



Editorial Introduction

This Briefing Paper provides an overview of an evaluation of the co-location of a domestic family violence (DFV) specialist embedded in Toowoomba Police Station. This model, while not without initial challenges, strengthened the integrated approach to responding to DFV, enhanced survivors' willingness to report to police and was well regarded by those survivors. By working together, police and support organisations have a better chance to break the cycle of violence than working apart, and survivors of DFV receive an enhanced trauma-informed, victim-centred integrated response. The findings support the viability of replicating and even extending the co-location model across Australia.

About the project

This evaluation was funded by a QUT Centre for Justice Practitioner Grant. Read the full report [at this link](#).

Evaluation of a specialist domestic violence worker embedded in a police station

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Introduction

Victims/survivors (hereafter, survivors) of DFV are reluctant to report to the police (AIHW, 2019). One reason is a fear of not being believed or taken seriously by police (Douglas, 2019). In Queensland, there is a growing realisation that policing responses to DFV are in urgent need of reform to address this reluctance (Douglas, 2019; Special Taskforce on Domestic and Family Violence in Queensland, 2015).

Police acknowledge that responding to DFV is not something they can do alone and recognise the importance of partnering with the DFV sector (QPS, 2021). Having a sole focus on criminal justice outcomes may sideline the autonomy and safety of women (Reuland et al., 2006; Seuffert & Mundy, 2020). Existing models of collaboration between police and other services include high-risk teams, where survivors with increased risk factors have come to the attention of services (Hamilton et al., 2021), and co-responder models, where workers attend DFV call-outs with or after the police (Reuland et al., 2006).

In 2021, the Queensland Police Service (QPS) established frontline co-location models in the Moreton, Gold Coast, Mt Isa, Toowoomba and Townsville Districts (QPS, 2021). In this context, the Domestic Violence Action Centre (DVAC), QPS and QUT Centre for Justice collaborated to evaluate the co-location of a domestic violence specialist worker at Toowoomba Police Station. Our evaluation assessed how the co-location met the aims and objectives to improve police referrals and knowledge of supports, improve client experience and provide real-time advice to police in responding to DFV (see Table 1). We also assessed the integrated high-risk response and improved information sharing impact of the worker, responses recommended by the *Not Now, Not Ever* report (Special Taskforce on Domestic and Family Violence in Queensland, 2015, no. 76, 78). This Briefing Paper provides an overview of our findings.

Background

The DVAC and QPS co-location began in January 2021 with a planned end date of September 2021. The DVAC worker initially worked at the station two days a week. However, with additional funding, DVAC was able to extend the role to four days a week from September 2021 for another nine months. The worker is an experienced social worker professional with tertiary

qualifications in social work, including training in trauma-informed practices and four years' experience in the DFV sector. Her level of experience and time working in the region meant she has detailed knowledge of complex police and legal processes and local services and networks.

As an embedded specialist in Toowoomba Police Station, the DVAC worker's role is to support survivors seeking police assistance with DFV matters, providing them with information, referral and connection, safety planning and upgrades and emotional and emergency support. The worker also supports the police across these tasks. Police have a choice in approaching the worker for assistance with DFV cases; engagement is not a management directive. She sits at the back of reception, in the area behind the front counter, integrated as part of the station and regularly interacting with officers. The role also involves participation in a pre-existing High-Risk Panel that meets monthly to facilitate information sharing to implement safety planning for partners or ex-partners of high-risk individuals.

Currently in Australia, three Multidisciplinary Centres (MDCs) operate in regional Victoria, responding to DFV using a holistic co-location model. There is an absence of evaluation on these MDCs, but they highlight the ongoing presence of co-location in Australia. MDCs include sexual assault police teams, family violence police teams, social workers, counsellors and other support staff and programs. All services operate in a shared location, either in the same office or on a different floor (personal communication with Barwon MDC board member, 2021). An MDC that will respond to DFV and sexual violence and include police on site has just been announced for Tasmania (Petrusma, 2022). A few other co-location models that have been trialled in Australia include a single victim-support project officer that was located in a police station (Wangmann, 2003, as cited in Breckenridge et al., 2016); an entire support organisation located in a police station (Mundy & Seuffert, 2021); and a multidisciplinary hub that included several support and government services and police (O'Connor & Fisher, 2005, as cited in Breckenridge et al., 2016).

Methodology

Our evaluation examined how the co-location of the worker at Queensland Police Station, Toowoomba, met the aims and objectives of the role. Data provided by DVAC included task notes and reflections recorded by the worker and surveys of clients ($n = 18$) and police ($n = 19$) after using the specialist worker's services. The evaluation team conducted interviews with police located at the station ($n = 5$) and interviews with DVAC workers ($n = 4$). Other stakeholders in the region were invited to participate but did not have the capacity at the time. The research was approved by QUT University Research Human Ethics Committee and the QPS Research Committee. Participants were deidentified throughout the collection, analysis and reporting of results.

Limitations

Instruments did not collect data specifically on Indigenous clients, a group with higher rates of DFV and lower engagement with police. However, we know that the specialist worker collaborated with the regional QPS Indigenous Cross Cultural Liaison Officers when responding to Indigenous survivors of DFV. In future, instruments could be better

Results

Table 1 Summary of evaluation findings

Aim	Finding
1. Connection point for client referrals between DVAC and QPS in both directions	Met
2. Assistance to clients presenting at QPS counter for DFV matters	Met
3. Case consultation with QPS officers	Met
4. Risk management for high-risk cases and an integrated approach in relation to this	Met
Objective	
1. To improve the experience of engagement with QPS for women and individuals who experience domestic violence	Achieved
2. To strengthen the integrated response between the host station and DVAC workers when responding to incidents of domestic and family violence by:	Achieved
2.1 Providing real-time advice to QPS officers when engaging with aggrieved persons on call-outs	Achieved within the limitations of the role
2.2 Increasing QPS officers' understanding of referral pathways and referral options for aggrieved persons	Achieved
3. To meet recommendation 76 from the <i>Not Now, Not Ever</i> report by providing an integrated response to DFV	Achieved within the limitations of the role
4. To meet recommendation 78 from the <i>Not Now, Not Ever</i> report by facilitating information sharing	Achieved

designed to capture whether there are any differences between Indigenous and non-Indigenous clients seeking police help. Future research also requires efforts to examine the wider impact of the embedded worker in the local service system.

Improving the experiences of engagement

In addition to meeting the above aims and objectives, the co-location introduced benefits for the clients, DVAC and QPS. For the clients, trauma-informed emotional support was the key benefit. The worker used various tools to calm anxious clients while they made statements and supported clients before, during and after speaking to the police. Data from client surveys show they were largely people who had reported DFV to the police before (see Figure 1), which is unsurprising given the cyclical nature of DFV.

The clients surveyed ($n = 18$) spoke very positively of the worker's support. Almost three-quarters of clients (72.2%, $n = 13$) reported they 'Absolutely' felt more comfortable speaking to police as a result of their appointment with the specialist worker. The remainder reported they felt 'Mostly' more comfortable ($n=1$), 'Somewhat' more comfortable ($n = 3$) and 'Not at all' more comfortable ($n=1$) speaking to

police as a result of their appointment with the specialist worker.

An open-ended question asked clients, 'Is there any feedback you would like to give to the DVAC worker?'. Below is an example of the appreciation expressed by clients:

"The support I have received from [the worker] during such a difficult time helped me immensely. Having someone that understands, is compassionate and knows what to expect at court and the police station available took a lot of the anxiety out of my experience. Also, connecting me to their services. (Client Survey 9)"

From the survey of police ($n = 5$) and DVAC workers ($n = 4$), all but one 'Strongly Agreed' or 'Agreed' that the co-location model 'Improved the engagement experience of survivors of DFV with QPS officers', and all but one 'Strongly Agreed' or 'Agreed' that the co-location model 'Enhanced the trust of DVAC clients with police at the host station'. The remaining respondent ($n = 1$) responded 'Neither Agree nor Disagree' to those questions.

Survivors receive a better-quality service that is more comforting and empathetic, which can potentially improve criminal justice outcomes, as one officer explained:

"[The worker] provided the aggrieved with good support and advice. [The worker] assisted while I was doing the statement; [the] aggrieved was upset and blaming herself—DVAC [the worker] provided her support, to which she opened up more, and which, in hand, helped me complete the statement. (Police Survey 8)"

The police we interviewed stated it would be 'a step backwards' if the co-location discontinued and saw benefits for all stations.

"I think it'd be a massive benefit to any police station, particularly the bigger police stations that have the volume of domestic violence to the extent that we do. The smaller stations—I would see every one of those police stations benefiting from something like this on a massive scale. (Police Interview 4)"

One measure of improved confidence in the policing of DFV is the willingness to report breaches of Domestic Violence Orders. Police and DVAC interviewees mentioned a pre-existing hesitance to report breaches and that reporting had increased since the presence of the worker. There was an increase in Contravention of Domestic Violence Order charges lodged at Toowoomba courts in 2020/2021 (21% increase over 2019/2020), and for 2021/2022 to date, there has been a 43% increase over 2020/21 (Queensland Courts, 2021). While promising, it is uncertain whether these data support interviewee observation without more rigorous statistical analysis.

Strengthening the integrated response

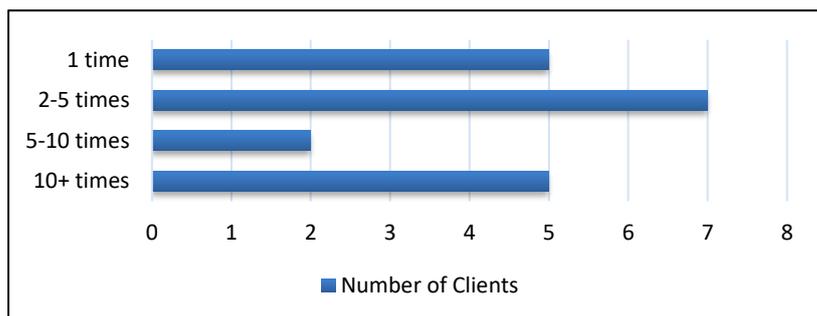
Data show that the worker was a bridge between DVAC and QPS. All police officers ($n = 5$) and DVAC workers ($n = 4$) surveyed 'Strongly Agreed' or 'Agreed' that the co-location model 'Strengthened the integrated response between police at the host station and DVAC workers'. This result is also supported by referrals to DVAC via the police system, which increased in 2020/2021 by 16% ($n = 114$) over the previous year. If police system referrals continue at the current rate for the remainder of 2021/2022, the number will exceed total referrals for the previous year by 47%.

Police learning

Real-time case consults allowed instant information exchange and service connection, translating to

Figure 1 Number of times surveyed clients had contact with police in relation to DFV

Note: One respondent answered twice, 1st time and 10+times



support for survivors but also for the police. The worker was on site to answer police questions about any cases they were handling, including questions about risk factors, referrals, the survivor's perspective and the best way to engage the client. These in-context conversations with general duties officers on a day-to-day basis have the potential to influence police knowledge and practice. Changes in police practice potentially translate into improved experiences for survivors and improved police legitimacy, leading to increased reporting, client safety and harm reduction.

Challenges

The main challenge of the co-location model occurred at the beginning when police officers were hesitant to engage the worker. This reluctance was swiftly addressed by the worker who delivered presentations to clarify her role in the station. Close working relationships with one or two key officers aided engagement, and the officers' positive view and visible use of the worker meant others then utilised her assistance.

Discussion of results

Women's police stations, first emerging in Brazil in 1985 (Hautzinger, 2002), were the first to include a co-location response to DFV. Unique to the Global South, they are designed specifically to receive women experiencing DFV, sexual assault and other forms of gender violence. Models vary across countries but offer an integrated multidisciplinary victim-centred response (see, for example, Amaral et al., 2018 on India, Carrington et al., 2020 on Argentina; Hautzinger, 2002 on Brazil, Kavanaugh et al., 2018 on Peru).

Reviewing evaluations of integrated response models from Australia and overseas reveals various benefits for clients, support workers and police (see Rodgers et al., 2022). These include a reduction in homicide rates and DFV, improved criminal justice outcomes, reported ease of system navigation and long-term quality of life improvements. Sector workers and police reported that co-location enabled information and idea sharing, resource sharing and efficiencies, learning and increased accountability, similar to the benefits reported by our interviewees. In line with our findings, police reported learning from workers and workers influenced police practice. Workplace challenges, including cultural differences between police and support workers were mostly overcome with time, just as we found in our evaluation.

By working together, QPS and DVAC have a better chance to break the cycle of violence than working apart. In the process, the survivors of DFV receive an enhanced trauma-informed, victim-centred integrated response. The findings of our evaluation support the viability of replicating and even extending the co-location model in policing DFV across Australia.

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