

# ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*

# Compass

Research to policy and practice

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**Women's specialist domestic and family violence services: Their responses and practices with and for Aboriginal women: *Key findings and future directions***

Prepared by

Dr Judy Putt, School of Behavioural, Cognitive and Social Sciences,  
University of New England

Dr Robyn Holder, Griffith Criminology Institute, Griffith University

Ms Cath O'Leary, School of Behavioural, Cognitive and Social Sciences,  
University of New England



**University of New England**  
Armidale, NSW, 2351, Australia

ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS’s research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 3.3 “Advocacy for safety and empowerment: good practice and innovative approaches with Indigenous women”. Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Landscapes and Horizons is available as part of this project.

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#### **Acknowledgement of Country**

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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PO Box Q389, Queen Victoria Building, NSW, 1230 | [www.anrows.org.au](http://www.anrows.org.au) | Phone +61 2 8374 4000  
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I. Holder, Robyn. II. Putt, Judy. III. O’Leary, Cath.

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# Introduction

Domestic and family violence (DFV) has had a high profile in the past 2 years. Surprisingly little, however, is known in the public domain about the help women's specialist services provide women and children affected by DFV. Although there has been some work done at a state level, there is no national map of the services nor wide understanding of the fine detail about what they do. While we know they are there, very little is known about the inside of the "black box"—the inner workings of services (Macy, Giattina, Sangster, Crosby & Montijo, 2009). Yet every day across Australia women turn to or are referred to them.

This paper summarises a research project that looked inside the black box. It involved working closely and collaboratively with three specialist DFV services. They opened themselves to outsider scrutiny and actively participated in research to document and explore their histories, current approach and practice.

High rates of violence against Aboriginal women have been well documented and publicised (see Holder, Putt, & O'Leary, 2015; Olsen & Lovett, 2016). However, very little has been documented or analysed in relation to how specialist DFV services work with and for Aboriginal women as clients/survivors, workers, board and community members.

The focus of the project was on what the partner services do and more specifically, how they have adapted and evolved as services in response to and with Aboriginal women. As a result, the project concentrated on how workers and services try to listen to Aboriginal women—what they see and hear, what they have learnt, and how they apply this in practice. Local Aboriginal women were an integral part of the research project, but the research findings do not represent the views of all Aboriginal women.

A final focus was about finding out from women how to talk about their experiences with services, and to identify what they value from crisis contact in order for services to be in a better position to know whether they are responding effectively and appropriately to Aboriginal and non-Aboriginal women affected by DFV.

## **Three partner services: Alice Springs Women's Shelter (ASWS), Domestic Violence Crisis Service (DVCS), Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Domestic and Family Violence Service (NPYWC DFVS).**

All three, like other services in the sector, are independent, non-government organisations. Each has more than 20 years' experience of working in their local environment, are mainly staffed by women (primarily non-Aboriginal women), and are multi-component services. Their paramount aim is to help women and children to be safer.

For two of the partner services, Aboriginal women are either most or all of their clients, while for the third service, Aboriginal women are a very small proportion of their crisis line clients. One service operates in a large remote area, one in a regional centre—both are in central Australia—and the third is in a large urbanised regional centre.

Although all three provide crisis and court support, along with other services, they operate in different ways and contexts. One includes a shelter, one includes a crisis telephone line and the third provides crisis and court support to more than 26 remote communities in the cross-border region of central Australia.

Because of all these factors, there were similarities but also distinctive qualities to practice across the services.

## **Research processes**

The research was informed by reviews of the literature (see Holder et al., 2015) and documentation from partner services; a national but small survey of the sector; and national and more local data. Undertaken over more than a year, it was a complicated, largely qualitative research process that involved more than 260 participants, nearly all women. The majority of participants were service workers and they were involved in interviews, surveys and conducting research activities. Where their identity was known, just under half of the participants were Aboriginal women. Some were leaders and senior women, but the majority were clients, ex-clients, or community members who participated in interviews, discussions and focus groups to present their views on what they valued from services, especially during times of crisis.

# Key findings of the research

## Specialist DFV services

At a national level, only a partial picture is available of women's specialist DFV services—as a sector that delivers vital DFV services—and the detail of their service delivery. In brief, women specialist DFV services are independent women's services whose core business is DFV. While working with wide-ranging and deep legal and clinical knowledge and experience, they are non-legal and non-clinical services.

In Australia the number of services in the sector grew rapidly from the 1970s to the mid-1990s and has since plateaued. Many services changed from grassroots women's organisations with collectives to organisations with more formal governance and management structures, more professionalised workforces, and government funding to provide contracted services.

There is no definitive quantum for the current number of services in the sector. According to one count, there were at least 134 refuges and 17 women's specialist services against domestic violence (that were not refuges) in 2013 (Andrew, 2013).

Aside from specialist legal services, we found few Indigenous-led/community-controlled specialist DFV services that focus on supporting Aboriginal women as victims/survivors of DFV.

The focus of the services is on women and children's safety. The services offer multiple programs but, for many, crisis accommodation and support remains the primary function.

Collaboration with other agencies is essential for the services to be effective and many services work with other local organisations as part of formal interagency agreements or through informal networks.

Models of outreach have evolved to meet the challenges of distance and a dispersed population in many parts of Australia, as well as evolved in creative adaptations with communities of women generally.

Although many aspects of service delivery and program approach are broadly similar across services, responses have adapted and evolved based on their knowledge and experience of local contexts.

There has been a significant and rapid rise of demand for services in recent years, which has outstripped capacity and placed the sector under stress. Clients are mostly women, aged between 25 and 40, trauma-affected, English-speaking, and primary carers of children. Service data shows that intimate partner violence is still the main type of violence that clients have experienced.

Many women's specialist DFV services are accessed by Aboriginal women—an estimated 67 Aboriginal people a day are using specialist homelessness services where DFV is the main reason for homelessness (Australian Institute of Health and Welfare, 2016).

With many services across Australia, Aboriginal women would constitute a minority of clients. Indigenous people are more likely to be a greater proportion of DFV clients in remote and

very remote areas but the actual number of Aboriginal clients is likely to be higher in major cities.

Women make up the majority of the workforce. A large part of the workforce is casual or part-time workers. The workforce has considerable experience and qualifications in community service work.

City-based women's specialist services are less likely to have, and to have fewer, Aboriginal staff. Based on the national survey of services conducted for the project, at least half of the services in the sector are estimated to currently employ Aboriginal people or have dedicated positions. However, Aboriginal staff are more than likely to constitute the minority within a service.

Workers in the services have a strong sense of their organisation's identity, and a passionate commitment to and pride in key attributes of the service. The key attributes include having an understanding of DFV based on a gender analysis.

Advocating for and empowering women is at the heart of much service delivery and practice. However, few services identify or define themselves as feminist services. Rather, many see themselves as having a feminist-informed philosophy and aims.

The quality of staff and of staff practices are important to services. Value is placed on having practices that are rooted in knowledge of, and responsive to, the local context of communities, social connections and networks, and cultural mores.

Police have been a focus of system advocacy by services over many years, as they are the key frontline agency responding to DFV incidents. Having a good working relationship with police was viewed as critical by many contemporary services as they were assessed as being the most reliable (compared with other systems/agencies) in providing support to women victims. However, the relationship is often uneven and person-dependent.

### Views from the frontline

Workers in the three partner services perceive women and children's safety as their job priority but had realistic views about if and how long it might take, and about what might need to happen, before women will eventually live free from violence.

Challenges of their work included its unrelenting pressure, meeting clients' expectations, internal and external constraints that affect the help they can offer, and women's capacity to access resources.

Workers described their clients as often trauma affected and juggling different carer obligations.

In regional locations, housing (crisis and longer term) was viewed as an acute challenge facing women, while access to services more generally and isolation was viewed as more of an issue for women living in remote locations.

In central Australia, workers singled out certain challenges for

local women including attitudes to and the levels of violence, the ramifications of “payback”, gender norms and substance abuse. These factors were seen as mediating the level and predictability of community and family support that women might receive.

Although all workers described women coming back and forth to their services, and of intermittent contact usually at times of crisis, those in the Australian Capital Territory region were more optimistic about women finding a way to live without violence.

In their day-to-day experience as DFV workers, there was a common perception that it usually took strong legal consequences or imprisonment for men to stop using violence towards their partner/ex-partners. But they did say men sometimes did stop when there was a genuine decision and strong commitment to do so (by undertaking a behaviour change program, curtailing drinking, or accessing other supports) or for personal reasons, such as getting old, being in “her” community or having a new partner.

Workers aspired to empower their clients by being supportive and understanding, and by aiding women to be aware of, and to understand, their options. At the same time, the workers stressed that they offered practical help and information, and respite.

The majority of workers viewed their essential role as being one of a “social broker”—making connections between clients and needed resources. Most commonly, according to the workers, women ask for help with accommodation and legal options.

The practical things that workers said clients asked for included help with money, food and clothes, phones and transport.

Workers also underlined how they help women by giving emotional support and solid advice as they listen and talk with women about their problems, thereby helping them to articulate their experiences with DFV and their realisable options.

Their emphasis was on being responsive and flexible in their interactions with individual women. At the same time, at a service-level, it was about remaining a “constant”—of being there when needed.

### Core frontline practices

At the frontline, workers interact with women in circumstances where the women and children’s safety is of paramount importance, but the women’s situation is not necessarily self-evident during crisis contact. The women may have taken the step of contacting the service, but many are hurt, vulnerable, confused and uncertain. As a result, workers described how they oriented their practices to empower their clients by helping them to articulate their situation, and by encouraging self-determination and confidence through ongoing support, so they can make their own decisions that may help them become safer.

Workers described conversational interactions, in order to be both responsive and collaborative. Their approach was to be practical and problem focused.

Workers adapted and applied safety planning practices in a range of settings. Workers described guided conversations that focused both on helping women identify threats and risks as well

as helping them make their own decisions about these. As family connections, both his and hers, were viewed as very important by workers in all three services, these safety “conversations” involved probing to determine a woman’s situation in relation to her family and his family.

Safety planning conversations were described by workers as constant and repeated—in every call and contact—to be listening for and responding to a women’s needs at that time, and to check and re-check with her. This was especially in order to understand her relations with both her and his families and connections, and what may be protective or dangerous.

Workers aligned themselves alongside survivors but set boundaries. For workers there was an active balancing between validating a woman as “expert” in her own situation, and concern for her minimising or normalising the dangers of DFV.

At times workers drew on their authority as professionals and of their experience to be assertive in their practice. When women were in crisis, workers said they often valued being heard in a non-judgemental and respectful way and receiving advice from a DFV “expert”.

Safety practices were tied to the perceived situation and level of risk, and included immediate responses such as accommodation (provision or referral), evacuation, and safe transport. Other practical responses included assistance with protection orders (current or new applications), providing/charging a phone, security upgrades, emergency food and financial assistance.

The aim of advocacy with an individual client was for the worker not to change the woman but to increase or expand the availability, accessibility, and relevance of resources to her. With system-focused advocacy on behalf of a client, workers saw themselves as “amplifying” women’s voices. When practicing advocacy in interagency and wider forums, organisations’ leaders saw their role as contributing constructively and critically to discussions, and by “keeping things on the agenda”.

Most of the women’s specialist services who participated in the national survey said they offer outreach services, of varying scope and focus. The outreach services can involve supporting survivors in homes and communities, reaching into hard-to-reach populations through phone-lines and informational activities, and includes pro-active follow-up contact.

There is a great range and depth of outreach activities and practices. Substantial differences were evident because of service models and the locations in which they work. This feature once again underlines the importance of locally tailored and designed responses and activities.

### Influence and involvement of Aboriginal women

Different degrees of leadership and involvement of Aboriginal women were noticeable at a formal level across the three partner services. NPYWC’s DFVS was piloted and then established under the direction of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council and its board of directors. The Women’s Council

continues to the present day to provide direction, authority and accountability as well as cultural guidance to the service. Both DVCS and ASWS have had limited success in attracting and sustaining Aboriginal women to sit on their governance committees or boards.

Not many Aboriginal women have joined or stayed as frontline DFV workers. Services have had dedicated positions, but they, like other women's specialist services across Australia, have often found it hard to recruit and retain frontline Aboriginal staff.

According to both Aboriginal and non-Aboriginal staff, the particular challenges facing Aboriginal workers in DFV services included the pressure from within the service—to be “the representative/voice” of Aboriginal people—and from outside the service. They can face resentment from men and mothers in the community, and their work can be complicated by the obligations of family and kin ties and of being part of a closely-knit community. These forms of sociality were viewed by workers as both a source of strength and friction.

Aboriginal service users and other women in the community expressed concerns about the confidentiality and undue family influence in relation to some Aboriginal services and workers.

Aboriginal workers can have a significant influence on a service even when they make up the minority of a workforce. In some contexts, having Aboriginal women employed as mentors or cultural brokers rather than frontline workers held promise and flexibility for Aboriginal staff in DFV services.

Informal contacts and networks between and among Aboriginal and non-Aboriginal women had created avenues through which services were guided and informed. Across all three organisations the network of contacts with Aboriginal women and Aboriginal workers was a critical source of perspectives on and insights into situations or emergent situations.

Spreading information about services by word of mouth was vital to increasing awareness of practices and programs, and to foster trust in the “constancy” of the service responses and their accessibility.

The most direct influence Aboriginal women clients had on the services was—by continued use of the services—reinforcing the focus and priority placed on crisis responses. According to workers, Aboriginal women's contact with services was often prompted by fear of, or acts of, specific violence. After the immediate danger or situation diffused, they were likely to remain within or return to family networks and community settings to which they felt connected.

In their interactions with women clients, services worked closely with the reality of disadvantage. Services perceived that, among many Aboriginal women, there was a profound and palpable distrust of the child protection authorities and a measure of shame or embarrassment associated with being in places like courts. Such distrust and apprehension has encouraged services to provide informed, knowledgeable and consistent support to women in their contact with government systems, especially in relation to criminal and civil legal matters.

### What women value from services

Supporting and helping women and their children to be safer and stronger is the constant and ultimate goal that services aspire to. The project's focus was more narrow and specific as it explored with women what they valued from crisis contact with a service.

Through the project, women—mainly Aboriginal women—helped identify the concepts and language that capture what they value from services and as outcomes of contact at times of crisis. Key aspects to the service response and worker practices combined what Anangu women named as being a “good worker” who gave “proper help” and included:

- Active and careful listening.
- Clear and non-judgemental communication, that drew on workers' expertise and knowledge.
- Immediate and practical help.
- Assertive advocacy on behalf of women with other agencies and people in the community.

Being in a shelter, for Aboriginal women in central Australia, was an opportunity to be free and safe; with time to think, to have a rest and to be with other women knowing their children are okay; and to have access to facilities and practical assistance with going to appointments.

After contacting the DVCS crisis telephone line, Aboriginal and non-Aboriginal women said they wanted to be aware of options, listened to, not judged and feel happy and free to call again.

Throughout the project, Aboriginal women contributed their perspectives and priorities for women's specialist DFV services. Table 1 is an overview of these research findings.

**Table 1** Aboriginal women's perspectives and priorities for women's specialist DFV services in the three locations where the research was conducted (not listed in any particular order)

#### Good service contact

- To experience kindness.
- To have proper workers (explains, expert, knowledgeable, stands with/in-front, will act, be humble, be hands-on) who actually help.
- For there to be the right words/language for better understanding.
- To not be judged.
- To not be blamed.
- To be heard/reassured and experience relief.
- To be listened to and acknowledged.
- To have time to sit and talk (not ask so many questions all the time).
- When asking, don't go in front, go side-on.
- To experience understanding without judgement.
- To share hope and find that spark.
- Never give up on women.
- Be genuine.
- Don't refer, refer [to other services].

#### Help they want

- Feed, blanket, personal care.
- Space to rest, to sleep and to think.
- To have a "cuppa", toast, watch movies and do ordinary things.
- To be free to talk even during the night.
- To re-charge phones, be given emergency phones.
- Help with legal stuff.
- Need a creative space, do positive stuff.
- Financial help.
- Help with emergency housing/accommodation.
- Help (empathetic) to make difficult decisions especially (but not only) as a parent.
- Get her the specific information she needs/is asking for.

#### Desired outcomes to service contact

- To not be isolated; to be connected.
- To have face-to-face support during an incident.
- To be supported with police and at court.
- To have support for children and families, including men.
- To be safer—practical, context-specific, dynamic, ongoing, realistic.
- To be offered and do nice stuff that helps wellbeing and self-respect.

#### Measuring what matters

Many women's specialist DFV services actively monitor and review their practice and work, which includes client feedback through various means. However, demonstrating that the service crisis responses have produced tangible results and outcomes of being "safe" or "safer" is an ongoing challenge. These goals are not necessarily in their or the women's control.

A strategic and purposeful use of participatory research methods (focus groups, workshops, and guided conversations with clients and former clients) were found to be helpful in:

- defining and exploring concepts (and their meaning) that can inform practice and evaluative activities; and
- assessing whether key crisis outcomes are being achieved.

Trying to measure whether women had the kind of experience with a service and had the outcomes they said they valued, showed that a few questions or scales can capture the most important elements. However, the critical issues for women and workers relate to timing—the how and when questions are asked.

A core set of concepts (for feeling and being) emerged across sites and groups that women saw themselves as moving from and towards:

- scared/safe; tired/rested; anxious, not thinking straight/calm;
- alone/supported; isolated/connected; he (his family) the boss/free; trapped/in control; and
- not happy with, in myself/strong in myself; unsure/confident; sad/happy.

Experiments with various measurement "scales" of these concepts were, by and large, not successful and needed further work. Visual cues (photos, images, sandbox) did help at times. To a large extent, these tools remain open to further exploration and modification depending on the context.

Methods and language have to be tailored to local contexts, and specific service models. The core concepts and outcomes, moreover, are not static. Nor are women's experiences. For services, continuing to seek women's views on what they value and whether the service contact helped them, requires a determined and strategic investment of time and people.

# Key messages for policy

Women's specialist services whose core business is domestic and family violence (DFV) are critical frontline providers. As independent and non-government organisations, they have flexibility and a significant degree of agility to respond and act. As a sector, however, they are in stress, as demand has outstripped their capacity to respond. More support and recognition needs to be given to their key role, especially as responders with and for Aboriginal women experiencing DFV.

There is much basic knowledge about the sector that is unknown. In particular, there is little knowledge available publicly that maps and analyses the extent and nature of the services provided by the women specialist DFV sector. Only limited research has examined its workforce and its practices.

The services draw on a long-term involvement in their localities and with the communities they serve. Workers learn from their everyday practice and interactions with women. This frontline knowledge and skill needs to be consolidated and shared.

Women's specialist DFV services need to be supported in their work with and responses to the needs of Aboriginal women, as they serve as a crucial and reliable option for Aboriginal women in crisis. A greater number of Aboriginal women access women's specialist DFV services in cities, but Aboriginal women and their children are more likely to be the majority of clients in remote and very remote areas.

There needs to be greater recognition of how Aboriginal women can influence—and have influenced—service models and practice, especially where they are the majority of clients. This is often indirect and not through formal structures or positions. Frontline DFV work can be particularly challenging for local Aboriginal women where communities are close-knit and small or interconnected by kin and family ties.

For both policy and practice, defining and monitoring “successful” outcomes should be realistic and grounded in what service users value. Collaboration with Aboriginal and non-Aboriginal women service users is vital. In this project, they have said they value immediate and practical support and assistance at the time of crisis. After the crisis, they valued follow-up through assertive outreach and support with legal and court processes. From workers, Aboriginal women clients valued active and careful listening, clear and non-judgemental communication that drew on workers' expertise and knowledge, and assertive advocacy on behalf of women with other agencies and people in the community.

Across the sector, capacity has to be built within services for continuing self-evaluation that is guided by the views and feedback from Aboriginal and non-Aboriginal women. For services to engage in an ongoing and collaborative way with service users, the approach, methods and language have to be tailored to local contexts and specific service models. Additional resources and support are essential for this to be done well and with care.



# Key messages for practice

Women's specialist DFV services are an important option for Aboriginal women in crisis. For many services, Aboriginal women are the minority of staff or clients. This can make it challenging to be responsive to the needs and views of local Aboriginal women. In part, an effective response involves:

- Recognising that formal governance structures of services may not suit Aboriginal women as places to represent their own and others' views, but that other ways of eliciting guidance and reflection on a group basis exist.
- Cultivating stronger ties between specialist DFV services and local Aboriginal organisations and leaders.
- Having realistic expectations of the roles and number of Aboriginal frontline staff. In some contexts, positions of mentor or cultural advisor may work well. These rest on ideas of the "learning organisation".
- Building and sustaining informal networks and contacts, including through creative outreach and community development activities.
- Continuing and supporting the constant process of learning by adopting a collaborative approach and by having discussions or conversations with Aboriginal women clients or ex-clients more often in ways that are ethical, safe and is valued by them.

Practicing strong advocacy, assertive outreach and constant safety checking and planning was valued by Aboriginal women. Effective practices that were identified:

- centring on ongoing and guided conversations about safety;
- combining core elements of practice with women clients with, if needed, more tailored specific measures that take into account individual Aboriginal women's level of risk, disadvantage, and the local and cultural context; and
- acting as a broker and leveraging resources to expand women's "space for action".

In this project, a degree of congruity was apparent between what services said they offer and workers said they practice, and what women service users said they value from crisis contact and as outcomes. However, an ongoing commitment is required to investigate and review whether this is, and continues to be, the case. It was invaluable to work, at the outset, collaboratively with women on concepts and language before moving on to other methods and the testing of measurement tools. Participatory methods and client file reviews can help produce outcome evidence for services, but a cautious and strategic approach is advised, guided by what is feasible for a service to do and implement.

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