on a scale of one to ten about their fears over personal safety before and after using the device. The average score after 3 months of use fell from 7.6 to 4 (where a higher score indicated greater fear) (Fildes 2011).
- The most recent evaluation of the SOS alarm used by Staying Home Leaving Violence (SHLV) clients in NSW demonstrated an increase in hopefulness and decrease in fear by women at service completion via the use of outcome measures. However, it is not possible to attribute these changes solely to the alarm given that the women were also receiving the SHLV service concurrently (Breckenridge et al., 2016)

The research available on personal safety alarm schemes provides some tentative evidence that personal safety duress alarms may assist in supporting women who are experiencing DFV to stay in their own home or a home of their choice, thereby preventing homelessness. For example, an evaluation of the former BSafe project found that the added level of security provided by the BSafe device allowed a large proportion of DFV victims (68 percent) to stay in their own homes, despite advice from professionals (including police) to relocate due to the risk of violence (p.37). An additional 20 percent of women were able to relocate to a home of their own in their community (Taylor and Mackay 2011: 15,35). This was possible

An evaluation of the 'Bradford Staying Put' program, a crime reduction program funded by the UK Home Office, found that DFV victims who received upgraded home security and panic alarms

(monitored by Care-line and police) experienced a reduction of 78 percent in repeat incidents of abuse. This was a greater reduction in repeat abuse than that experienced by DFV victims who received a mobile phone only, or a home security upgrade only, but no panic alarm. DFV victims who received a panic alarm only also showed a large reduction in recorded incidents of repeat victimisation (76% reduction) (Hester and Westmarland 2005: 79, 80-81).

Similarly, an evaluation of the former BSafe scheme found that use of the BSafe device led to a reduction in physical assaults of personal duress alarm users and a decrease in intervention order breaches (Taylor and Mackay 2011: 4).

There is also an emergent research literature on technology-facilitated abuse and its harms and consequences. Stalking, and the use of technology in stalking, is increasingly recognized as a risk factor for the escalation of risk and serious harm. For example, a recent review of DFV homicides in NSW found that around 40% of cases involved stalking as part of the abuse, and over half of these cases involved the use of technology: 'persistent text messaging, checking the domestic violence victim's phone, covertly recording the victim's activities, installing key logger software on the victim's computer, and engaging with the victim on social media/dating sites under a false identity' (Domestic Violence Death Review Team, 2017: 134). A qualitative study conducted by Douglas and colleagues (2019) on the experiences of women in Queensland who had experienced DFV and engaged with legal systems found that most identified technology-facilitated abuse as part of the pattern of the DFV they experienced. This took the form of constant monitoring of their behaviour, and the use of technology by perpetrators 'to isolate, stalk and emotionally abuse them and to create a sense of the perpetrator being omnipresent' (Douglas et al., 2019: 565). One consequence of this is self-exclusion by clients from social media, which adds to their isolation:

Although use of social media platforms such as Facebook is a normal feature of daily life for most Australians, many women who had experienced DFV felt compelled to disconnect from technology to escape abuse and monitoring by perpetrators. This often resulted in isolation from friends, family and other social and work opportunities, whereas their abusive ex-partners usually continued to have free range online (Douglas et al., 2019: 564).

The study also found that technology was sometimes used by clients to enhance their safety, for example, in recording the abuse for evidentiary purposes, and using CCTV and GPS for protection.

The small number of studies on technology as a safety measure means that more needs to be known about the circumstances in which technology-driven interventions increase the safety of victims, decrease the risk of domestic and family violence leading to homelessness, and build the capacity of the service system. There is also a need to know more about the capacity of DFV services to respond to technology-facilitated abuse, and the resources required to ensure effective partnerships between the DFV sector, commercial agencies which provide technology and government agencies. This project contributes to this evidence base by providing new knowledge on the implementation and effectiveness of the technology trials.

## **2.2 Aims and anticipated outcomes of the technology trial**

DCSYW has identified measures of success and anticipated outcomes for victims/survivors who participate in the initiative, technology trial service providers and the broader service system:

## **Anticipated short-term outcomes**

- Implementation (increased resources, access and support) of a new service response in trial sites to respond to DFV, including perpetrator facilitated technology abuse and related safety and risks
- Increased knowledge and skills of technology-facilitated abuse amongst service providers and strategies to assess, monitor and prevent this specific type of abuse
- Increase in number and quality of safety plans and technology related safety measures implemented for women experiencing DFV.

## **Anticipated medium-term outcomes**

- Service providers and agencies establish or improve connections with relevant stakeholders to deliver coordinated responses to women experiencing DFV, including perpetrator facilitated technology abuse.
- Survivors/victims have a better understanding of technology and cyber abuse and how to manage the technology/safety measures issued as part of their safety plan.
- Survivors/victims perceptions of wellbeing and safety improve.
- Survivors/victims experience a reduction in frequency/severity of DFV and/or perpetrator facilitated technology abuse.
- Safety and housing stability increase for women experiencing DFV and/or perpetrator facilitated technology (evidenced through a reduction in the number of domestic violence order breaches, and a reduction in the number of victims accessing motel nights/shelter nights/ emergency accommodation).
- The administration of the KWSITH program is more efficient and effective.
- Service responses for women experiencing DFV and or perpetrator facilitated technology abuse are more coordinated, including improved responses in crisis situations and better long-term sustainable outcomes for women experiencing DFV.
- Perpetrators are deterred from committing further abuse and held accountable for their behaviour.

## **2.3 Evaluation questions**

The study was designed to address 11 key evaluation questions, consolidated from a longer list of questions in the tender documents provided by DCSYW, relating to the implementation and outcomes of the initiative and current and future investment needs.

### **2.3.1 Process/implementation questions**

1. How is the initiative being implemented in each location?
2. What are the barriers and enablers to implementing individual components of the initiative (risk assessment and safety planning, property and cyber audits)?
3. How is implementation of the initiative being experienced:

- by staff and stakeholders?
  - by participants?
4. How is implementation of the initiative affected (positively and negatively) by the service sector and community characteristics in each location?
  5. How and to what extent is the initiative supporting service integration?

### **2.3.2 Outcome questions**

6. To what extent, and in what circumstances, is the initiative keeping women, children and young people safer? How are benefits and outcomes experienced by different groups (CALD, Aboriginal and Torres Strait Islander women, regional areas, women with disability and women with children) and across locations?
7. What are the unintended consequences (positive and negative) of the initiative?
8. What is the impact of the initiative on service providers and the service system?
9. What is the impact of the initiative on perpetrator behaviour and accountability?

### **2.3.3 Investment questions**

10. What level and type of investment is required for technology and related initiatives to effectively support women to stay safer in their own homes and build the capacity of the service system?
11. How do investment requirements differ for CALD, Aboriginal and Torres Strait Islander women, regional areas, women with disability and women with children?



## 3 Methods

The evaluation adopted a participatory research approach, relying on a close working relationship with DCSYW and providers, to maximise utility in the research project. The project was conducted between November 2018 and April 2019 and investigated the implementation and effects of the trial in each of the trial sites from multiple perspectives.

The primary methods were analysis of non-identifiable survey data collected from program participants about their experience in the program and the impact of alarms and other technology on their safety, telephone interviews with program participants, and interviews with staff delivering the program.

### 3.1 Data sources

#### 3.1.1 Client survey

The program recorded information on client demographic characteristics and services received, which were provided in aggregate form for each trial site.

Participants in the program were requested to complete surveys at entry to the program, after 3 months, 6 months, and on exit. The surveys included items on: devices issued (e.g. personal duress alarms, security camera and/or smart phone application), whether and how the device has been used, any incidents of harassment or abuse since commencing in the program, interactions with the police since commencing the program, and impact of the program on felt safety. The survey did not collect identifying details such as name, address or contact details.

**Table 1: Trial participant survey responses**

	Responses (N)
Commencement survey	276
3-month survey	165
6-month survey	100
Exit survey	100

Clients were assigned a non-identifiable respondent ID, allowing matching of surveys to respondents over time.

Table 2 shows the proportion of surveys that could be matched between time points. Of the 276 respondents for whom commencement data is available, exit survey data is available for 46 respondents, and data from all four surveys (commencement, 3-month, 6-month and exit) is available for 25 clients.

**Table 2: Comparison over time, survey responses matched**

Survey	Matched survey	N (%)
Commencement	3-month	84 (30.4)
	6-month	55 (19.9)
	exit	46 (16.7)
	3 & 6-month	47 (17.0)
	3-month, 6-month, exit	25 (9.1)
3-month	6-month	74 (44.8)
	exit	48 (29.1)
	6-month & exit	37 (22.4)
6-month	exit	44 (44.0)

### 3.1.2 Interviews with program participants

The research team conducted semi-structured telephone interviews with 13 program participants about their experiences with the program, satisfaction, and their views on how each of the components of the program (devices, safety planning, audit and case management) could be improved to better meet their needs. Participants were asked about their experiences of the initiative and the circumstances in which they felt it improved safety, and its perceived strengths and challenges.

Of the 13 client interview participants, one woman identified as having a disability, one woman as Indigenous, and one woman was from a CALD background.

#### Recruitment of interview participants

We used an arm's length approach to recruit client participants to the study. Service providers in each trial site approached a small number of participants involved in the program, briefed them about the purpose of the research, and asked them if they wanted to take part. Participants who expressed their interest to be involved, also agreed for their contact details to be given to the research team. A researcher contacted the women to confirm that they were still interested in taking part in the phone interview, and if so, arranged a suitable time to conduct the interview. Three women chose not to take part in the research at the time they were invited by the researcher to the phone interview.

### 3.1.3 Staff interviews

The research team conducted individual phone and small group phone interviews with 6 managers and staff of the specialist DFV service providers involved in the technology trial in each site, and two stakeholders involved in program design and implementation. Interviews with staff and stakeholders focused on all aspects of the program implementation, effectiveness of the technology and outcomes for participants.

### **3.1.4 Administrative and crime reports data**

The four NGOs that delivered the trial provided information on their client demographics extracted from data they enter into the Department of Social Service DEX data portal. Information on crime rates was available on the Queensland Police Service website.

### **3.1.5 Qualitative data analysis**

Interview recordings were transcribed verbatim, checked for accuracy and de-identified. Clients were assigned a pseudonym. Transcripts were imported into the qualitative data software program QSR NVivo, to enable the data to be managed effectively during the coding process. The coding framework was developed through a combination of axial codes relating to the evaluation questions and open codes that describe key ideas and concerns identified by participants. Extracts from client and staff interviews and client experience vignettes are presented in this report as illustrative examples and have been edited for readability and in some cases anonymity.

### **3.1.6 Ethics**

The research study has ethics approval by UNSW HREC: approval numbers HC180816 and HC180610. All research participants, clients in the program and service managers and staff were provided with Participant Information Statements and Consent forms.

## **3.2 Caveats and limitations**

The evaluation looks at how the trial model is operating across the four sites; it identifies its strengths and weaknesses and areas for development. While the evaluation reports the identified outcomes for clients, it was not possible to assess whether these outcomes can be attributed to the trial in the absence of a counterfactual. No service providers from other agencies (other than those involved in the partnership) were interviewed for the evaluation.

The figures presented in the survey data reflect the percentage of valid responses to each question. Several questions were set up in Survey Monkey to allow multiple response options to be selected by a single participant, even when this should not have been the case. Minor adjustments were made to the reported frequencies due to inconsistencies in the survey skip logic. For example, a respondent may have answered some questions about using a PDA despite not reporting having been issued with one. Questions that allowed participants to make their own comments coded these responses as a separate category to the response options made available. For example, almost one third of responses to the question 'Do you currently have a Domestic Violence Order (DVO)?' (in the commencement survey) were coded as 'Other'. A majority of these open-ended responses indicated that they did have a DVO, but had not been reported as such in the raw data.

As a result of apparent data entry inconsistencies such as these, it was not always clear if missing data on any particular question was due to a refusal to answer that question or an error in the data entry process. Future surveys would benefit from establishing a more rigorous process to ensure the accuracy of data entered.

DEX data is incomplete and is available only for all participants in the Keeping Women Safe program, not those participating only in the trial. There are significant limitations on information about key characteristics of trial participants relating to Indigenous status, clients with disability and CALD backgrounds.

## 4 Client characteristics

At the entry into the program, trial participants were asked to complete a commencement survey. The demographic information on program participants is reported here based on the commencement survey and administrative data collected by providers.

### 4.1 Demographic information

#### Location

The trial commenced in September 2016, and 276 clients have completed surveys since commencement, over four sites:

- Ipswich: Domestic Violence Action Centre 112
- Caboolture: Centre Against Domestic Abuse 74
- Cairns: Cairns Regional Domestic Violence Service 48
- Rockhampton: Relationships Australia Queensland 42

#### Age

Participants' ages ranged from 19 years to 78 years. The mean age was 37.7 years, based on the 276 survey participants who completed the commencement survey.

#### Source of income

At entry into the program, over half of the women (60.9%) reported Centrelink as their main source of income; around a quarter of survey respondents were employed, earning a wage income (25.7%); a small number, three women (1.1%), were self-employed (Table 3) at the time. Twenty-one women (7.6%) reported 'other' as their main source of income and thirteen participants (4.7%) reported 'no income' at all.

#### Current accommodation

Over half of the women (55.8%) were in rental accommodation at entry into the program. Close to a quarter of participants (22.5%) lived in their own unit/house. Forty women (14.5%) were at the time of the survey living with family or friends, and four women (1.4%) reported that they were staying in a women's refuge. Sixteen women reported 'other' as their current accommodation.

#### Current living situation

Over three-quarters (N=217) of the trial participants (78.6%), who completed the commencement survey, were living with children and family members in a household. Fifteen women were at the time of the survey living with their new partner (5.4%) and ten women (3.6%) with friends. Fifty-nine women (21.4%) were living with 'other' people, who were not family/children, a new partner, or friend. Four participants (1.4%) were living with their abusive (ex) partner in a shared household (Table 3).

**Table 3: Program participants by trial site, age, income, accommodation status and living arrangements**

	<b>Trial site</b>	<b>N (%)</b>
Total survey participants		276 (100%)
Participants by trial site	Ipswich	112 (40.6)
	Caboolture	74 (26.8)
	Cairns	48 (17.4)
	Rockhampton	42 (15.2)
Age: mean (SD), range		37.7 (10.7), 19-78
Source of income	Centrelink	168 (60.9)
	Wages	71 (25.7)
	Self-employed	3 (1.1)
	No income	13 (4.7)
	Other	21 (7.6)
Current accommodation	Rental	154 (55.8)
	Own home/unit	62 (22.5)
	With friends/family	40 (14.5)
	Women's refuge	4 (1.4)
	Other	16 (5.8)
Currently living with: <sup>1</sup>	Children/family	217 (78.6)
	New partner	15 (5.4)
	Friends	10 (3.6)
	Abusive (ex) partner	4 (1.4)
	Other	59 (21.4)

<sup>1</sup> Categories are not mutually exclusive

### **CALD clients, Indigenous clients, and clients with disability**

The KWSITH survey does not collect information on CALD or Indigenous status, or on disability. This information is collected via the DEX portal and is presented in Appendix B primarily as contextual information. This is because it includes all clients for the service, not only those who were part of the KSWITH trial, and there are significant gaps and variation in the data. This data indicates that a fairly low number of participants are from CALD backgrounds, and around 16% are Indigenous across the trial sites.

Information on clients with disability is very limited.

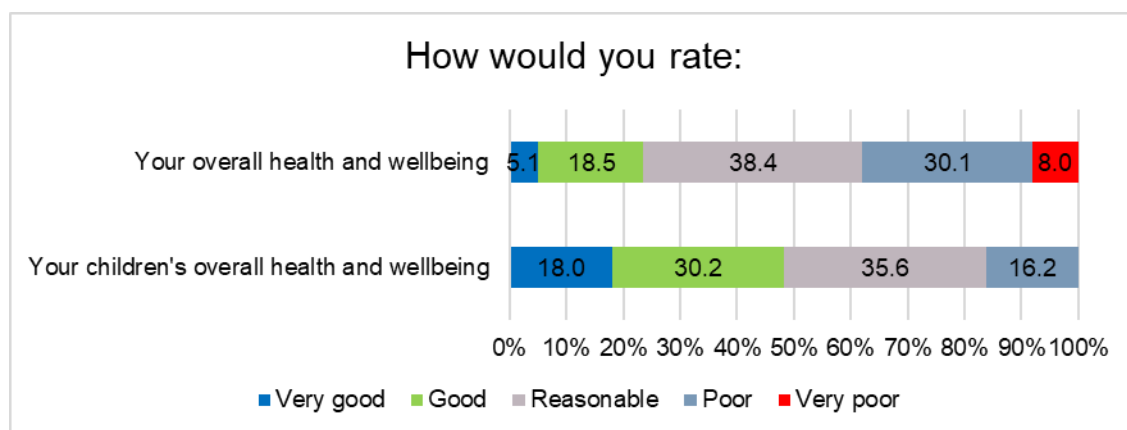
The DEX portal is reportedly difficult and time-consuming to use, and options for improving knowledge on outcomes of the trial include the development of more efficient data systems (see Section 6.2). Alternatively, there may be benefits in ongoing training in the use of the DEX portal for the DFV sector, and enhancements to that database to improve its data and increase its useability for the sector.

### 4.1.1 Health and wellbeing

In the commencement survey the 276 trial participants were asked to self-rate their overall health and wellbeing and their children’s health (Figure 4.1). Around thirty-eight per cent of women (38.4%) reported their health as ‘reasonable’. Close to forty per cent of women rated their health and wellbeing as ‘somewhat poor’, either ‘very poor’ (8%) or ‘poor’ (30.1%). Nearly a quarter of women (23.6%) said their health and wellbeing was either ‘good’ (18.5%) or ‘very good’ (5.1%).

With respect to children’s overall health and wellbeing, of the mothers commencing the trial who had a dependent child living with them, close to half (48.2%) reported positive health and wellbeing of their child. Eighteen per cent said ‘very good’ and thirty per cent said it was ‘good’. Thirty-five per cent (35.6%) of mothers reported their child’s health and wellbeing to be ‘reasonable’ and sixteen per cent said it was ‘poor’ (Figure 4.1).

**Figure 4.1: Self-rated health and wellbeing at commencement survey**



### 4.1.2 Safety and safety needs

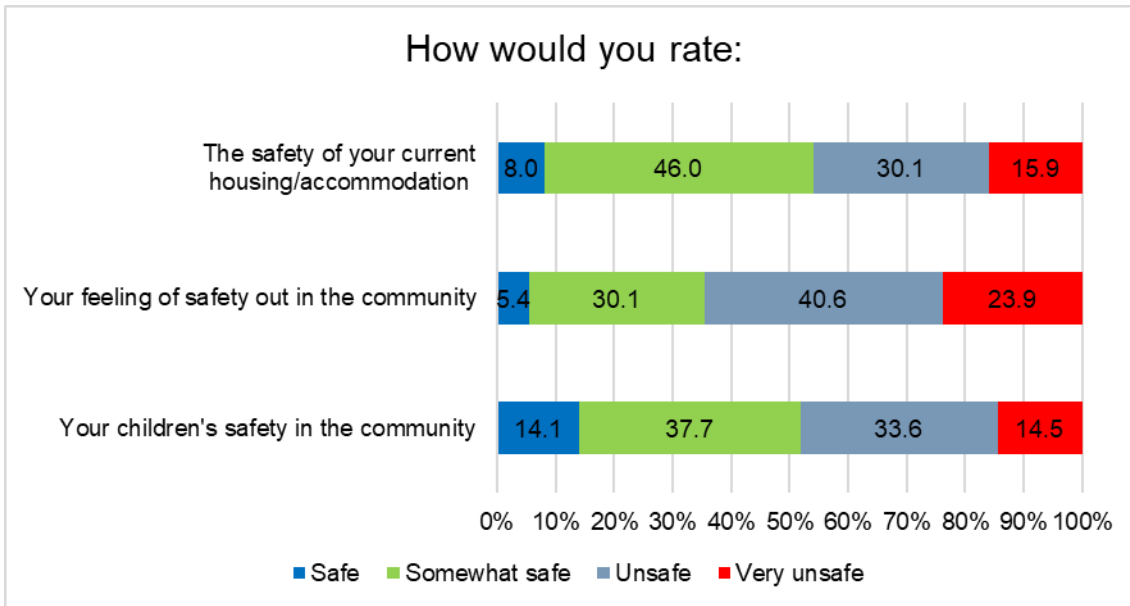
At commencement, participants were asked to rate their self-assessed and perceived safety in several areas: accommodation/housing, being out in the community, and, when they had children living with them, their children’s safety in the community (Figure 4.2).

The domain that participants rated least safe was being ‘out in the community’. Almost 65 per cent (64.5%) of respondents reported that they felt either ‘very unsafe’ (23.9%) or ‘unsafe’ (40.6%) when they were out in the community. Nearly half of the respondents (46%) reported that they felt ‘unsafe’ or ‘very unsafe’ at home (in their current housing/ accommodation).

Children’s safety was also a significant concern to women taking part in the trial. Of the 220 women with dependent children who completed the commencement survey, nearly half (48.1%) said that they felt their child was ‘unsafe’ (33.6%) or ‘very unsafe’ (14.5%) when in the community (Figure 4.2).

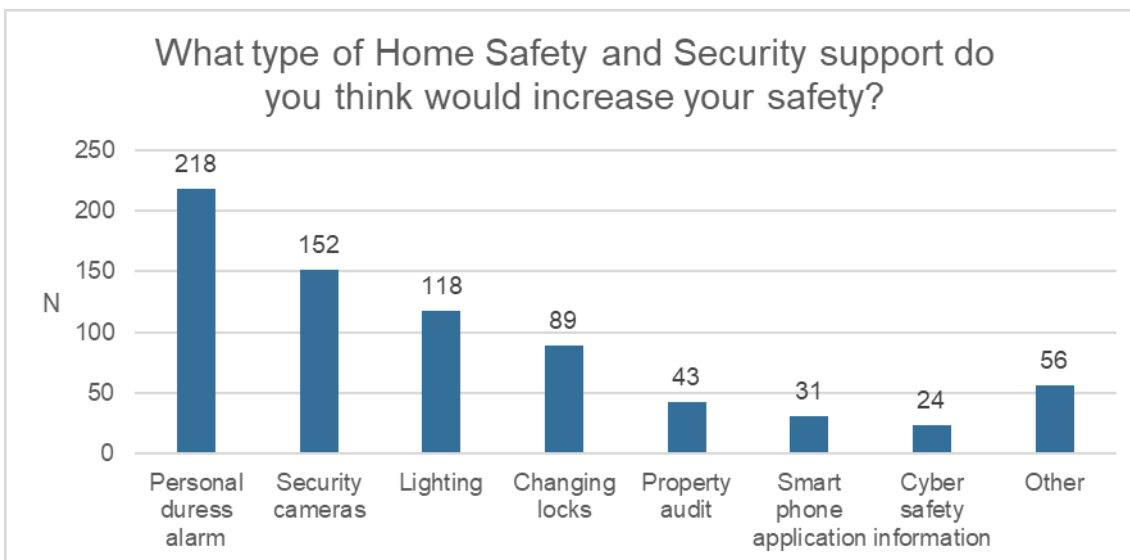


**Figure 4.2: Self-rated safety at home, in the community and children’s safety**



Participants were asked to identify the types of safety and security measures that they thought would increase their safety (Figure 4.3). The majority of participants, almost 80 per cent (N=218), commencing the trial thought that a PDA would be a useful device to increase their safety. Fifty-five per cent of women (N=152) reported that a security camera would increase their safety; forty-three per cent (N=118) thought better lighting could help; and thirty-two per cent (N=89) identified that changing locks at their property would increase their safety. Less frequently, women in the trial identified that their property required an audit (15.6%), or that they needed further cyber safety information (8.7%) to help increase their safety. Fifty-six participants identified ‘other’ safety measures to increase their safety (which were not further specified in the survey results) (Figure 4.3).

**Figure 4.3: Type of safety and security measures that participants thought would increase their safety**



## 4.2 Support received

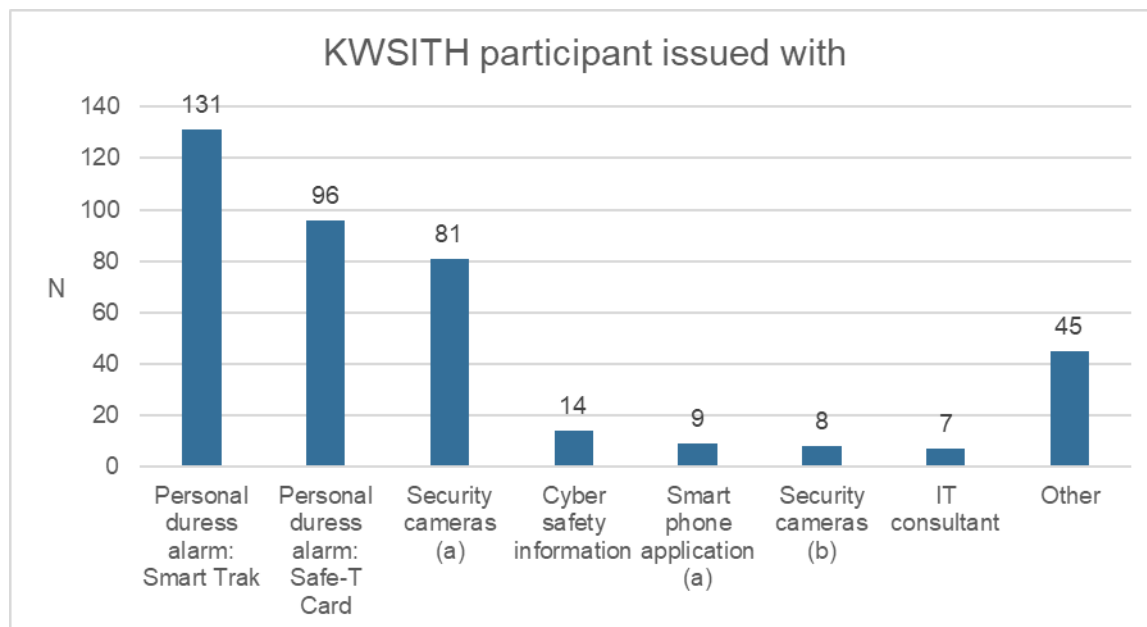
### 4.2.1 Devices and technology measures

Participants in the program were issued with a range of technologies and security measures (Figure 4.4). At commencement the majority of women (82.3%, N=227) in the program were issued with a PDA (either Smartrak or SafeT Card), while around a third (32%, n = 89) were issued with a security camera. Provision of one type of device did not preclude access to another, and some participants were issued with both security cameras and duress alarms. However, the data does not indicate how many clients received both.

Personal duress alarms and security cameras represent the use of technology to attempt to keep women safe from abuse. However, technology is also used by perpetrators to facilitate abuse: for example, abusive and threatening text messages and phone calls, surveillance through tracking systems, and stalking and abuse via social media. Technology-facilitated abuse may be used by perpetrators as the sole form of abuse, or as one form of abuse alongside other forms of abuse. The survey data suggests that the trial was less responsive to the risk or occurrence of technology-facilitated abuse than to other forms of abuse. Clients who received support relevant to technology facilitated abuse were fewer in number than received PDAs or security cameras, that is safety information (N=14), a smart phone application (N=9) or a cyber sweep by an IT consultant (N=7).

As discussed in Section 6, the survey data is supported by interviews, where both providers and clients described the impact of cameras and PDAs more frequently and in more detail than, for example, cyber audits to identify whether perpetrators were using technology to spy on their former partners.

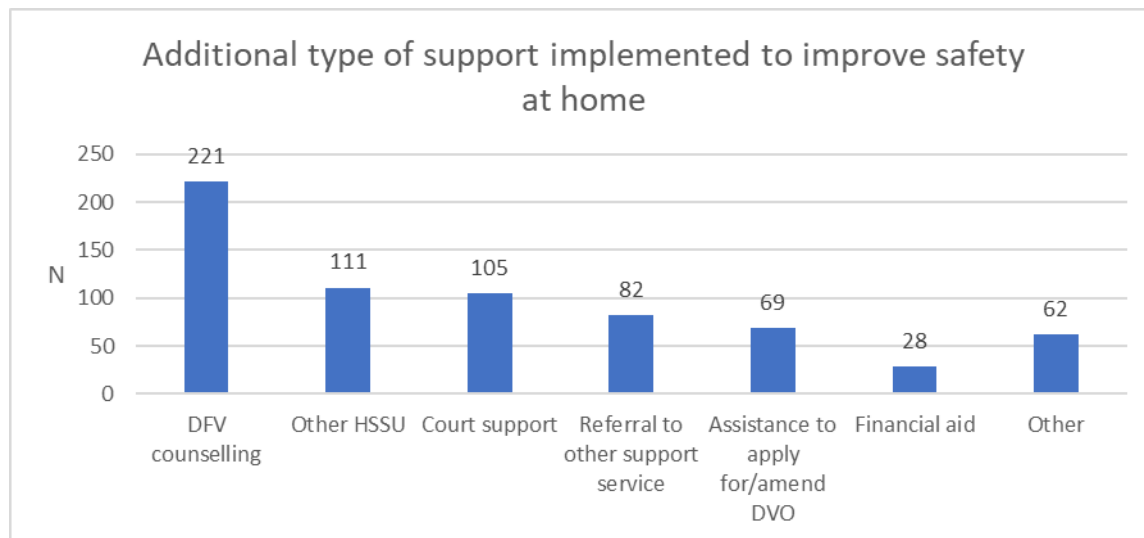
**Figure 4.4: Technology measures**



The participants in the trial received a range of additional supports and identified other measures to keep them safe in their home (Figure 4.5). A large proportion of participants, 80 per cent (221 of the total 276 survey participants), received DFV counselling; around forty per cent of women (N=111) received other violence Home Security Safety Upgrades or court support (N=105). Around

thirty per cent (29.7%) of participants (N=82) reported that they received referrals to other support services or assistance to apply for/amend a DVO (25%).

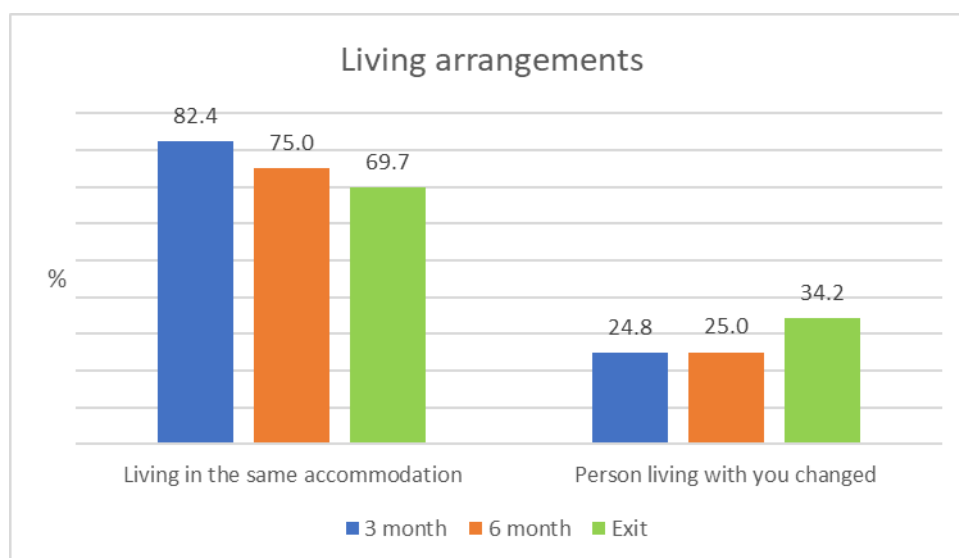
**Figure 4.5: Casework and other support**



### 4.3 Living arrangements

At the three-month survey, the majority of trial participants (136 women, 82.4%), where follow-up survey data was available (N=165), were still living in the same accommodation as at the start of the trial. Forty-one women (24.8%) reported that there had been a change in the person(s) they were living with since the last survey (Figure 4.6). At the 6-month survey, 75 women (75.0%) were still living at the same accommodation, and 25 women had moved since the last survey (Figure 4.6).

**Figure 4.6: Living arrangements**



## 4.4 Satisfaction with and use of technology

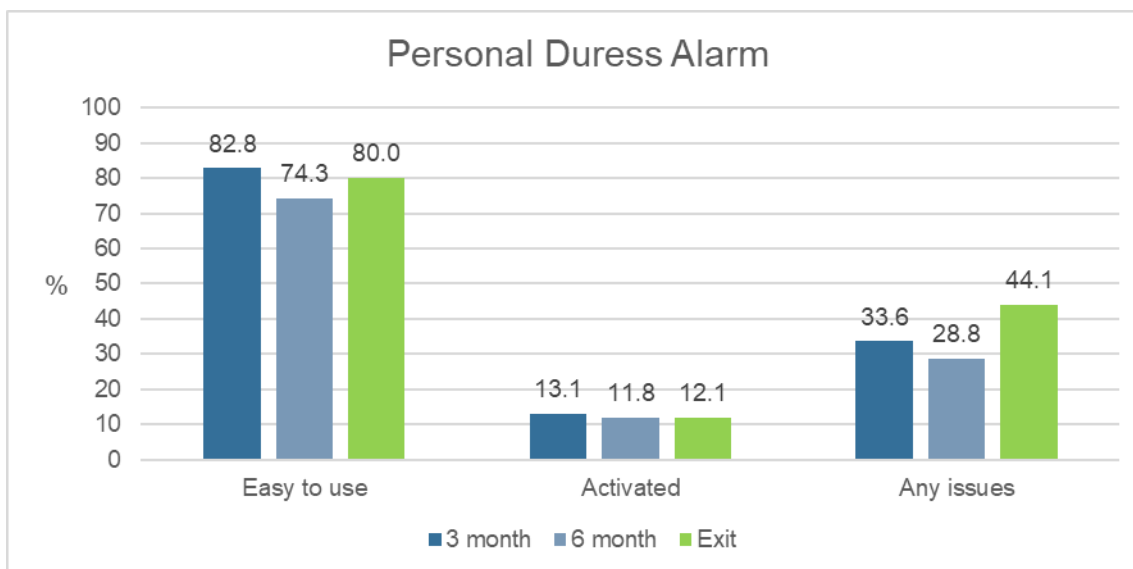
### 4.4.1 Personal duress alarm

#### Useability and activation

The information from the follow-up surveys showed that overall, the useability of the PDA device remained high. At the exit survey (total N=76), forty-six participants (80% of responses) reported that it was 'easy to use'. However, also at exit, 26 women (44.1 %) reported some issues with the device or technology: six women had experienced 'issues' (10.2%), 18 respondents (30.5%) reported 'issues to some extent', and two women a 'false alarm' (Figure 4.7: Personal duress alarm activation and Figure 4.7).

At the exit survey, the women who still had a PDA and responded to the survey and this question, most (81%, n = 47) had not activated it since the last survey. Seven reported that they had activated it since the last survey, and four women had activated it for testing only.

**Figure 4.7: Personal duress alarm activation and useability**



Because PDAs may be activated during an initial period of crisis and then not used again, but may also not be used for some months and then used in the context of renewed harassment, Table 4 compares PDA activation across timepoints using only those surveys that could be matched (commencement, 3-month, 6-month and exit survey). The survey indicates that few people who did not activate the PDA in the first 3 months were unlikely to activate it in subsequent months. At the 3-month and 6-month surveys, one person who had not activated the alarm in the initial period reported activating it between the 3-month, 6-month and exit surveys.

It is worth noting the different wording used regarding PDA activation in each survey. In both the 3- and 6-month surveys, the question reads 'Have you activated the PDA?'. By not specifying a timeframe, those who activated it within the first 3 months (but not within the second 3-month period) may still have answered 'Yes' in the 6-month survey. The wording in the exit survey ('Have you had to activate the alarm since the last survey?') addresses this issue, though numbers of matched surveys are very small.

**Table 4: Personal duress alarm activation across timepoints**

<b>3-month</b> – Have you activated the PDA?	N (%)	<b>6-month</b> – Have you activated the PDA?	N (%)
Yes	8 (14.5)	Yes	7 (87.5)
		No	1 (12.5)
		Test only	0
No	31 (56.4)	Yes	0
		No	27 (87.1)
		Test only	4 (12.9)
Test only	16 (29.1)	Yes	0
		No	3 (18.8)
		Test only	13 (81.3)
<b>3 month</b> – Have you activated the PDA?	N (%)	<b>Exit</b> – Have you had to activate the alarm since the last survey?	N (%)
Yes	10 (27.8)	Yes	4 (40.0)
		No	6 (60.0)
		Test only	0
No	18 (50.0)	Yes	1 (5.6)
		No	17 (94.4)
		Test only	0
Test only	8 (22.2)	Yes	0
		No	5 (62.5)
		Test only	3 (37.5)
<b>6 month</b> – Have you activated the PDA?	N (%)	<b>Exit</b> – Have you had to activate the alarm since the last survey?	N (%)
Yes	6 (18.2)	Yes	3 (50.0)
		No	3 (50.0)
		Test only	0
No	20 (60.6)	Yes	1 (5.0)
		No	19 (95.0)
		Test only	0
Test only	7 (21.2)	Yes	0
		No	5 (71.4)
		Test only	2 (28.6)

Percentages reflect the percentage of valid responses received for these matched questions.

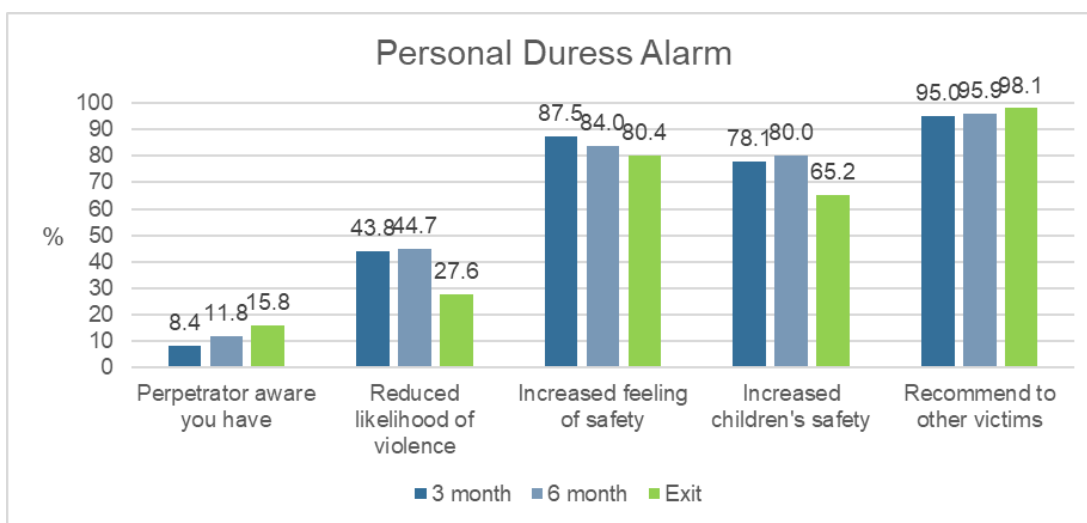
### Impact on safety, including deterrence

Participants in the trial reported that their perceived feeling of safety had increased by having the PDA. At the 6-month survey, 63 women (84% of respondents) reported that over the last 6 months it had increased their sense of safety. Similarly, for the women who had dependent children, 44 mothers (80%) reported that it had increased their child's safety over the last 6 months (Figure 4.8).

Most participants reported that they would recommend the device to other victims of domestic violence, with 71 women (95.9%) saying they would recommend it (6-month survey). Participants were more hesitant about the role of the device and technology in reducing the likelihood of ongoing violence towards them, and their children/family. 34 women (44.7%) answered this question with 'yes'; 31 (40.8%) said it would 'to some extent', and 11 women (14.5%) said it would not reduce the likelihood of ongoing violence towards them (Figure 4.8).

If the perpetrator is aware that PDAs have been issued, this may act as a deterrence. Figure 4.8 also shows that a small percentage of participants in the trial informed the perpetrator about the device, or the perpetrator had found out through other means. At the 6-month survey (total N=100), 9 women (11.8%) reported that the perpetrator was aware of the device; 32 women (42.1%) were unsure, and 35 women (46.1%) said that the perpetrator did not know they had a monitored PDA.

**Figure 4.8: Duress alarm perceived effectiveness**

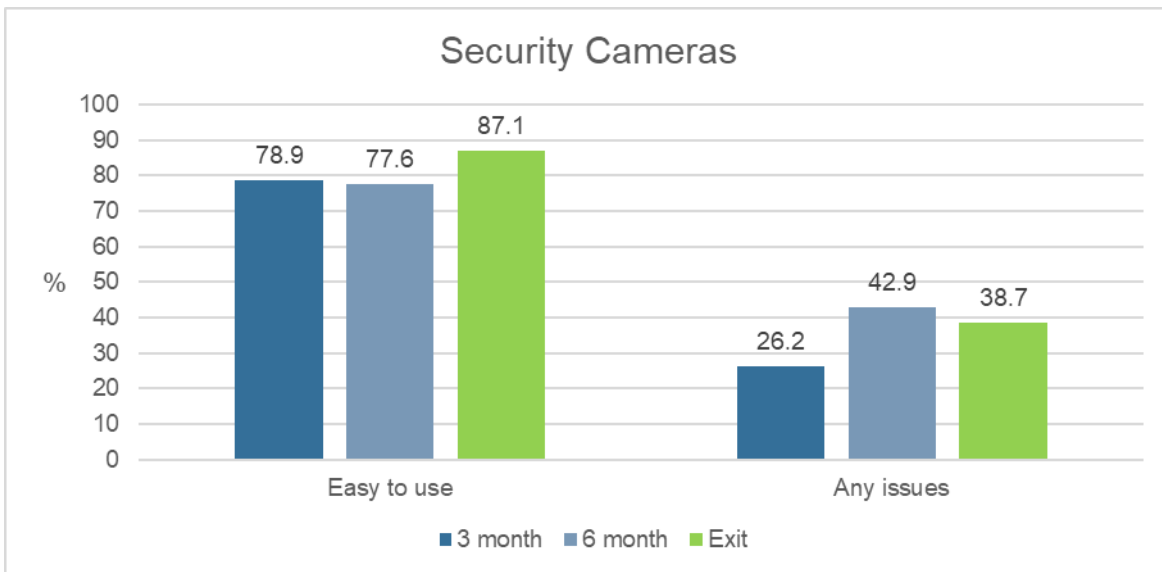


## 4.4.2 Security cameras

### Useability

Most participants in the trial who had security cameras installed reported that they were easy to use. At the 6-month survey (N=100), 21 women (42.9%) reported issues or some issues with the technology. As discussed in Section 6.1.7, these were described in interviews as relating to both the functionality of the technology, such as pixilation at night, and the training provided to users on how to operate the technology. Twenty-eight women (57.1%) reported no issues with the security cameras (Figure 4.9).

**Figure 4.9: Security cameras useability**



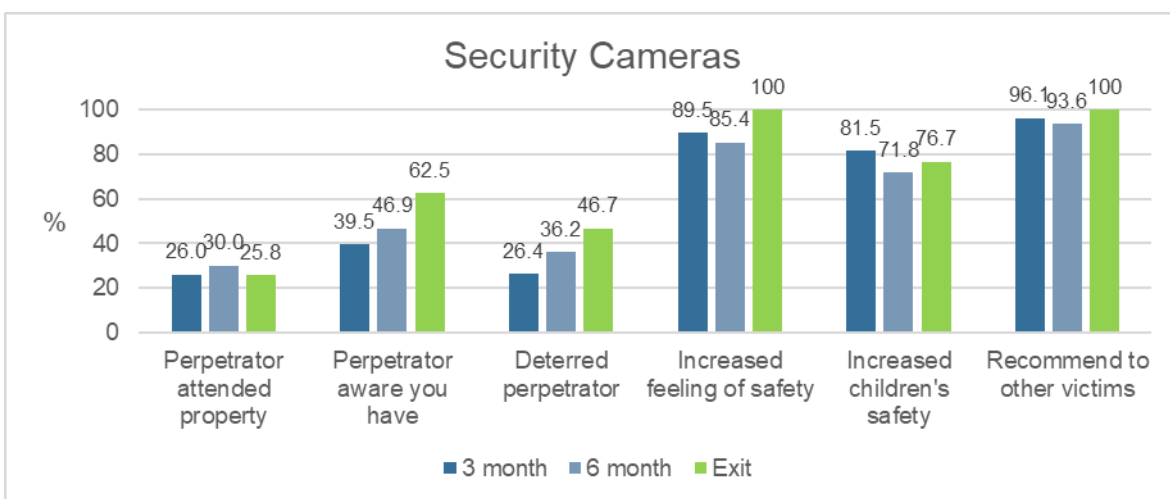
**Impact on safety, including deterrence**

While participants reported mixed satisfaction with the functionality of the technology, most reported that it increased their feeling of safety (41 women, 85.4%) as well as their child’s safety (28 women, 71.8%) (Figure 4.10).

If the perpetrator is aware that security cameras have been issued, this may act as a deterrence. On exiting the KWSITH trial, 62% of participants reported that the perpetrator was aware of the security camera. Seventeen participants (36.2%) reported at the 6-month survey that the security cameras had deterred the perpetrator from coming to the property, and eighteen women (38.3%) said the camera devices had deterred the perpetrator ‘to some extent’.

The role of technology in deterring perpetrators, and, conversely, the risks of the perpetrator being aware of the devices, are discussed in Section 6.1.1

**Figure 4.10: Security cameras perceived effectiveness**



## 5 Process/implementation findings

This section describes the findings from the interviews with service providers and clients in relation to the implementation of the trial, addressing these process evaluation questions:

1. How is the initiative being implemented in each location?
2. What are the barriers and enablers to implementing individual components of the initiative (risk assessment and safety planning, property and cyber audits)?
3. How is implementation of the initiative being experienced:
  - by staff and stakeholders?
  - by participants?
4. How is implementation of the initiative affected (positively and negatively) by the service sector and community characteristics in each location?
5. How and to what extent is the initiative supporting service integration?

The trial is regarded very positively by staff and clients, and has been implemented in line with the principles outlined in the guidelines:

- it is being delivered as part of a suite of responses rather than a stand-alone response
- the funding enhancement across four locations has been used to trial innovative 'safe at home' technologies
- the service providers are working to support women and their families to remain in their own homes where it is safe to do so
- services work as part of a broader, local service system that includes police, courts, corrective services, child protection and non-government organisations to deliver a timely, coordinated and victim focussed response to people affected by domestic and family violence.

### 5.1 Implementation facilitators and enablers

Implementation challenges were also reported by service providers. Some of these seem to relate to the teething problems associated with most innovative trials, and most have been resolved to some extent through the course of the trial.

The substantive implementation challenges include those associated with the new responsibilities for purchasing IT and the level of technical knowledge required to support clients in operating the technology. These responsibilities, but relatively few resources, have been assigned in some cases to service managers and practitioners who are expert in domestic and family violence but not necessarily technology. For example, one service provider described clients calling their service about using the devices; the service provider then felt responsible for being 'the experts' when they were themselves new to the technology:

We had to go and read manuals, and that was really time that [we didn't have]. So that was really different from what we had been doing previously with the Keeping Safe at Home



program. We knew exactly where to go to get locks done, upgrade supports. We knew everything, where everything had to come from. (DFV service provider)

### **5.1.1 Service integration**

Practices of risk assessment, safety planning, collaboration and service integration seem not to have been substantively affected by the trial. Service providers reported that integrated service provision, prioritising safety and referrals to other services are core to usual work with clients, whether they receive technology or not.

Representatives from DCSYW reported that lessons learnt from other jurisdictions, especially Victoria, are that the involvement of police as lead agencies can be a significant enabler for effective implementation. This is in part because police officers are resourced to, for example, communicate to perpetrators about the issuing of devices, which can serve as a deterrence (Section 6.1). In contrast, in this KWSITH trial, one of the responsibilities of the specialist DFV service was to engage with local police to strengthen police knowledge of the trial.

To the extent that the trial involves new types and topics of communication with, for example, landlords and housing providers and police, challenges as well as benefits were reported. The trial has also been implemented during the introduction of high risk teams in three of the four trial sites<sup>1</sup> (Queensland Government, 2019). These high-risk teams are an interagency service response that involves many of the same service providers and some of the same clients as the trial. It is not possible to assess the impact of the trial separately from the impact of the high-risk teams on service coordination and victim-focussed responses, especially as the latter are so recent, but existing partnerships seem to have been strengthened by both initiatives.

### **Social norms and gender equality**

Similarly, there are challenges that are broader and more long-standing than the trial but affect its implementation and outcomes. These include community awareness and understanding of DFV, the need for prevention and intervention responses across all sectors, and increased perpetrator accountability. Clients and service providers identified a significant and ongoing need for greater community awareness, especially among police and other first responders; training for service providers in housing and other sectors; and campaigns to de-stigmatise DFV.

### **5.1.2 Administration and reporting requirements**

Service providers reported in interviews that the administration and reporting component of the technology trial is challenging because although it is intended to be an enhancement of an existing service, and is being delivered that way, reporting and other obligations are comparable to those of a separate initiative. The resources required to administer the trial are beyond the limited funding

---

<sup>1</sup> There is variation between the technology trial sites' experience of the Domestic Violence High Risk Team program. High risk teams in Brisbane, Ipswich and Cairns started in February and March 2018. The Centre Against Domestic Abuse, the technology trial service provider in Caboolture, has been leading the high-risk team in the Moreton and Caboolture area since early 2019, at around the same time this evaluation took place. High risk teams do not currently operate in Rockhampton.

allocations. Clients generally experienced the provision of technology as seamless in terms of their own obligations, but this was not the case for service providers.

As a trial, teething problems such as early confusion about reporting requirements and communication difficulties are to be expected. However, service providers in this case reported that the tasks associated with implementation were especially onerous and surprising, and there seem to have been a few reasons for this. First, service providers were familiar with the Safety Upgrades initiative and the trials were an extension of that initiative, so they expected additional funding to enhance what they were already doing. Instead, new ways of working, new skills and knowledge, especially in technical information about technology and relationships with vendors, and new reporting obligations were required. Second, reporting through the DSS database DEX was a requirement of the Commonwealth funding, which meant that service providers were required not only to provide additional information, but via an additional system. DEX was experienced as difficult to use by providers, which added to their frustration. Third, time and resources were required to engage clients in completing the surveys, and this was experienced as disproportionate to the funding provided through the trials:

One of the negative things, we thought it was going to enhance what we had already been doing, but unfortunately it became a different program altogether. Very different ways of running, and very different ways of reporting, very different ways of admin. To administer the two, were very, very different. (DFV service provider)

It had an enormous type of paperwork behind that. There were different forms, different portals that you had to report things [through], a different way of doing things. (DFV service provider)

These additional resources required of providers were necessary to ensure the privacy and security needs of the clients. Some of the paperwork, for example, involved the secure sharing of participant information required by security monitoring companies to monitor the participants devices. It is also important to note that the efforts required to engage clients to complete the survey at regular intervals were particular to this trial and a wider implementation may not involve this type of data collection.

### **5.1.3 Managing casework and technology**

Over time, clients often move from a period of crisis in which they have regular contact with the service provider to a period in which contact is sporadic or stops. All clients were assessed as highly vulnerable as an eligibility criterion for the trial, but the circumstances of some clients changed over time, resulting in a reduced engagement with the service. Service providers found communication with some of these clients challenging. Clients at higher risk often use strategies such as changing phone numbers so they are difficult to trace, and therefore, service providers did not always know, when they lost contact with a client, if it was because the client no longer needed support or because they were at very high risk and hiding. Similarly, when clients did not keep their devices charged and ready for use, services did not always know if it was because the device was no longer needed, or because the device was either not working, or the client needed help using it.

Program stakeholders acknowledged that the responsibilities of service providers in managing both casework and technology are significant, and that DFV service providers have expertise in DFV and in supporting clients, but not in troubleshooting technology. Another challenge, recognised by

service providers and stakeholders, is that clients may not have familiarity and confidence with PDAs and security cameras, and that failing to use the devices as designed, in particular keeping batteries charged, reduces their functionality:

So, you know, when clients aren't charging the device and we're having to chase them up and say, you know, 'You're not charging the device. Is there a problem with the device?' That all take way more than four hours a week. We've got, like, 40 odd - 40 odd clients who have got personal duress alarms and/or cameras. You can't do that on four hours a week, you know. It's just impossible. (DFV service provider)

Functionality and operation need to be as simple as possible and [clients] have got to make sure that the testing and so forth is done on a regular basis because it makes them familiar with the device and the technology. Too often it can be a case of it's been deployed, they've got it and they'll go away, and they'll forget how to use [it] and therefore it doesn't get used. If it doesn't get used, then it's going to fail. (Program stakeholder)

No formal duration period for use of the personal duress alarms was specified, but providers and DCSYW had an expectation that a proportion of clients would exit the service and no longer require support and that the device issued to them could then be repurposed and issued to other clients. At least one provider nominated 12 months as an informal case plan duration for possession of an alarm, before a reassessment would determine whether support, including the device, was still needed.

Exit planning, or transition planning from the service, is a key task for service providers because caseworkers need to ensure that support only ends when it is safe to do so. However, services reported challenges in planning for the termination of equipment contracts for clients who are no longer assessed as being at risk, but who do not feel comfortable in being without the personal duress alarm. In these cases, clients report that the PDA makes them feel safer, although they have not had cause to activate it:

We obviously can't afford to monitor endlessly for long periods of time. We've got to that point where we've spoken to women and the risk has certainly reduced and she's not experiencing any current incidences and the perpetrator really hasn't been present in doing stuff to her. But she still relies heavily on what that device means for her just going about her everyday life knowing that she's got that. So that has been challenging. (DFV service provider)

Options for refining the design of the intervention, which are currently being considered by the department and other program stakeholders, include:

- the use of step-down devices or technology, which can perform similar functions but at a lower cost, for clients who have returned a PDA
- centralising administration of some technical tasks, such as that the role of DFV service providers is to perform risk assessment and case management, and to issue technology, while IT specialists conduct property scans, cyber audits of computers and phones, and other tasks as needed.

#### **5.1.4 Program management**

Despite the provision of guidelines and support, service providers and clients reported some confusion about the program and they also expressed some concerns and frustrations. We emphasise here that the following examples are given as evidence of this confusion and the need

for ongoing training and support, and not as evidence of bad practice. There are reported confusions about eligibility: a client reported restrictions on eligibility to receive cameras because of the address of the perpetrator, but it is not clear if this did exclude her from support. There are reported confusions and concerns about the security of data and access to client information by technology providers. The technology itself was less reliable in regional areas, especially those with weak internet or phone reception. Some technology requires the participant to have an internet connection, but some women only use internet through their mobile phone contracts.

### **5.1.5 Useability and reliability**

Staff from DCSYW and the technology providers who were involved in the trial invested resources in ensuring that DFV service providers and clients were supported in their use of PDAs and security cameras. This is important because the devices require some attention in order to be effective; for example, batteries need to remain charged. Anyone using new technology may need advice and support, and these needs were particularly pressing in the trial, because the personal safety of vulnerable clients was at stake and DFV service providers were obliged to learn new tasks and develop new knowledge around technology.

To support the DFV service providers, DCSYW set up multiple opportunities to 'co-design' the initiative and build the capacity of the DFV staff in the use of technology and in technology-facilitated abuse. In interviews, DFV providers emphasised the value and benefits of these opportunities:

Especially being an older worker, I needed to know what was happening around technology, for clients, and the type of abuse that's happening. So that has been absolutely great for us. [I can] get my way around phones now, and go, 'You've got your GPS is on, so somebody can actually come into your phone, and have a look where you've been.' Things like that, that I was unaware of. (DFV service provider)

However, they also emphasised the resources required to participate and the additional time required to learn and put new knowledge into practice, which was not commensurate with the funding attached to the initiative:

You have to order the devices in and then you're, you know, you're waiting for them to be delivered. Then you have to contact the monitoring company. We have to charge them. We have to take them outside to make sure you've got the satellite [and it] is picking up properly. Then you're calling the people back to make sure, yes, it picked up. All this is going on before the client is even there. Then you have to do that again with the client there. My executive assistant is running around with personal duress alarms on the bonnet of her car, trying to make sure it's picking up signals. (DFV service provider)

A couple of staff talked about the work required in choosing security cameras for the quality of pixilation:

We also [made] sure that what was acceptable in relation to evidence with the cameras that we were purchasing were actually going to be fit for purpose [...]. So we had to make sure that the pixels or the quality of the picture was up to the standard that QPS [Queensland Police Service] would need for evidence (DFV service provider).

It should be noted that both security cameras selected for the trial had the capability of providing pixilation of sufficient quality for QPS, and it is not clear from our interview data if the providers

were talking about choosing between them, or if they identified challenges with both and were describing another selection process.

Two technology vendors were engaged in the trial, in keeping with government competitive commissioning practices, and to ensure that there was a choice of devices available. This was beneficial for clients who required a change in security camera, but also added to the administrative requirements of DFV service providers. It is anticipated by DCSYW that the number of vendors will be reduced in future, which will reduce the burden of comparative analysis and selection of DFV service providers.

## 6 Outcome and investment findings

This section describes findings from the client survey and interviews with service providers and clients in relation to the short-term outcomes of the trial, addressing these evaluation questions:

1. To what extent, and in what circumstances, is the initiative keeping women, children and young people safer? How are benefits and outcomes experienced by different groups (CALD, Aboriginal and Torres Strait Islander women, regional areas, women with disability and women with children) and across locations?
2. What are the unintended consequences (positive and negative) of the initiative?
3. What is the impact of the initiative on service providers and the service system?
4. What is the impact of the initiative on perpetrator behaviour and accountability?
5. What level and type of investment is required for technology and related initiatives to effectively support women to stay safer in their own homes and build the capacity of the service system?
6. How do investment requirements differ for CALD, Aboriginal and Torres Strait Islander women, regional areas, women with disability and women with children?

### 6.1 Client outcomes

Clients who participated in interviews who had the cameras installed and/or had been issued with a PDA, said that the technology made them feel much safer. The perceived feeling of increased safety in public spaces, the community or at home had a range of flow-on effects on women's wellbeing and participation in the community as well as interaction with family and friends.

#### 6.1.1 Benefits of the technology

Women reported that the technology fulfilled a range of safety functions for them in helping them feel and be safer in their homes. The key benefits of the technology identified in the client interviews were that the technology could be used at different stages, and under a range of safety circumstances: before or after a DVO; when the perpetrator is in custody, released, no charges have been laid; expression of threats, or repeat assaults and incidences. Duress alarms and security cameras were reported as helpful in terms of four significant themes:

- prior to a breach
- evidence of a breach
- emergency assistance
- deterrence.

#### **Prior to a breach**

Many women expressed that the device and/or security cameras increased their sense of safety and their personal control of their circumstances. The women said that both the security cameras and the personal duress alarms were highly useful safety measures in anticipation of an escalation of threats turning into actions, or a possible breach of an already existing Domestic Violence Order.

While women acknowledged the limitations of the technologies to physically keep them safe—one client saying during an interview, ‘if he wants to kill me it won’t stop him’—they also said that it made them feel safer in a context of increasing safety concerns and heightened risk.

Another form of safety measure that the cameras provide is the ability to monitor the outside property when the participant is at home or away from home. For example, the participant can monitor the property while at work - it is possible to check the camera feed using an app installed on a phone. Women who had cameras installed said they used them to make sure the perpetrator was not at their property when they were returning home or leaving the house.

## **Evidence of breach**

KWSITH Participants planned to use the cameras and duress alarms to collect evidence towards pursuing criminal charges or the breaching of a protection/domestic violence order:

Having the cameras and backup for us has really been that extra safety net, to know that we are going to be okay, and if he does turn up, we’ve got the evidence there for breaches, and he can’t deny it. (Simone)

But if one day they say to me, ‘Oh, someone was in your backyard yesterday,’ I know that I can go to the cameras, rewind it, and watch it [...] it gives me that security, but it also gives me that... fact I can prove he was near my house. So, if he does come and it’s a breach. (Kate)

Few women, however, reported that they had actually used the camera to record an incident with the perpetrator. This is in keeping with survey data on the use of the PDA, which indicates that most clients did not activate it. In one case, however, a woman did record the perpetrator accessing the property, which was later used in court and she received a protection order:

So, they saw him through the camera. He was outside. [...] I had that proof, for the range of things, so I took it to the court, that was really helpful for me. Now he can’t come to the house or near to my house without my permission (Laila)

But I do know that women have been able to retrieve some of the recording from their personal duress alarms and that they use those recordings to take to the police (DFV service provider).

The managers of all services reported that many women wanted to use the cameras as a form of collecting future evidence, in particular, if they had been ‘pushed back’ by the police and legal system in the past with laying charges due to ‘limited evidence’. One manager noted that depending on the women’s goals and circumstances, this might affect how they were using the cameras and footage it recorded. For example, if they were mostly interested in making sure the perpetrator was not on their property when they were going in and out of the home, they might not record and save all the footage. However, if women looked to collect evidence of behaviours that made them feel unsafe and threatened, they would be more likely to record and store more of the footage.

### **Client vignette: Laila**

Laila and her children had experienced DFV for over 15 years before an escalation two years ago, which resulted in police intervention and commencement with the DFV service: 'One day he hit me really hard, then I called the police and the police came down and then these things started. The [DFV service] support workers, they came over, they helped me, they helped me to install my cameras and change the locks, same day'. She says that making that call was the best thing she ever did and that the DFV service 'helped in every manner, they are great'.

She was particularly pleased with the cameras because they allowed her to monitor her property and unwanted access: 'it is always helpful for me because I was always worried who's coming, now, my kids are safe, they can see while they are inside who's outside, so they can call me quickly'.

On one occasion, her ex-partner, who was unaware of the cameras, approached the property and tried to force access, screaming at the children to open the doors. This evidence was later very useful to her case, as he could no longer deny his actions, and it was successful in court to gain a five-year protection order. 'Then he came down, he came back, he came back to the house and start yelling to open the gate, for my kids. So, they saw him through the camera he was outside. So, they just locked every door and they called me and I have that proof, for the range of things, so I take to the court, that is really helpful for me'.

Laila says that since then he has not breached his DVO because the cameras function as a continuous deterrence to his actions, 'because he is scared of the police. Before that he wasn't.'

Laila and her children have also received other support, including mental health counselling for the children. Laila noted that they the family was doing 'really well'. 'It's been two years now and we are just living very peacefully with my kids, and my kids is going really well in their school'.

### **Emergency assistance and evidence**

One client spoke about how she activated her personal duress alarm during an incident where her partner violently entered her home, and she had to hide in the bathroom, waiting for the police to arrive. The woman said that the police response was immediate, prompted by the security company in Brisbane who are managing the device. After the incident, she had sufficient evidence to take her ex-partner to court and gain a protection order for five years.

### **Deterrence**

The issuing of PDAs and safety cameras was reportedly an effective deterrent for some clients. As noted in Section 4.2, the majority of clients exiting the trial reported that the perpetrator was aware of the security camera, and around a third indicated that this had deterred the perpetrator from coming to the property.

In interviews, clients reported that perpetrators had communicated to them that the devices were keeping them away, or that they assumed the devices were doing this because the harassment had ceased after they received the devices.



Responsibility for notifying the perpetrator was discussed by staff and program stakeholders. In Victoria, police are the lead agency and notify perpetrators, but police in the Queensland trial do not have this role and any decisions by police to notify would have to be local and specifically negotiated between the service providers and individual police officers.

The provision of devices, especially security cameras, may not deter perpetrators, and may in fact be used as a means of continuing harassment in new ways. There were reports from client interviews about perpetrators damaging the security cameras, in some cases because they were attempting to circumvent or manipulate the technology. Security cameras have reportedly been damaged or stolen. For example, one manager told the story of a perpetrator who spray-painted and broke a camera. A replacement camera, from another manufacturer, was approved through the technology trial and installed, and the perpetrator did not return.

### **6.1.2 Personal duress alarms**

The PDA strongly influenced the perceived sense of safety of clients who participated in interviews, because it provided them access to an immediate emergency crisis support through a police response. Knowing that they only had to press one button to call for help, if needed, made an enormous difference to women, especially during stressful periods and those of heightened risk, such as after the escalation of actions and threats, or when a perpetrator was about to be released from custody or prison. Service providers also spoke of the impact on women's perceived safety. One manager noted that:

Certainly, during the time of crisis, or when they feel the least safe, they feel that that is something that does improve their safety and their sense of safety. So, I think it [has] definitely been a useful strategy, even if down the track we lose contact with them or they don't charge their device. (DFV service provider)

In the interviews, many of the women said that they used the device as a tool to increase their peace of mind and reduce their anxiety and stress. Some said they carried it around 'everywhere they went'. Others used it in their home and at night or when they felt in particular danger:

It makes me feel a little bit safer, knowing that if I was to run into him, and I could push that, I know that someone's going to be with me ASAP. I know he'd take my phone immediately. That would be the first thing he'd take. So, having that there as backup is good peace of mind for me, and I don't really go anywhere without it, either. I pretty much go everywhere with it. (Simone)

You lock your door thinking you're safe, and to me, it did absolutely nothing to keep us safe. But having the cameras and the PDA, it did give me back that sense of security within my home. It sounds strange. (Kate)

The duress alarms' audio recordings, like the security camera recordings, could also be used in court cases because they could provide evidence of a breach of a protection order. Several women said that while the primary purpose of the device was to feel safer and have access to immediate support and made them feel 'less alone', a secondary benefit of the technology was that, once activated, it would also audio record the incident, so that there would be evidence of what had occurred.

Many women actively tested their device to check that it was working accurately, and the testing experience also increased their sense of perceived safety. The personal duress alarms, when

activated, provide a GPS reading of the woman's location to a 24-hour call centre. Some women said that they tested the duress alarm at various times of the day and in different locations, and one reported being pleasantly surprised at its accuracy:

I had the cameras and I also had the duress alarm at the same time. I would be extremely anxious in public. I would test it, and then I'd get the phone call [from the call centre] saying, 'you're here on this street in front of this house next to this house', which gave me the sense of safety that someone knew exactly where I was. So it was very [accurate], within a metre. (Kate).

### **6.1.3 Security camera systems**

The women who participated in the interviews reported that the cameras had increased their sense of safety, for example, knowing that the perpetrator was not on their property or driveway when they were returning home or about to leave the house. The cameras were also used to monitor the safety of their children playing in the garden or courtyard. Women said that the cameras made them and their children safer, enabling the family to safely monitor and check who was at the door, or inspect the cause of suspicious movements around the home and property at day and night, without having to leave the safety of the home.

Many women anticipated that the perpetrator would turn up at their home and said the cameras would in this case enable them to record movements and monitor the perpetrator's approach to the property and home, to some degree.

### **6.1.4 Casework and other support**

The technology trial was similar in design to other initiatives using technology (described in Section 2.1) in that the technology was part of a broader integrated support service, not a stand-alone response. In addition to talking about the benefits and improved sense of safety due to the technology, clients also talked about how these were part of a broader range of supports and strategies, some of which were provided by the same service. Clients received a range of support responses, depending on their needs. These included security upgrades to the property and changing locks, assistance with court and pursuing criminal charges, and having a safe room in the house:

So by them helping to get the cameras and the locks changed that made a huge difference to my sense of safety. I also got [the strongest security screens on the market] installed on all the doors and windows. So big safety things like that were just huge when your life is under threat. It was, really I couldn't have asked for more when it comes to that. So, yeah, the sense of safety that's come from them along with, you know, them [the service] being supportive and the counselling has just been amazing. (Tanya)

During interviews, clients also spoke about the range of actions they took themselves. In some cases, although chosen by clients as safety measures, these actions had significant costs to their space for agency, for example, moving to another town or another state, and self-exclusion from social media.

Interviews with service providers in all sites confirmed that having a device made women 'feel safer' and that this was the most frequent client feedback of the technology they had received to date. Casework support also played a central role in women's overall positive experience of the

technology trial. Clients were largely positive about the quality of case management and 'wraparound' support they received from service providers. For some clients it was particularly important during a crisis that led them to the service in the first place; others experienced one or more serious incidents while already a client, which led to a range of safety upgrades and measures, a new risk assessment, safety planning and access to mental health and other social supports. Some clients regained a level of stability and sense of control and safety in their life, and their contact with the DFV service lessened. For others, the perpetrators' actions continued to cause harm and interfere with their sense of safety and their actual safety, and in these circumstances, they often required ongoing case management and support with ongoing legal and criminal charges, counselling, and referrals. These findings speak to the diversity of need and value of a flexible response to clients.

Caseworkers were responsible for the provision and linkage to a number of support services and protective mechanisms. They aided with risk assessments, safety plans, counselling, children's support, intermediary support between the police and courts, and linkage to the technology trial. Engaging with these various features was quite overwhelming for some clients, and they were appreciative of the support they received. For one client, the support of her caseworker was 'life-saving'. She claimed she would have 'cracked up completely' without her caseworker. Other clients spoke of feeling ashamed or having to build up the courage to ask for support in the first instance. They wondered whether they had the right to be as scared as they were. Through the support of a caseworker, their feelings were often validated, which gave them the confidence to continue with the service.

The support of the caseworker complemented the security cameras and PDAs in enhancing clients' sense of safety:

They've also been a big help with making me feel safe as well and making me feel more at ease. Not only is the security a big impact, but they also are as well. (Louise)

Clients appreciated that the case managers looked at the overall picture of what was happening in their lives. Caseworkers were commended for keeping the client informed (and involved) on what was happening with their case, particularly if it involved the police or the courts. One client stated that the support she received from her caseworker was really helpful and supportive; it was 'enough' and she did not need to seek out additional services because of this.

There were some clients who were not currently engaged with a caseworker due to work or other commitments, or simply not having enough time. One client mentioned she did not have time to arrange support (e.g. counselling) for herself, but instead used the DFV service to arrange support for her children, such as a child psychologist. These clients knew the support was there, but they did not feel they needed it now.

While clients spoke, for the most part, highly of their caseworkers, they often expressed frustration with the support system as a whole (e.g. mental health support, the courts, the police, children's services and safety plans). One client stated that the system was at times too complicated to navigate, especially in the initial stages when you are put in contact with a myriad of people and organisations. She worried that other women in her situation might struggle to find out what support was available to them. Additionally, during her first contact with the domestic violence service, the client felt she was the one being proactive, not them. Eventually, however, the situation improved.

Clients who were no longer engaged with a case management worker from the service provider were often still accessing support, but the support was sometimes arranged independently of any organisation. One client's entitlement to counselling finished, so she instead arranged sessions with a psychiatrist through a private mental health plan.

#### **Client vignette: Tanya**

Tanya had been with the local DFV service for three years when her safety concerns increased significantly after a violent assault. 'I was actually seeing and talking to them prior to a major incident that happened because I was developing an escape plan with them'. Before the assault, Tanya had tried several times to leave her partner and implemented changes to keep herself safer in the relationship. For example, before the technology trial had commenced, she engaged an independent contractor to undertake a cyber audit of her phone and devices: 'So he'd found where there had been something in my car and that I did have malware <sup>(1)</sup> on my phone as well'.

After the assault, she decided to leave her partner which was an extremely stressful and unsafe time for her. Having a range of support services to assist her, but one central service to coordinate the support and provide a range of services and safety measures she needed at the time, was 'extremely comforting and helpful'.

'They've been absolutely wonderful with support services, safety plans, counselling, you know, you name it they've provided it and they're an invaluable service. I can't talk about them highly enough, yeah. [...] also changed the locks on my house. They provided a locksmith for me and had all the door locks changed [...] I had cameras installed around the house and that was, like, it really, really comforting. It was very stressful to do at the time, given my state of mind. But overall, no, it was a positive experience and also wearing the - I always forget what you're supposed to call it, but I call it - just call it the panic alarm thing'.

Because Tanya's case is before the criminal court, having one service coordinate a range of emergency and legal services has been very helpful and an 'amazing experience'. 'The counsellor has gone, you know, above and beyond because she's helped me liaise with different people through the trial process. Like, dealing with the police and DPP and the Victims of Crime, the Victims Advocate. There's so many facets that you have to deal with, and it can be really, really overwhelming. [My worker] took on board a lot of dealing with that for me, which was absolutely amazing, but kept me involved, the whole way through'.

1 **'Malware'** is short for 'malicious software' - computer programs designed to infiltrate and damage **computers** without the users consent. **'Malware'** is the general term covering all the different types of threats to computer safety such as viruses, spyware, worms, trojans and rootkits.

### **6.1.5 Clients' wellbeing outcomes**

Most clients spoke about positive outcomes as a result of seeking out support and receiving wraparound DFV services, the technology. The outcomes they described included:

- a renewed sense of self, for example to confide in family and friends
- increased confidence and independence

- feeling greater control over their life because of the technology, for example feeling safer to leave the house and increase their participation in daily activities such as shopping and their children's school
- improved mental health and reduced anxiety and stress
- reconnection with family and friends
- a regained sense of hope, and a more positive outlook for their own and their family's future:

I'm pretty happy where I am, now, with the kids and me; we're in a good spot. We're happy, healthy, we've got a home over our heads. In five years' time, I'd like to either see him locked up, or buried in a grave somewhere. (Simone)

It's a 100 per cent improvement. As I said, I've dropped off with my psychologist, I'm not feeling that depression and anxiety all the time as well. I'm back to work now part time and, you know, getting my business back up. (Barbara)

It just lets me breathe a bit easier. It just takes that level of stress, anxiety, fear, hopelessness, like feeling so helpless about being able to protect my family. (Annie)

For some clients, these benefits were associated with their receipt of technology and other support, and legal consequences for the perpetrator. However, other clients were still awaiting trial, or had no certainty about the legal outcome of their case. Some experienced ongoing harassment, intimidations, threats and legal disputes about children, property and finances. These clients were feeling less confident and positive about their future and had strong concerns about the actions of the perpetrator, and about how and whether the perpetrator would be accountable for those actions.

### **6.1.6 Children's safety and wellbeing outcomes**

In the interviews, all women who were living with children said that the technology had made a significant positive difference to their child's felt and actual safety. Mothers identified several ways in which the technology affected their children's safety, and they reported on a range of positive outcomes for their children as a result of participating in the technology trial.

During interviews clients said that when away from the home to shop, drive to school, go to the cinema, or take part in other activities, the 24/7 security monitored duress alarm made the children feel safer because they knew that they themselves or their mother could activate the alarm when needed and get immediate assistance. Mothers said that the children, if they were old enough to understand, knew where to find the PDA and that they could trigger it in an emergency, for example, if there was an incident during the night, or when they were left alone at home. The security cameras allowed children to monitor the driveway or entrance areas and ensure that it was safe to go out when leaving the home, or check who was at the door when the bell rang. The use of technology also increased children's perceived sense of safety, for example, by knowing that they were being watched when they were playing outside close to the home:

The kids, how they were prior to having the [cameras installed], and then how they were afterwards, was massive, the difference in the kids' persona and everything was a massive uplift from the feelings of feeling so frightened, and not knowing where to look, and not knowing what way to go, or whether they're allowed to go out the front if it's safe. It's been that extra peace of mind for them, and it's helped them settle in with it as well. They both used to go to psychologists every fortnight; they don't anymore. (Simone)

Whenever I went out in public, I did have it on me, and made me feel a lot safer. Also, my daughter would carry it. She was nine, she's 10 now. (Annie)

Mothers frequently reported that their own sense of their children's safety had improved:

I've spent four years running away from him, and most of the time I would stay away from society, like I cut myself off, and I didn't go out. I think that [the duress alarm] helped, we went to [a theme park]. So, we were able to live a bit more normally. (Annie)

Security cameras installed around the home enabled mothers to see their children, and this made them more comfortable allowing their children to play outside or attend activities in the community, and to leave them alone at home. The cameras reassured the mothers that the courtyard, garden or streets were safe for play:

But to have them [camera] is 100% better for me than not to have [...] Me not being so stressed, and so anxious, and so fearful, gives my children a bit more freedom to be out in the backyard, to play in the backyard to ride their bikes up and down in front of our house, where I can see them. (Kate)

I just - I feel like I'm a lot happier because they can go out and play and I can still monitor them, you know, if I'm cooking dinner and that sort of thing. I kind of know that - especially for the littlest, because that was his baby there, that she won't get snatched at any point; that it would be recorded. (Barbara)

Like before I'd have every door, window closed, everything would be locked. And now I'm able to leave the door open, like unlocked and everything, the house is not completely shut up. So yeah, it's healthier I think for myself and my daughter to have a more open house than everything closed up. (Louise)

Several mothers reported that seeing a psychologist and feeling that they had holistic support in place made them less anxious, which in turn made an enormous difference to their children's sense of safety and wellbeing.

It was also reported in interviews that the children feeling safer meant that they were 'speaking out' about the traumatic experiences they had experienced, which they had often kept secret before. Many mothers said that since they had been involved in the trial, their child was receiving the mental health support and counselling they needed. The mothers also acknowledged that the pathway to healing for children was a long process and that they needed time to come to terms with their experiences.

Living in a safer home environment affected the children's behaviours and attitudes over time. Some interview participants reported that their children were doing better at school, were more confident to go out to play with friends, were happier and healthier, and in one case were 'a different child altogether'.

### **6.1.7 Negative experiences and outcomes**

In addition to the positive experiences reported in the previous section, some clients and service providers also discussed negative experiences. These related to four significant themes:

- impact of broader system failures
- useability and reliability of PDAs and security cameras
- privacy concerns.

## Perceived system failures

While the technology was appreciated and utilised by many, some women were still encompassed by feelings of frustration when dealing with other support systems that often let them down. For example, engagement with other systems to keep safe (e.g. courts and police) might seem futile if the perpetrator was never held accountable:

I guess we do continue to hear from women that are doing all the things that they're being expected to do, they're reporting the breaches, they're gathering the evidence. But sometimes there's still failures in those systems. There's all of this money being spent to fund programs to do cameras, to do locks, to do this, to do that, but when it comes down to again that accountability on the perpetrator, regardless of everything that's been done, sometimes it does feel like there's a failed response [for the client] in the long run. (DFV service provider)

It was also stated that accessing support services could be incredibly time-consuming for women who were already experiencing heightened safety risks.

The duration of support provided by the trial, and by support services more generally, is insufficient for some clients, and a return to harmful circumstances may be the result. In one case, a mother reported that when the family had a personal duress alarm at home, her children changed their sleeping patterns. Rather than all everyone sleeping together in one room, the children were comfortable to sleep in their own rooms. However, after the mother returned the alarm to 'no longer feel like a victim', their fearful behaviour recurred. This was the case even though the perpetrator is no longer in the country:

Having that [alarm], even though I was still watching my back, I wasn't as anxious, because I knew I just had to press a button or pull a string, and somebody will know what's happening. And when I did have the [alarm], my kids were sleeping in their own rooms. Which they've never done before. And now we're back to sleeping all in the same room. Even though he's gone, I don't know, we're still in that mindset. (Annie)

Clients also felt the police could be doing more, particularly when an incident had occurred. Some stated they brought in evidence themselves to the police, but the police were not interested in following up the matter unless the footage was without a doubt of the perpetrator. One client described how her perpetrator often came in disguise or borrowed a friend's car when stalking the client. In this case, the police would not follow up because they could not confidently say it was the perpetrator. Another client felt that her safety was not taken seriously by police as she had to wait three hours for a response after calling Triple Zero.

Past experiences also influenced clients' perceptions of the police. Some reported feeling let down by the police or not being taken seriously. For example, one client claimed she did not have much faith in the police because the perpetrator had breached his DVO four times in a six-month period. She stated that each time the perpetrator breached the order, he only received a fine that he could easily pay. Another client claimed she would not go to the police because they were unresponsive and were not interested in taking a statement.

## Useability and reliability of PDAs and cameras

The interviews indicated that the technology was quite reliable and easy to use for some; however, a few technical glitches were experienced by some clients. Issues identified were mainly related to

the security cameras and included: poor video quality, insufficient pixilation at night, no back-up power supply during a power outage, weak wi-fi connections (for systems that were linked to the home computer), and lack of training on the systems. Clients also mentioned the short battery life of the duress alarms.

One client was concerned about the quality of the night vision of her camera. The camera was set up to record only when it detected movement, which worked quite well during the day, but proved problematic in the evenings due to low resolution. As a result, the cameras were reset so they monitored her surroundings 24 hours a day, not only when detecting movement. However, the client was keen to go through the footage each day, which was now near impossible and time-consuming.

Some clients could easily understand the workings of the technology, but others struggled and would have appreciated more training on the cameras and recordings. One client had four cameras installed in her home and relied on the support of her son to help her with any technological issues that occurred. She stated that she was already on edge and anxious because of her situation and the constant checking of the monitors, which perhaps added to the frustration of dealing with technological problems.

## **Privacy**

Privacy issues, although only mentioned by a few clients and stakeholders, were described as a potentially significant disincentive for some people who may benefit from participating in the trial. While a camera in the home might make the women feel safe, the constant surveillance may in turn contribute to their anxiety or make them feel confined to the home.

The installation of security enhancements also brings up privacy issues for women who live in strata-controlled units, public housing or a rental property. In these instances, women may have to disclose to their property managers that they are experiencing violence, in order to get the homeowner's permission to have the enhancements done. DCSYW staff report that the department acknowledges these challenges, and has been working intensely with the Department of Housing and Public Works and Real Estate Institute Queensland to address them. A set of tenancy tools for the education of property managers and landlords has been developed through a commissioning process by the DCSYW and training will commence in mid-2019.

Some clients were not comfortable having their stories shared or disclosing this information. One manager relayed a story of a client whose property manager declined the request to install the safety equipment. The client was then asked to move out, supposedly because the property owner wanted to move back into the home. As one manager noted:

We're constantly sitting on that fence around, 'Is this going to affect her tenancy if they become aware that she's been experiencing domestic violence?'. (DFV service provider)

Interview participants reported some anxiety at the privacy risks of PDAs and security cameras. Although access to data is restricted by legislation and monitoring centres are open to prosecution if any information is accessed or shared without a legal requirement being made and met, there are well-publicised recent instances where these protections have not worked as intended, including instances of DFV victims' confidential information being shared. These may be amplifying long-term concerns held by the sector about the implications for privacy and trust between clients



and services when confidential material can potentially be used for court matters. In specific restricted circumstances case files may be subpoenaed, and concerns were raised that data from security camera footage could also be subject to this process.

## 6.2 Service provider outcomes and investment requirements

As described in Section 5.1, the feedback from the participants on the technology was overall very positive. However, service providers identified the need for further training for staff in the DFV services to better support the participants in their use of technology, for example, how to record, change settings and functions, install different apps, and ensure the battery is charged.

Service providers also described benefits for them in terms of increased knowledge of the benefits and risks of technology, in particular learning about technology-facilitated abuse.

Data limitations, especially relating to the needs of different groups of women (CALD, Indigenous and women with disability) place constraints on the capacity to identify the level of investment required to ensure the effectiveness of technology-facilitated interventions such as this one. However, high-level lessons can be drawn from this evaluation:

- Resources are required to sustain the use of PDAs and security cameras—to be effective, support from a monitoring service and technology support to maintain and upgrade devices are needed. While some costs are one-off, for example the purchase of cameras, others are ongoing. Feedback from DFV services is emphatic that the funding for this initiative was not sufficient to cover the time required by staff to manage it.
- Increasing the allocation of resources to support the roles of technology vendors and DFV service providers is likely to bring benefits to the implementation of the initiative at scale. Relationships in DFV service provision are critically important, and the trust placed in DFV services by clients facilitates the willingness of clients to engage in innovative projects such as those involving technology. However, DFV service providers may not be best placed to manage the installation and monitoring of technology. The roles of DCSYW, technology vendors, and DFV service providers in scaling up of the trial are being reviewed, and there are likely to be benefits in vendors playing a more substantive role in, for example, cyber audits.
- While data collection via the survey and DEX is reportedly time-consuming and frustrating for service providers and clients, the scant evidence base on technology-facilitated interventions makes the need for robust data on client characteristics and outcomes very important. Resources to establish and maintain data collection systems would bring benefits, as feedback from providers is very clear that this cannot be done effectively within current resources.
- Technology-facilitated abuse is an area of growing policy and practice concern, and a topic in which practitioners are less confident than other types of abuse. An investment in increasing the capacity of the sector is necessary to change practice, as the evidence from this trial is that DFV service providers are more likely to use technology in ways that add to existing responses to enhance safety, and less likely to engage in emergent areas of concern.

## 6.3 Impact on perpetrator behaviour and accountability

As previous research has emphasised, the effectiveness of the technology trial is constrained by perpetrator behaviour and accountability:

It is important not to overestimate the power of workers/projects alone to shape client outcomes in an evaluation of DFV service provision. In reality, the final outcomes for women and children leaving DFV are frequently and primarily determined by ongoing perpetrator harassment and violence which may also necessitate lengthy and expensive interactions with the criminal justice system [...] patterns of re-victimisation which critically affect client outcomes are the responsibility of perpetrators and not the clients or services. (Breckenridge, Walden, & Flax, 2014: 47)

Interviews indicate that these constraints on the initiative's effectiveness are felt very strongly by some clients and staff, especially by those clients who have been subject to sustained harassment:

The only thing that will ever change his behaviour is himself. He is still under the impression that he hasn't done anything wrong. [He claims] I am to blame for his aggressive behaviour. I am the reason why he's done everything, and that I am the reason why he's not being able to see his children. So, nothing can change him until he wants it changed. Until he realises what he's done is wrong and he needs to change. (Simone)

Some interviewees also questioned whether the technology could be effective if the perpetrator harassed the client when the client left their home, with one manager contemplating whether the focus needed to be broader than just staying safe *in* the home (it should be reiterated in this context that PDAs are intended to serve this purpose, and other clients and staff reported them as having real benefits in allowing enhanced feelings of safety outside the home). Safety outside of the home was a concern for some women, with one client discussing her plans to put a dash-cam in her car, so she could potentially get footage of her perpetrator following her.

Some interviewees wondered whether the intervention was making women solely responsible for their own safety, instead of holding the perpetrator accountable. This line of thinking was not limited to the intervention. Many identified this as a general problem related to DFV:

There are a lot of agencies in the general community who still hold women responsible for their own safety. They still to a certain extent expect her to be the person who does all these things for her and her family whereas the guy decides to leave or the person who's actually perpetrating that violence seems to kind of get, more or less, you know, he doesn't have to do very much. Okay, he might get fined or even get a custodial sentence, but he's left. He doesn't have the responsibilities that we put upon the victim. She's expected to have a [duress alarm]. She's expected to get cameras put in her house, which can be quite intrusive for her as well. If they go wrong, if they break, then we're expecting her to fix them, you know, the monitoring of those things and then it's the intrusion on her life as well, you know, having this big huge [duress alarm] around her neck. (DFV service provider)

There were also instances given of good police responses, but they did not always result in the perpetrator being brought to justice. One service provider stated she continued to hear from women who were doing everything that was expected of them (e.g. maintaining the cameras and gathering the evidence), but regardless of everything that was done, the perpetrator was still not held accountable by the courts.

### **Client vignette: Simone**

Simone's ex-partner had repeatedly breached a DVO. However none of the breaches were made on her property and were therefore not recorded by the security camera. Breaches included calling her on the phone although he was not allowed to make any contact with her. She has not had to use the cameras or video footage for evidence yet, but the perpetrator is aware of them and they seem to be acting as a deterrent. He sent her a message indicating that the camera was keeping him from her property: 'that's the only reason why I'm not coming there'.

Simone stated that carrying a personal duress alarm made her feel a little bit safer and provided 'good peace of mind.' She stated that the technology has also had a positive impact on her children who are no longer afraid to play outside. While she was happy with the camera and the alarm, she continued to be frustrated with the criminal justice system and the overall lack of accountability of the perpetrator, and perpetrators of DFV more broadly: 'I feel that it's going to take a massive standoff, and a gun to my head, before they step the hell up and lock him away'.

Simone stated she was currently 'pretty happy', but when asked about her future, she hoped to see the perpetrator imprisoned. She also stated that her children were affected by the outcomes of the criminal justice system 'because they continue to see someone so horrible continuously get away with something'.

Over the long-term, a reduction in the number of breaches of domestic violence orders is anticipated as a result of the trials. In the short- and medium-term, an increase in breaches data may indicate a positive outcome of the trial, if the planned use of security camera footage, or other mechanisms of increasing perpetrator accountability, is facilitated by the trial. However, it is not possible to draw any conclusions on the impact of the trial on breaches. Police data (Appendix A) indicates that there have been changes to breaches in each of the trial site areas since the trial commenced in September 2016. Variation in breaches is also evident over the same time period in the data for all of Queensland, suggesting that changes in breach rates are unlikely to be attributable only to the trial.

## 7 Conclusion

The technology trial indicates that there are benefits to clients and service providers from the inclusion of innovative uses of technology as part of a holistic, flexible service response to the needs of people experiencing DFV, including those who wish to remain safer in their home.

To date, there is very limited evidence available on the effectiveness of personal safety alarms for victims of domestic violence. However, research does support the view that personal safety alarms contribute to an increased sense of safety for DFV victims, and this is supported by the evidence available to this evaluation.

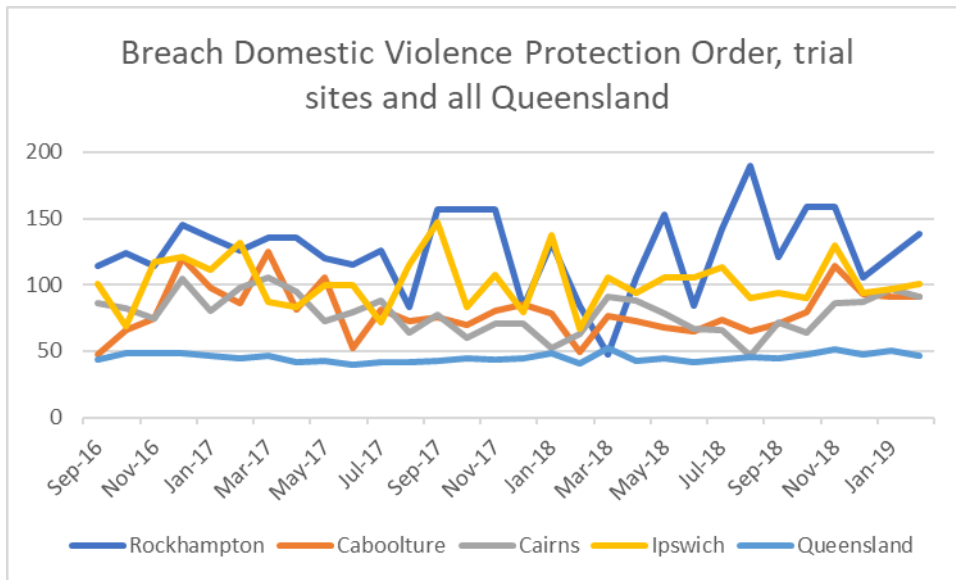
There is also tentative evidence that the provision of technology may be associated with an increased likelihood of victims remaining in their own home. While technology is not itself a sufficient intervention, and was not intended to be in the trial, it may also assist with improved responsiveness by a range of services including police, and increased accountability of perpetrators.

The experience of trial participants in the second dimension of the initiative, responses to technology-facilitated abuse, is also similar to that found by previous research, that is, while the seriousness of this abuse is recognised, responses to it are less developed than using technology as a means to enhance safety. This is an emergent area, in which practitioners feel less confident than they do with other forms of abuse, and perhaps as a consequence of this, the take-up of cyber audits and other responses to technology-facilitated abuse was lower than the issue of PDAs and security cameras, and were discussed less by clients and staff in interviews.

# Appendix A Queensland Police Service crime data

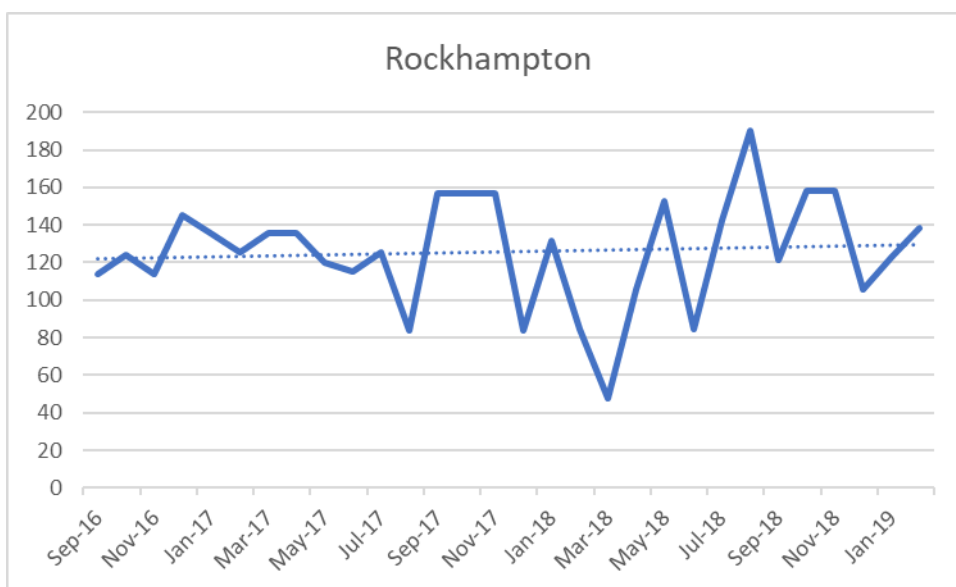
As noted in the report, there are changes in breaches to domestic violence orders over the trial time period in each of the sites. This is also true of other sites, and for Queensland as a whole, and it is not possible to attribute any changes to the intervention.

**Figure 7.1: Changes in breaches of Domestic Violence Protection Orders, all sites, rate per 100,000 persons**



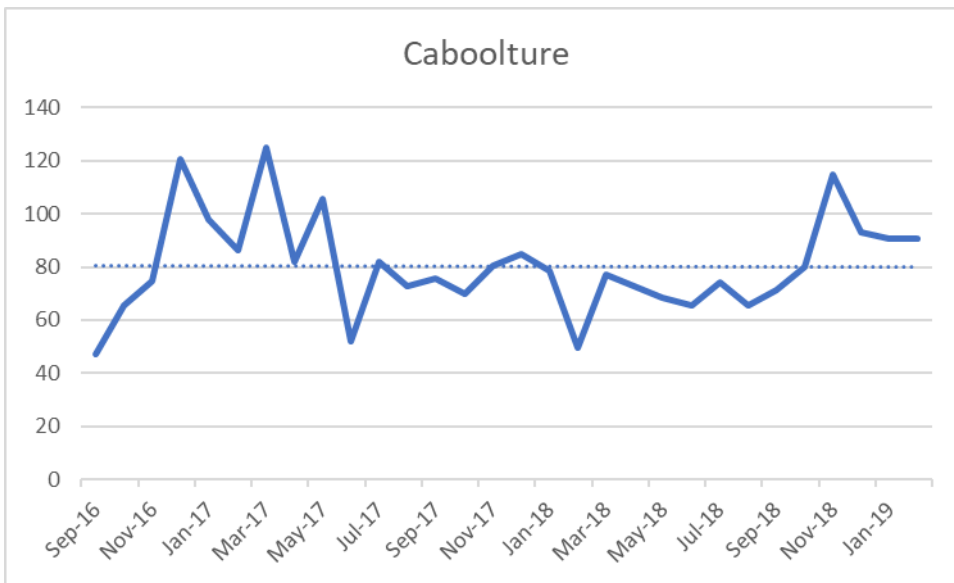
Source: Queensland Police Service (2019)

**Figure 7.2 Changes in breaches of Domestic Violence Protection Orders, Rockhampton, rate per 100,000 persons**



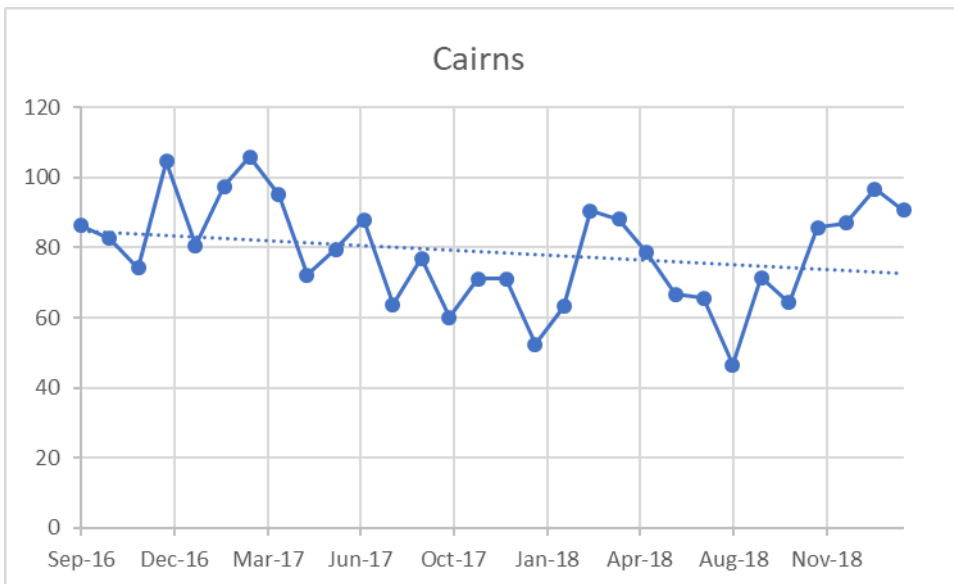
Source: Queensland Police Service (2019)

**Figure 7.3 Changes in breaches of Domestic Violence Protection Orders, Caboolture**



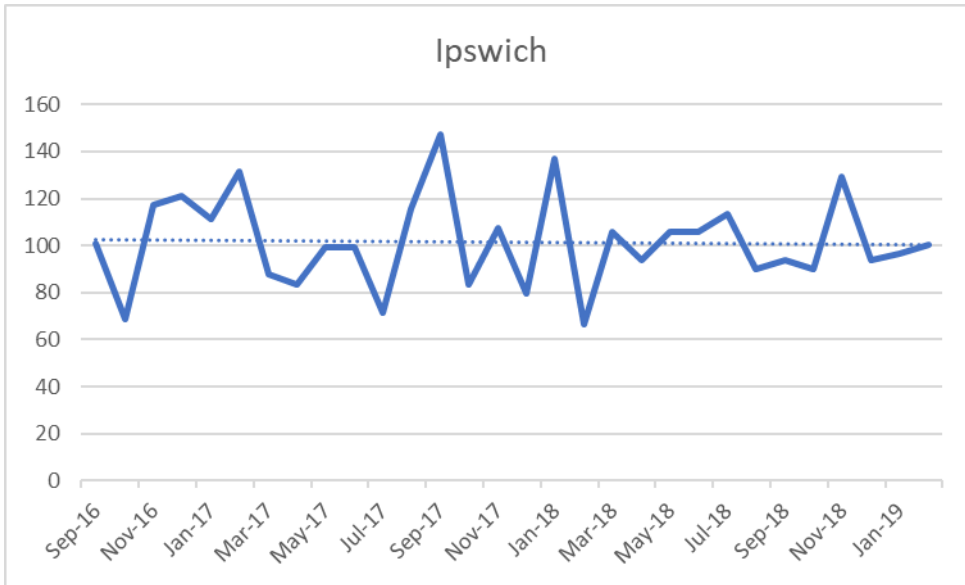
Source: Queensland Police Service (2019)

**Figure 7.4 Changes in breaches of Domestic Violence Protection Orders, Cairns, rate per 100,000 persons**



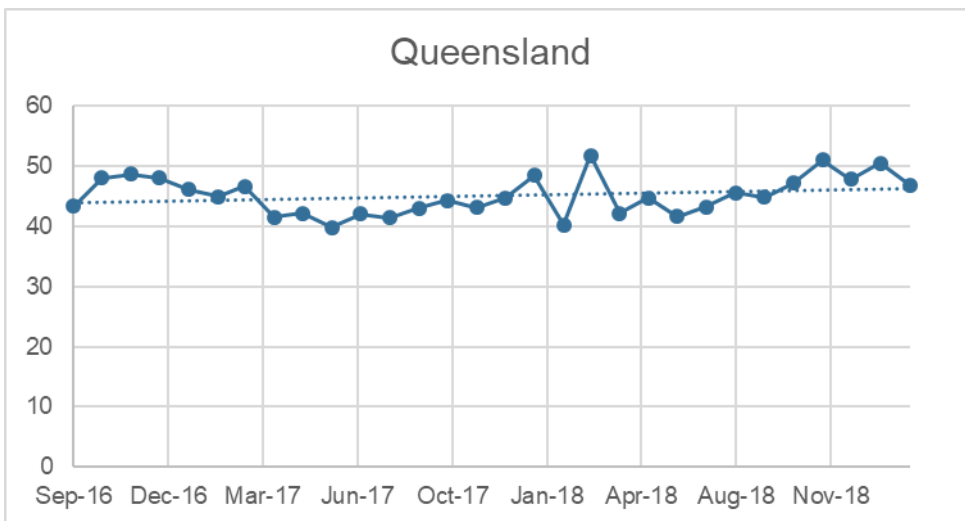
Source: Queensland Police Service (2019)

**Figure 7.5 Changes in breaches of Domestic Violence Protection Orders, Ipswich, rate per 100,000 persons**



Source: Queensland Police Service (2019)

**Figure 7.6 Changes in breaches of Domestic Violence Protection Orders, Queensland, rate per 100,000 persons**



Source: Queensland Police Service (2019)

## Appendix B Client demographics

Information in this section is provided by the trial sites, and extracted from the DEX data portal for all clients of the Keeping Safe at Home program, not only those participating in the technology trial. Other limitations are described in the report.

**Table 5 Number of KWSITH clients with select demographic characteristics, by site, Sep 2016-Mar 19**

	Rockhampton	Cairns	Caboolture	Ipswich
	n	n	n	n
Total clients 2016-19	102	71	887	157
Aboriginal*	12*	11	92*	4
Torres Strait Islander		6		3
Aboriginal and Torres Strait Islander		6		8
CALD	1	1	104	**
Australian born	100		691	134
Disability	*	1	*	*

\*Rockhampton and Caboolture provided total Aboriginal and Torres Strait Islander clients

\*\*no data available

\*\*\*Ipswich provided information on country of birth, see below

Source: Trial site DFV services, DEX portal

**Table 6 Percentage of KWSITH clients with select demographic characteristics, by site, Sep 2016-Mar 19**

	Rockhampton	Cairns	Caboolture	Ipswich
	%	%	%	%
Aboriginal*	12*	15	10*	3
Torres Strait Islander		8		2
Aboriginal and Torres Strait Islander		8		5
CALD	1	1	12	**
Australian born	98		78	85
Disability	*	1	*	*

\*Rockhampton and Caboolture provided total Aboriginal and Torres Strait Islander clients

\*\*no data available

\*\*\*Ipswich provided information on country of birth, see below

Source: Trial site DFV services, DEX portal

Ipswich clients born in countries other than Australia total 23, or 15% of the total KSAH clients over the period. Of these, seven were from New Zealand, three from Fiji, and one each from South-East Asia and North-Western Europe, two from Southern and Eastern Europe, and three each from North Africa and the Middle East, sub-Saharan Africa, and the Americas.



## 8 References

- Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2016). *National mapping and meta-evaluation outlining key features of effective "safe at home" programs that enhance safety and prevent homelessness for women and their children who have experienced domestic and family violence: research report*. Sydney: Australia's National Research Organisation for Women's Safety Limited (ANROWS). Retrieved from: <https://www.anrows.org.au/publication/national-mapping-and-meta-evaluation-outlining-key-features-of-effective-safe-at-home-programs-research-report/>
- Breckenridge, J., Walden, I., & Flax, G. (2014). *Staying Home Leaving Violence evaluation: Final Report*. Sydney: Gendered Violence Research Network, UNSW Australia. Retrieved from: [http://www.community.nsw.gov.au/\\_data/assets/file/0005/335786/staying\\_home\\_leaving\\_violence\\_evaluation\\_report.pdf](http://www.community.nsw.gov.au/_data/assets/file/0005/335786/staying_home_leaving_violence_evaluation_report.pdf)
- Council of Australian Governments. (2013). *National Plan to reduce violence against women and their children: Including the first three-year Action Plan*. Canberra: Council of Australian Governments. Retrieved from: [https://www.dss.gov.au/sites/default/files/documents/08\\_2014/national\\_plan1.pdf](https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf)
- Domestic Violence Death Review Team. (2017). *NSW Domestic Violence Death Review Team Report 2015-17*. Sydney: NSW Government. Retrieved from: [http://www.coroners.justice.nsw.gov.au/Documents/2015-2017\\_DVDRT\\_Report\\_October2017\(online\).pdf](http://www.coroners.justice.nsw.gov.au/Documents/2015-2017_DVDRT_Report_October2017(online).pdf)
- Douglas, H., Harris, B. A., & Dragiewicz, M. (2019). Technology-facilitated domestic and family violence: women's experiences. *The British Journal of Criminology*, 59(3), 551-570. doi:10.1093/bjc/azy068 %J The British Journal of Criminology
- Queensland Government. (2019). Integrated service responses. Retrieved from <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/enhancing-service-responses/integrated-service-responses>
- Queensland Police Service. (2019). Queensland Crime Statistics. Retrieved from <https://mypolice.qld.gov.au/queensland-crime-statistics/>
- Special Taskforce on Domestic and Family Violence in Queensland. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. Brisbane: Premier's Special Taskforce on Domestic and Family Violence in Queensland. Retrieved from: <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>