



# Bsafe

from family violence

An intervention that **prevents** further violence and enables women and children to remain in their **own homes** and **communities**.

## Business Case and 2012 Evaluation Findings

Women's Health Goulburn North East (WHGNE) was established in July 2000.  
Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and North East Victoria.

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# List of acronyms

CALD	Culturally and linguistically diverse
CRAF	Common Risk Assessment Framework
DHS	Department of Human Services
FVLO	Family Violence Liaison Officer
GPS	Global Positioning System
IFVS	Integrated Family Violence Service
NSW	New South Wales
PTSD	Post-traumatic stress disorder
SMC	Security Monitoring Centres
UMCASA	Upper Murray Centre Against Sexual Assault
VAP	Victims Assistance Program
VWT	Victorian Women's Trust
WHGNE	Women's Health Goulburn North East

# Acknowledgements

## The Bsafe clients

The women who agreed to participate in the 2012 evaluation deserve enormous respect and acknowledgement for their generosity and willingness to be interviewed for this report. All women found it very difficult to recount their stories of what was, in many cases, extreme violence, terror and trauma for themselves and their children. All women gave freely of their time because they wanted to express what Bsafe meant to them personally and to stress what it can mean to other women in the future.

***I hope it continues. The sole reason I agreed to the interview [is that] I would hate for it to be taken away [from other women] for whatever reason.*** (Mary, Bsafe client, 2012)

## The Bsafe Coordinators

Rachael, Pauline, Georgie and Rhianna show enormous passion, commitment and expertise as the Bsafe Coordinators at Women's Health Goulburn North East (WHGNE), Marian Community and the Centre Against Violence.<sup>1</sup> Despite their busy schedules and part-time hours, all agreed to provide monthly data to the evaluator over a six-month period. Their commitment and observations have enriched this report.

***All women should have a Bsafe. You can't put a price on feeling safe.*** (Bsafe Coordinator, 2012)

## The University of Melbourne's SAFER Team

The SAFER Team, in particular Dr Lucy Healey with Professor Cathy Humphreys and Dr Kristin Diemer, provided critical feedback and oversight throughout the evaluation project as well as being a great friend of Bsafe since the first evaluation.

## The Ethics Committee

Ludo McFerran (University of New South Wales [NSW]), Dr Tracy Castelino (University of NSW) and Associate Professor Suellen Murray (RMIT University) provided much appreciated structured and constructive feedback on the consent forms and questionnaires.

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<sup>1</sup> Previously Upper Murray Centre Against Sexual Assault and UMCASA Family Violence Services.

## Victorian Women's Benevolent Trust

Mary Crooks and Anne Paul at the Victorian Women's Benevolent Trust (VWBT) provided welcome advice, support and a strategic eye to the Bsafe team at WHGNE and the evaluation team. WHGNE particularly acknowledges the Victorian Women's Benevolent Trust for its provision of a special grant to support the important work of Bsafe during the 2012–13 financial year. Without this funding Bsafe would have ceased operations in late 2011.

## Women's Health Goulburn North East

The Bsafe Coordinator <sup>2</sup> Rachael Mackay has been with Bsafe since the beginning and, along with her colleagues at WHGNE, has been a tireless campaigner for Bsafe's retention. Rachael is responsible for implementing Bsafe, growing Bsafe, getting funding for Bsafe, devolving Bsafe to its current model and was instrumental in developing the current Bsafe Model and Practice Guide. Acknowledgement is also due to Claire Zara who worked with Rachael on the Bsafe Program throughout 2012, specifically on the communications, the media campaigns, the Practice Guide and other materials. Her clear and critical thinking has enabled Bsafe to have strong brand recognition. In the past five years, under the leadership of Executive Officer Susie Reid, WHGNE has commissioned and delivered three evaluations and a Business Case that demonstrate the effectiveness and viability of Bsafe.



**An Australian Government Initiative**



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<sup>2</sup> Noted throughout this report as the Bsafe (Strategic) Coordinator to differentiate from the two family violence service-based coordinators.

## Case Study - Anne's Story

Ann is 36 years old, has two young children and lives in rented rural accommodation in the Hume Region. Anne suffered extreme and continued violence throughout her marriage. She was repeatedly raped and had been threatened at gunpoint. He was also violent to the children.

Ann describes her children as suffering from post-traumatic stress disorder (PTSD), terrorised as a result of their father's violence.

In the first year after separation, her ex-partner continued to stalk and terrorise her using destructive and menacing behaviour, such as cutting phone lines, emptying water tanks, and driving onto her property and past the house. He breached the Intervention Order taken out against him on a number of occasions. When Ann reported the breaches to the police she was told she needed proof.

Ann's Family Violence Support Worker made a referral for Ann to access a Bsafe unit. In the two years during which Ann has had a Bsafe unit the numbers of Intervention Order breaches by her ex-partner have finally reduced to nil. In the first year of having Bsafe the breaches continued but there was a de-escalation in the level of violence – there was no physical or sexualised violence, although the verbal abuse, on the phone or in person, continued during child contact handover.

Ann believes that during a court appearance for a breach a year ago her ex-partner found out that she had a Bsafe unit. Since then there have been no breaches at all.

Recently, on hearing gunshots during the night, Ann activated her Bsafe unit and safety plan. Vitalcall rang her mobile just as she discovered that the shots were made by a neighbour shooting foxes at her fence line. The children, she says, were 'beside themselves' (with fear). She cancelled the activation.

On a couple of occasions since that incident she could have activated the Bsafe unit, but Ann was reluctant to bother them again because the police were on call, rather than at a 24-hour station. Previously she had been 'a lot more afraid of calling the police ... because he always threatened to hurt me or the kids if we called the police'. Ann never felt safe or comfortable prior to getting the Bsafe but now she feels comfortable. She says there is a 'huge difference to how I feel now than in the first 12 months'.

Ann noted that the improvement to her sense of safety was definite and cumulative.

She said, 'The longer he leaves me, the better I get', and 'It's taken so long to get back to how I was before I met him'. Ann also commented that she is now able to go outside on her property, go for a walk, go down the street, and do 'things I never used to do, was never allowed to do. Freedom.'

For Ann the best thing about having the unit is 'not having that constant anxiety, being free of that state of ... hyper vigilance. I can tune out a bit now. Seeing the kids so much freer and calmer and more relaxed. Sleep.' Feeling safe enough to stay in the one place, instead of running and hiding, allows the family to have pets. Keeping animals is 'like therapy' for the children. Another milestone for Ann is being able to return to her nursing profession, which has helped her both financially and socially. Also on the list of what she can now do is take the dogs for a walk and meet people and chat. Before she was simply too scared.

Following a long and traumatic Family Court process, Ann's children no longer have contact with their father. This has removed any opportunity for the family to be further subjected to abuse. Prior to getting the Bsafe unit, Ann described her worst feeling as terror. She felt that she had 'done everything and there was nothing else [to do]'. The health consequences of living with this constant fear, for both Ann and her children, included sleeplessness, weight loss, migraines, vomiting and hair loss. Since getting the Bsafe Ann has reported that she is now 'sleeping like a baby' and no longer takes medication to help with insomnia or anxiety.

***I only wish [Bsafe] had been around when I first managed to get rid of him. The rapes would never have happened, the incidents of him just turning up at the house ranting and raving would never have happened. It's so important to have this option when you first get the courage to leave, especially when you have kids. [B]eing able to stay at home has been incredibly important to me and my kids.***

# Section 1: Business Case

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## Executive Summary

### Key message

Bsafe is a proven, inexpensive, discreet, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault, while increasing deterrence, detection and accountability in relation to perpetrators. The program has demonstrated its viability over the past five years and is now at a critical stage where ongoing funding must be secured for Bsafe to continue in the Hume Region and extend its reach into rural and regional Victoria.

### Background

Bsafe has achieved five years of continual operation since 2007, and has been comprehensively and positively evaluated. The most recent (and both previous) evaluations of Bsafe found that the model is effective and unique in four key aspects:

1. Bsafe is a risk management and violence prevention strategy.
2. Bsafe supports the response of 000 and Victoria Police – it does not replicate it.
3. Bsafe has demonstrated its effectiveness in a rural and regional context.
4. Bsafe is affordable and cost effective.

In March 2012, an independent consultant was appointed by WHGNE to conduct another evaluation of the Bsafe Program (Bsafe). At the time the evaluation was commissioned, Bsafe was facing closure by June 2013. Despite the overwhelmingly positive evaluation of the program, the Victorian State Government failed to recognise the benefit to women, their children and the community, and consequently did not adopt the program.<sup>3</sup> At the same time, Bsafe was granted \$125,000 by the Victorian Women's Benevolent Trust to continue operations until June 2013, during which time a strategy and a supporting business case for ongoing funding was to be developed. In July 2012 WHGNE agreed that the 2012 evaluation should result in a sound, fully costed Business Case, rather than a second evaluation report.<sup>4</sup>

In September 2012, a Summary Business Case which outlined the rationale, budget and Practice Guide (in draft at that time) was distributed to potential funding providers. The summary was accompanied by several enclosures that told the story of Bsafe in clear and concise terms. WHGNE Chief Executive Officer Susie Reid and Bsafe Coordinator Rachael Mackay initiated meetings with potential funding providers to discuss the Summary Business Case and provide additional case study and anecdotal material in an effort to persuade funders of the importance and feasibility of the Bsafe model.

This evaluated version of the Business Case expands on the Summary Business Case, providing in-depth analysis of the evaluation data.<sup>5</sup> The findings from the evaluation conducted between March and September 2012 validate the previous evaluations, and the effectiveness of the Bsafe model, both as a risk management strategy for women and children and as a useful strategy for all stakeholders collaborating to make women and children safer.

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<sup>3</sup> *Bsafe Pilot Project 2007–2010 Interim Evaluation Report*, Women's Health Goulburn North East, 2010, available at: [http://www.whealth.com.au/documents/projects/Bsafe\\_interim\\_per\\_cent\\_20\\_evaluation\\_report.pdf](http://www.whealth.com.au/documents/projects/Bsafe_interim_per_cent_20_evaluation_report.pdf).

<sup>4</sup> The evaluation methodology and findings are detailed in Section 2 of this report.

<sup>5</sup> See Section 2.

## Purpose of the Business Case

The purpose of this report is to set out what Bsafe is, who it is for, how it works, how it is aligned to other family violence risk management processes and how much it costs. In doing so, it therefore demonstrates its viability – not only as a model for the Hume Region, but also as a proven and cost-effective model for rural Victoria.

This report expands on the findings of the 2012 evaluation, outlines the four key aspects of Bsafe and presents a budget overview that demonstrates the cost effectiveness of the Bsafe model. This Business Case does not overview previous Bsafe evaluations – the **BSafe Pilot Project 2007–2010 Interim Evaluation Report** <sup>6</sup> and the **Bsafe Final Report 2011** <sup>7</sup> are both available on the WHGNE website.

## Cost of Bsafe

A comparative financial analysis conducted for the Hume Region in 2011 found that a woman and her children are able to remain in their own home with the support of Bsafe at a cost of 63 per cent less than that needed to enable the same woman and children to access a range of services, including relocation. <sup>8</sup> A three-year indicative budget shows the cost of providing 40 Bsafe units to high-risk women in each rural region across Victoria to be approximately \$512,000 in the first year.

This cost **decreases** incrementally over the three years to approximately \$374,000 in the third year, and includes provision of a statewide Bsafe Coordinator role to ensure appropriate monitoring and support. For this cost a minimum of 200 women (and their children) across Victoria at any given time, who are at high risk of being further harmed by their ex-partner, will benefit from being on a Bsafe Program.

## What it means if Bsafe does not receive funding in 2013

If the Victorian Government does not adopt the Bsafe model for rural regions (with or without centralised coordination, monitoring and evaluation), close to 50 families in the Hume Region would immediately lose the level of protection and sense of security they currently receive. The consequences are a return to a life of fear, isolation and increased transience or homelessness for the individuals and families who currently benefit from the protection of the Bsafe Program.

The 2012 evaluation reinforces the findings of the previous evaluations and recent national research which together demonstrate the adverse impacts on women's health, wellbeing, employment, and education of not being provided with coordinated support and protection. Bsafe clients who were interviewed for a recently released Swinburne University report on women's recurring use of refuge and other crisis accommodation <sup>9</sup> considered that Bsafe was fundamentally important in giving women the confidence to remain in their homes with the perpetrator removed.

In late 2012 the Victorian Government released its **Action Plan to Address Violence against Women and Children** which highlighted its vision for women and children to 'feel safe and be safe'. The State Government of New South Wales has recently committed to a similar safe-at-home program. Victoria now risks being left behind despite five successful years of operation.

According to Bsafe partner agencies, **'keeping women safe would be harder without Bsafe'**.

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<sup>6</sup> Bsafe Pilot Project 2007–2010 Interim Evaluation Report, Women's Health Goulburn North East, 2010.

<sup>7</sup> Bsafe Pilot Project 2007–2010 Final Evaluation Report, Women's Health Goulburn North East, 2011.

<sup>8</sup> Ibid, pp. 16–19.

<sup>9</sup> Spinney, A, *Reducing the Need for Women and Children to Make Repeated Use of Refuge and Other Crisis Accommodation*, Swinburne Institute for Social Research, Swinburne University of Technology, 2012, pp. 57–9. Available at: <https://homelessnessclearinghouse.govspace.gov.au/files/2012/11/Spinney-final-report-pdf.pdf>.

## Current situation

In 2012, 61 women and one child were allocated Bsafe units and up to 131 children were living in homes with a Bsafe unit. Based on the women's risk assessment all women reported that they had been harmed or threatened with harm and all indicated risk where the perpetrator 'displays controlling behaviours'.<sup>10</sup> Almost all of the women reported threats to kill, stalking, escalation in abusive behaviours, obsession and jealousy, the perpetrator having a history of violence, and the perpetrator having access to weapons.<sup>11</sup>

In the week before Christmas 2012, the Bsafe Coordinator wrote to all Bsafe partner agencies to advise that the program had reached its limit on purchasing new Bsafe units. There are currently 45 units out in the Hume Region. Units will only be reissued if and when they are returned by women who currently have them. Without any assurance of further funding into the 2013 –14 year, there is no room for flexibility in the current arrangements for Bsafe.

## Recommendation

That the State Government of Victoria recognise the viability of the Bsafe Program, accept this costed Business Case and adopt the Bsafe model in the Hume Region in 2013 –14 as a vital family violence response and prevention strategy throughout rural Victoria.

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<sup>10</sup> 46/46 current clients at December 2012.

<sup>11</sup> 43/46 current clients at December 2012.

## 1.1 Overview of Bsafe

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### What is Bsafe?

Bsafe is a personal alarm system for women who have left a family violence situation, have an Intervention Order and are in fear of violence by an ex-partner. Personal alarm systems have been in use for decades to enable elderly people to remain safe and independent in their own homes, and are increasingly used by service staff in potentially threatening workplaces. Bsafe uses the same technology to allow women and children to remain living in their homes, knowing that help is only a button push away. Bsafe uses a Global Positioning System (GPS) tracking unit that notifies the response centre of the user's location.

### Who is Bsafe for?

Bsafe is for people escaping family violence and sexualised assault perpetrated by intimate partners. It assists them to manage the risks they face and the anxieties they experience in their daily life.

To be eligible for Bsafe, victims escaping family violence and sexualised assault must:

1. reside in a Bsafe serviced region
2. have an Intervention Order that excludes the perpetrator from the victim's premises
3. be at risk of the Intervention Order being breached.

The 'at risk' eligibility is determined through the use of the Family Violence Common Risk Assessment Framework (CRAF) Comprehensive Risk Assessment tool which participants are required to complete with the help of a family violence or sexual assault worker. The CRAF tool is state-government approved and supported, and is designed to assess the level of risk posed by a perpetrator based on a combination of the victim's own assessment of their level of risk, evidence-based risk indicators and the practitioner's professional judgement.<sup>12</sup>

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<sup>12</sup> Family Violence Coordination Unit (2007) *Family Violence Risk Assessment and Risk Management: Supporting an Integrated Family Violence Service System*, Department for Victorian Communities: Melbourne, p. 65.

## How does Bsafe work?

Bsafe utilises a mobile unit with GPS tracking supplied by VitalCall, who provides services Australia wide.

### SNAPSHOT – How Bsafe works in three steps

- 1.** The user presses the SOS button on the unit, which discreetly sends an alarm to the 24-hour VitalCall response centre.
- 2.** The response centre calls the user's mobile telephone to check on their safety and verify the activation.
- 3.** If there is no answer or the client does not indicate their correct password, VitalCall immediately alert 000 (Triple Zero) for a police response while continuing to monitor and record the call. <sup>13</sup>

## Alarm activation in the client's home

- 1.** The Bsafe client activates the Bsafe unit.
- 2.** The activation lights up the Vitalcall response centre operator's computer screen with the client's details and location.
- 3.** The operator calls the client's mobile telephone to verify the need for police attendance.
- 4.** The operator calls 000 with the client's details. Local police are notified of the activation.
- 5.** Police are aware of the client's circumstances. <sup>14</sup> They respond to the call-out.
- 6.** Police notify the referring agency of any Bsafe activation via the faxback referral process <sup>15</sup> (already utilised by Victoria Police in the course of responding to family violence incidents).

## Alarm activation in the community

The unit will report the location every 10 minutes. When the duress alarm is activated it will notify VitalCall of the client's present location and will send another update in 10 minutes. In the situation where the client activates the alarm in the community but then flees the scene, the client is advised to press the alarm regularly to enable VitalCall to accurately track their movements. VitalCall will liaise with police wherever necessary to ensure that they have the most up-to-date information.

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<sup>13</sup> Such recordings can later be used as evidence for court proceedings.

<sup>14</sup> The Bsafe client's details will be available to police on the L17 form. (the Family Violence Risk Assessment and Risk Management Report is a reporting mechanism used by Victoria Police when attending a family violence incident).

<sup>15</sup> The faxback referral process is when police attend a family violence incident and make a referral to specialist family violence services for support and follow-up for the victim.

## What are the benefits of Bsafe?

Bsafe provides a discreet, effective, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault. It increases detection and accountability in relation to perpetrators, and improves the prospects of conviction in cases of Intervention Order breaches.

## What Bsafe does

- It reduces the incidence of homicide, assault, sexualised assault and recidivism relating to family violence by providing an additional level of support and service to victims of family violence so that they can safely stay in their own homes and communities.
- It deters perpetrators from breaching Intervention Orders.
- It strengthens the relationship between the police, family violence, and health and community sectors and the community.

## How Bsafe does this

- By improving safety and security for victims of family violence and sexualised assault.
- By reducing fear of crime.
- By improving response and risk assessment.
- By reducing the incidence of family violence within the community.
- By facilitating early intervention and arrest of repeat offenders.
- By supporting victims within the judicial system.
- By increasing levels of security within the home and the community.

## What Bsafe is not

Bsafe is not designed to operate as a crisis response, based on two key rationales. First, clients must have an Intervention Order in place. Safety planning and other security measures are essential and it is crucial that women are provided with the time needed to make an informed decision about whether staying in their home is a safe and desirable option. Second, installation is not immediate. Units must be specifically issued for individual clients.<sup>16</sup> The immediate risk posed by some perpetrators, particularly following child custody court hearings or the perpetrator's release from prison, is so serious that crisis accommodation, refuge support or temporarily staying with friends or family is necessary.

***Bsafe should be seen as one of a range of tools that can be drawn on. Because of the timeframe between assessment, referral and installation it cannot be seen as a crisis option ... it's complementary to a number of other interventions, it's not the only intervention.***

*(Bsafe Coordinator, 2012)*

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<sup>16</sup> Units are specifically programmed for individual clients which means that when a unit is activated a client's individual details such as their address, the specifics of the Intervention Order and how many children reside at the property appear immediately on the VitalCall system.

## Current service regions

The Bsafe Project is currently implemented within the Department of Human Services (DHS) defined Hume Region of Victoria. The project is supported by Victoria Police in 24-hour police stations in Wangaratta, Wodonga, Shepparton, Benalla and Seymour, with other stations implementing the project as required. Regional family violence services, sexual assault services and victims of crime services within the region are the key referring agencies.

## Scope of Bsafe

Bsafe supports adults and their children who have experienced family violence and/or sexualised assault from an intimate partner, have a Final Intervention Order and continue to have reason to fear the perpetrator. In the context of the Bsafe Project, the following definition of family violence applies:

***Family violence is any behaviour that in any way controls or dominates a family member that causes them to fear for their own, or other family members', safety or wellbeing. It can include physical, sexual, psychological, emotional or economic abuse and any behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of that behaviour.***

*(Family Violence Protection Act 2008 [Vic.]*

## 1.2 Bsafe milestones 2007–12

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- 2005** • Police study tour to Sweden – observes similar program, enters talks with WHGNE upon return.
- 2006** • Bsafe trialled, unfunded, with four women in Benalla.
  - Police and WHGNE together apply for funding.
- 2007** • Bsafe Coordinator starts at WHGNE.
  - Presentation to Police Family Violence Liaison Officers (FVLOs) in Hume Region about the CRAF; agreement reached that Bsafe criteria should include client having an Intervention Order. The first two clients receive Bsafe units.
- 2008** • Consolidation of referral procedure, training of family violence workers and police.
  - External evaluation commissioned.
  - The first Reflective Workshop held for the external evaluation – Evolving Ways. <sup>17</sup> Received positively by police and agencies.
- 2009** • February – Bsafe Coordinator goes on maternity leave. Noted here because the service was reduced for the period of leave, with consequences outlined in the Interim Report.
  - Integrated response in practice – Steering Committee implemented, and meets bi-monthly. The Hume Region Integrated Family Violence Network acts as the Steering Committee, with locally based small groups formed to implement the referral process at the local level. Wodonga, Shepparton, Seymour based on where the specialist family violence services were. It is felt that because Bsafe had become so successful and was integration in action that it warrants its own reference group. Members recruited from among family violence service managers and police.
  - July – Bsafe client with adult son receives no response from police, leading to reflection and a review of procedures in relation to Intervention Orders.
  - September 2009 – Coordinator returns from maternity leave. Some clients are relocated, taking their Bsafe units – these units are ‘written off’. Monthly telephone contact with each Bsafe client implemented to minimise future losses.
  - December – Victoria Police releases Bsafe DVD. Produced and directed by Victoria Police for release on its internal system, Blue Tube.
- 2010** • March – Second Reflective Workshop. Outcome is a universal commitment to fight to retain Bsafe and work towards a statewide rollout.
  - Interim Report released, demonstrating that Bsafe is extremely successful in acting as a deterrent for further assaults, and that it enables women and children to remain in their own homes and communities as opposed to entering the homelessness system. The importance of working together in collaboration around women’s and children’s safety was also highlighted.
  - October – Bsafe wins a National Crime and Violence Prevention Award.
  - Bsafe starts to gain media attention on the back of the award, with community dismay that the state government had not funded Bsafe. Media attention around having to close such a successful program.

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<sup>17</sup> Evolving Ways are accredited consultants who provide evaluation services ([www.evolvingways.com.au](http://www.evolvingways.com.au)).

- 2011**
- March – Final Report released, with more in-depth accounts of women’s experiences with Bsafe.
  - April – Victorian Ceremony for National Crime and Violence Prevention Award.
  - August – ABC’s 7.30 Report story. This generates a national response from the public who sees the benefits of Bsafe as a practical tool to assist women and children to discreetly alert police. Support includes a Facebook campaign, letters to ministers, and calls and emails of support from all over Australia.
  - November– negotiations with Cooroonya Domestic Violence Services to take on the operations of Bsafe. Locates Bsafe more appropriately within a specialist service delivery agency.
  - December – Cooroonya Domestic Violence Services takes on operations of Bsafe and is quickly recognised as ‘the way to go’ – on the ground with clients and connected with other workers and police. This makes possible the provision of a more holistic service to clients needing access to other services or housing.
- 2012**
- March – Cooroonya Domestic Violence Services closes down. Upper Murray Centre Against Sexual Assault (UMCASA) assumes a service provision role before successfully tendering for the ongoing delivery of family violence services. In the interim period, Marian Community takes over Bsafe Support Service for whole of region. Works well, i.e. holistic approach, integrated model.
  - Stakeholders request an independent evaluation. Contract awarded to Deb Nicholson Consultancy.
  - April – Negotiations with new interim service.
  - July – Bsafe Partner Agency Forum facilitated by evaluator to gather information on agencies’ experience of Bsafe and what they think of the program. Forum is the turning point for investigating new ways of looking at future funding for Bsafe.
  - July – evaluation workshop with Bsafe Coordinator results in development of The Bsafe Model and revision of the Practice Guide. Leads to change of direction from evaluation report to Business Case.
  - August – eight clients interviewed for evaluation.
  - ABC 7.30 Report Bsafe story wins EVA (Eliminating Violence Against Women) Award.
  - October – Summary document developed using initial evaluation data. Establishment of the four key aspects of Bsafe.
  - October – Meetings with key statewide stakeholders to share summary findings and lobby for future funding.
  - December – Bsafe Business Case for future funding finalised for distribution in January 2013.
  - Bsafe Practice Guide finalised and released.
  - 2012 figures released – 61 women and one child allocated with Bsafe units in 2012. There have been up to 131 children living in homes with a Bsafe unit.
  - Announcement to partners made – Bsafe reaches limit on purchasing new Bsafe units. Forty-five distributed in region. Decision made to not purchase new units until future funding is secure. Note: existing units continue to be redistributed as women hand them back.

## 1.3 The four key aspects of Bsafe

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The previous evaluations of Bsafe (interim in 2010 and final in 2011) found that Bsafe was unique and effective in four main areas:

1. Bsafe is a risk management and violence prevention strategy.
2. Bsafe supports the response of 000 and Victoria Police – it does not replicate it.
3. Bsafe has demonstrated its effectiveness in a rural and regional context.
4. Bsafe is affordable and cost effective.

### 1. Bsafe is a risk management and violence prevention strategy

- All women on the Bsafe Program are risk assessed using the CRAF Comprehensive Risk Assessment and all fall into the category of very high risk or at immediate risk. All women interviewed had been subject to extreme physical violence (including attempts to kill), escalation of the violence, and stalking. Two of the women had been violently sexually assaulted. All women described ongoing trauma-related impacts they and their children had experienced.
- The first evaluation found that there were a reduced number of activations of the Bsafe alarm, and fewer breaches of the Intervention Orders. This finding is supported by the current findings which show that all women reported high numbers of breaches prior to having a Bsafe unit. Since having a unit, one of the women reported no further breaches. For others, the nature of the breaches had changed. In one case, the woman had not been physically assaulted but was still being harassed by phone, email and through the social media site, Facebook. Most of the women reported that they would not hesitate to activate the alarm if necessary.
- There were no activations (excluding tests and one false alarm) by any of the women interviewed. In fact, according to the data from the coordinators, there were no Bsafe activations by any client between March and September 2012.
- Bsafe has the effect of de-escalating the severity and frequency of violence by perpetrators, as the following clients reported:

***There has been no physical violence since I have had the Bsafe kit and less verbal abuse. It's mainly incidental, for example, driving past...*** (Ann, Bsafe client, 2012)

***His stalking behaviour is different... intimidation tactics such as driving past and giving the finger or drawing his finger across his throat.*** (Lois, Bsafe client, 2012)

## 2. Bsafe supports the response of 000 and Victoria Police – it does not replicate it

- Bsafe was an initiative introduced to the Hume Region by Victoria Police Sergeant Peter Milligan following a study tour to Sweden where a personal alarm–based safety strategy was being used. Police members worked closely with the local Family Violence Network to trial Bsafe in the Benalla area. In partnership with Victoria Police, WHGNE gained funding to implement a three-year pilot.
- Local Police FVLOs have remained engaged partners and champions of the program from its inception to the present day. Police Family Violence Units receive monthly client update reports and have kept up to date with the changing technology.
- Of the women currently on the Bsafe Program, most were pleased with the ease of the Bsafe process, with one commenting that **'it's just the touch of a button'**. This is a crucial aspect of the Bsafe Program as women report that the perpetrator will often target their mobile phones or the house phone as a tactic to isolate them at the time of an assault. Having a mobile Bsafe unit has provided greater security for women, and all the women interviewed reported feeling safer for having the unit.
- When a Bsafe alarm is activated (at the 'press of a button' as it was repeatedly described by the women interviewed) the VitalCall call centre immediately tries to call the woman's mobile. If she answers she is asked for her agreed code word. If she fails to provide it or provides the wrong one, the VitalCall operator immediately calls 000 and gives the 000 operator the required details (such as the name, address and nature of the emergency) and the GPS coordinates accessed from the Bsafe unit. The 000 operator assumes responsibility for the response at that point, in the same way as if the woman had called 000 herself. **The critical point of difference for women is that they only have to press one button on the mobile unit.** As one woman said:  
***If I am running and I drop my phone, I can just keep running if I have the Bsafe.***  
(Ann, Bsafe client, 2012)
- Most of the women interviewed reported a heightened sense of security knowing that they had the Bsafe in their bag or pocket. This was especially so for one woman, who lived on an isolated property and knew it would take police **'at least 40 minutes to get there'**.

While having the Bsafe unit does not necessarily reduce the amount of time it will take for police to arrive, it does reduce the day-to-day fear and insecurity by instilling the knowledge that any potentially threatening situation can be communicated easily and effectively and that there will be a response; this consequently improves quality of life.

## 3. Bsafe has demonstrated its effectiveness in a rural and regional context

- Most of the women, especially those living on isolated properties, reported that with Bsafe they felt secure in their homes. Even though they knew that the police might take the same time to arrive once alerted as if they had been contacted directly, the majority of the women said that having Bsafe and not having to call 000 themselves would save critical minutes in the event of a crisis. One woman spoke of her reluctance to call police when she knew that they were on call rather than at a 24-hour station; but with Bsafe, she did not have the same reluctance.
- A small number of women noted that Bsafe does not work where there is no mobile reception, and one woman relocated to ensure that she had reception.
- Apart from the convenience of the mobile Bsafe unit, some women also commented on the security of being able to be found via the GPS. This was of particular importance to the mother whose 11-year-old daughter has her own Bsafe mobile unit because child abduction is a continual fear (based on threats from the children's father).

***I feel safer knowing that if something did happen, the police would be able to find [the children] because of the Bsafe.*** (Trish, Bsafe client, 2012)

- A Bsafe client recently turned down an offer of public housing in another region, opting for housing in a town in the Hume Region so she could keep Bsafe.
- A significant risk factor in rural areas is the ease of access to weapons, especially firearms. Two of the women interviewed for the current evaluation had been subject to attempted shootings. One of these shootings was with a borrowed gun, as the woman's ex-partner had his firearms licence revoked as part of an Intervention Order against him.
- The isolation of being on a rural property creates an additional layer of fear. Bsafe has been able to alleviate that fear for the women interviewed. One woman who has had a Bsafe unit for two years cited isolation as her main reason for getting Bsafe.
- Although no women with disabilities were interviewed for the most recent evaluation there are a number of women with disabilities currently on the Bsafe Program. The Bsafe Program Coordinator reports that, as the device has become more technologically sophisticated and easier to use, the accessibility to women with disabilities and/or hearing impairment<sup>18</sup> has increased. Bsafe therefore can provide an accessible risk management option for women with disabilities who potentially face the multiple disadvantage of rural isolation and disability.

***I had the second Intervention Order and he was still constantly breaching – he would do things such as pull out water pipes, break into the house, steal and move things. I don't have any neighbours so I took up the offer of Bsafe.*** (Ann, Bsafe client, 2012)

#### **4. Bsafe is affordable and cost effective**

- While anyone can access a personal alarm at a reasonable cost, the main strength of the Bsafe Program is that it is part of a system – a coordinated community response to managing the risk posed to women and children, and protecting them from further abuse. The potential savings to the public were highlighted in a forum held in July 2012 with Bsafe partner agencies Victims Assistance Program (VAP), UMCASA and Marian Community. The Department of Justice VAP representative noted that the cost of installing security cameras at women's homes could be significantly reduced if these women had Bsafe, and was supportive of heightened personal security in place of the more expensive option of securing a woman's property. A further advantage of Bsafe is that women feel more secure outside their own homes, thus enabling a return to normal life. In this regard, the transience and general lack of housing security for women experiencing family violence is an additional factor to be considered – installing security cameras on houses is a valuable exercise only if the woman is likely to stay there for some time.
- The current budget breakdown for Bsafe projects indicates that 200 women per year at **any one time** across the five regions of Victoria can be protected by Bsafe for less than \$400,000 per year. The number of women supported is likely to be higher as there is some turnover of Bsafe units within each year.<sup>19</sup>

***It costs \$10,195 for a woman (with children) who accesses crisis accommodation, refuge, transitional housing and then exits into private rental. It costs \$3755 for the same woman and her children who only needs to access refuge or crisis accommodation and then returns to her home with the added support of Bsafe.***<sup>20</sup>

<sup>18</sup> Because BSafe does not rely on the user speaking to an operator, the system is well suited to women with hearing and/or speech impairment.

<sup>19</sup> This is the recurrent annual cost from year three onwards. In the first and second year of the proposed rollout there are the additional costs of a part-time statewide coordinator/trainer and development and maintenance of a statewide database.

<sup>20</sup> Bsafe Pilot Project 2007–2010 Final Evaluation Report, Women's Health Goulburn North East, 2011, p. 16.

## 1.4 Context

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### Funding for family violence in Victoria

It is well documented that the current and previous Victorian Governments have, since 2006, implemented significant legal and social reforms aimed at reducing and responding to family violence in Victoria.<sup>21</sup> The State Government's commitment to investing in addressing and preventing family violence and other forms of violence against women carried through a change of government in 2011. A key plank of the 2006-2009 reforms which has continued to the present day was the creation of an integrated family violence system (IFVS) in Victoria. The IFVS enabled system reform that responds more effectively to victims of family violence (including children), holds perpetrators accountable and provides opportunities to create a reduced tolerance for family violence in Victorian communities.

In 2012, along with other States and the Federal Government, the Victorian Government reconfirmed their commitment to these aims by announcing significant funding for additional services to women, children and men in addition to further legislative and policy change that protects women and children, and makes men who use violence accountable.

In September 2012, the Victorian Coalition Government announced new measures to help protect and support women and children who have experienced family violence and sexual assault. The package of \$16 million over four years is for the expansion of services included an extra \$9.25 million for additional family violence counselling and case management along with other targets such as sexual assault, men's behaviour change and youth targeted prevention programs. This new funding adds to the \$85 million provided in the 2012-13 State Budget for initiatives to address family violence and sexual assault.

The Victorian Government's whole-of-government Action Plan to Address Violence Against Women and their Children was released in late 2012 setting out a combination of prevention and early intervention measures and increased support for women and children via coordinated and integrated service delivery. The Action Plan begins with a long-term vision for women and children to live free from violence in Victoria. The Action Plan also envisions a future where men do not commit violence against women and children, and where women do not experience any form of violence by a partner, husband, father or family member and where children do not witness or personally experience violence. The long-term vision articulates a desire for women and children in Victoria to be able to realise their potential and participate fully in all aspects of their lives. In setting out the vision it is noted that to achieve it, women and children must feel and be safe – within their relationships, families and communities.<sup>22</sup> The current evaluation and both previous evaluations confirm that Bsafe enables more women and children 'to feel and be safe', to live free of violence and to 'participate fully in all aspects of their lives'. Bsafe is also a program that relies totally on being part of a coordinated and integrated service delivery system. As of June 2013 Bsafe is not being funded by the Victoria State Government but is currently being operated in the Hume region of Victoria through private donations, federal government transitional funding of \$55,000 and the Victorian Women's Benevolent Trust.

***It gives me a sense of control back, and normality.*** (Dee, Bsafe client, 2012)

***It was a relief for my children – my son worried that something would happen to me while he was at school and was scared to go to school and leave me ... it gave them reassurance that if something happened I was alright.*** (Trish, Bsafe client, 2012)

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<sup>21</sup> Office of Women's Policy Victoria, 2010. Preventing and Responding to Violence Against Women Milestones in Victoria Accessed at: <http://www.easternfamilyviolencepartnership.org.au/files/D316145048.pdf>

<sup>22</sup> State Government of Victoria, Department of Human Services, *Victoria's Action Plan to Address Violence against Women and Children 2012–15*, p. 2.

## Strengthening Risk Management Demonstration Project 2011-2013

As part of the IFVS the Department of Human Services funded a three-year multi-agency risk management Demonstration Project in two sites (City of Hume and Barwon/City of Greater Geelong) The two demonstration sites were chosen because of the relatively high number of family violence referrals within the community.

The purpose of the demonstration project was (and is) to improve responses to and protection of women and their children who are experiencing high risk and complex family violence. The project implemented multi-agency risk management models similar to the well-established Multi-Agency Risk Assessment Conferences used in the United Kingdom <sup>23</sup>, whereby a group of relevant professionals (including police, Corrections, child protection workers, and family violence workers) meet regularly to plan and implement interventions to reduce risk and promote the safety of women and their children.

The Demonstration Projects are currently being formally evaluated <sup>24</sup> and reference will be made to other risk management processes in place in Victoria including Bsafe, although no comparative analysis will be done. In the Hume region multi agency coordinated action plans are developed for women and children at high risk of being further harmed and Bsafe is a key part of the action plan or strategy – it is not the whole strategy. There is real value in measuring Bsafe’s success to help develop a vision of what elements can be combined to create the most effective strategy for managing risk to women and children affected by family violence in Victoria.

### Partner agencies’ commitment to Bsafe

The Bsafe Program has always been a partnership and has always been supported by the regional Integrated Family Violence Service (IFVS) system. Without the commitment and active participation of service providers and the justice system, Bsafe could not work. Since commencement Bsafe has modelled an effective coordinated response to risk assessment and risk management within the IFVS.

As part of the 2012 evaluation, a Partner Agency Forum was held to gauge service provider attitudes and feelings about Bsafe, with a focus on what it means for clients, children, workers and the community. The feedback captured from the forum confirmed and validated previous evaluation findings that partner agencies value and find coordinated working more effective in keeping women and children safer. Partner agency workers observed that Bsafe:

- is easy to use, administer and manage within a multi-agency setting
- provides another tool for agencies to use to increase women’s safety
- provides a physical symbol of protection for the woman
- reduces worker anxiety about high-risk women, because the agency can offer concrete help.

***If Bsafe disappears all that good work, integration, [and] partnerships will be undone.***

*(Bsafe partner agency, 2012)*

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<sup>23</sup> Coordinated Action against Domestic Abuse, UK, current, Information about MARACs. Available at: [www.caada.org.uk/marac/Information\\_about\\_MARACs.html](http://www.caada.org.uk/marac/Information_about_MARACs.html)

<sup>24</sup> DHS commissioned final evaluation report due in late 2013.

## **Victoria Police involvement in 2012**

Victoria police based in the Hume Region were instrumental in initiating Bsafe and were jointly responsible with WHGNE in developing the first funding submission to pilot Bsafe in 2006. Geelong-based police had already implemented a similar program but due to a lack of funding for its coordination the program folded. Adequate funds allowed Bsafe to be implemented properly with the support of stakeholders, women and the community.

Regional Police FVLOs were, and remain, very supportive of the Bsafe model, and are active participants in the integrated response that ensures Bsafe is an effective and consistent risk management strategy for the Hume Region. Approval from the Victoria Police Ethics Committee was not granted within the timeframe of the research; therefore, no new qualitative or anecdotal data from police is contained in this report.

Partner agencies reported that police at a regional level have continued to actively support Bsafe, participate in the coordinated and integrated response, and recognise the benefits it provides to women, children and partner agencies.

## **Changes to Bsafe case management**

In August 2011, following four years of both strategic and operational coordination at WHGNE, the agency reached a decision to move the day-to-day operations of Bsafe to key partner agencies funded to case manage family violence. This decision made sense in that WHGNE is not a family violence service provider and, despite being instrumental in establishing and implementing the Bsafe Program, considered that the operations of Bsafe – intake, Comprehensive Risk Assessment, installation of Bsafe, ongoing support and monitoring of women on the program – would more appropriately be placed within a specialist family violence service provider.

In order to facilitate the move, due to its scale and diversity the Hume Region was divided into two halves, with Marian Community based in Shepparton taking on the coordination for the western half of the region and Cooroonya Domestic Violence Services in Wangaratta coordinating the eastern half. An existing family violence worker was appointed for one day per week as the Bsafe Coordinator, for which funding and training was provided by WHGNE.

In March 2012, Cooroonya Domestic Violence Services was defunded and within a few months transition funding was granted to UMCASA to provide family violence services to the eastern part of the region. Several Cooroonya Domestic Violence Services workers moved to UMCASA, including the Bsafe Coordinator. This change of circumstances was disruptive during the transition to a new service provider and coincided with the 2012 evaluation. The impacts were raised by family violence workers, Bsafe Coordinators and also by Bsafe clients. All of the issues have since been resolved, and a Practice Guide was developed to ensure streamlined and consistent practices.

## Changes to Bsafe since the 2011 evaluation report

### Technology

One of the strengths of the Bsafe model is that it has the capacity to be adapted and improved as technology develops. When Bsafe was first implemented, the majority of clients had the base unit installed in their homes with a portable unit that was similar in size to a mobile phone. Five years on, most women have the GPS unit, which is a much smaller and therefore more portable device.

All respondents in the 2012 evaluation commented that it was very easy to use and liked the simplicity of being able to **'just press a button'**. Improvements to the accessibility of the device have ensured that women with disabilities can and do benefit from the Bsafe Program. Another technological advantage is that Bsafe is now equipped with a GPS function that enables the VitalCall operator to locate the client to within 15 metres. Vitalcall has introduced an application for Blackberry and Android mobile phones, and is continually developing the technology to improve the system for users.

#### **SNAPSHOT – Key features of Bsafe app for Blackberry**

- Easy to use (four rapid pushes of the alarm key)
- Discreet
- Accurate GPS position (within 4 metres)
- Alarms actioned by VitalCall in the Response Centre
- All-in-one unit with GPS mobile phone
- Instantaneous transmission via GPRS/3G

### Case management

As discussed previously, day-to-day (casework) coordination is now provided by specialist family violence services rather than WHGNE in the east and west of the Hume Region. WHGNE continues to provide essential strategic coordination and advocacy, database management, monitoring, evaluation, lobbying and marketing.

### Lobbying and advocacy

WHGNE has been active in lobbying for the retention of Bsafe since the pilot phase of 2007–10 was evaluated and the **Bsafe Final Evaluation Report** in 2011 provided evidence that the program was effective in a number of critical areas.

WHGNE believes that the evidence provided by the interim and final evaluations was sufficiently conclusive to warrant Bsafe being recognised as an effective and low-cost option for women at high risk of further harm by former intimate partners, and should therefore be eligible for state government funding beyond the pilot phase. Advocating and lobbying for the continuation of Bsafe from 2009 to present day has included:

- local media campaigns telling the stories of women whose lives have been changed as a result of being part of the Bsafe Program
- statewide, award-winning media coverage on the ABC's television program, **The 7.30 Report**
- meetings with local state Members of Parliament
- meetings with the ministers for Crime Prevention and Women's Affairs
- meetings with representatives from the state government departments of Human Services and Justice
- advocating Bsafe to other regions, recognising that a commitment to Bsafe by other rural regions is a powerful endorsement of the program
- working with and receiving funds from the Victorian Women's Benevolent Trust while further lobbying and advocacy takes place
- presenting at the Violence against Women: An Inconvenient Reality Conference.

### **Development of a model/comprehensive practice guidelines**

A 36-page Practice Guide <sup>25</sup> was released to the family violence sector in early December 2012. An earlier draft of the guide was used to support the Summary Business Case distributed in September 2012. The Practice Guide comprehensively sets out Bsafe eligibility criteria, the referral process, agency roles, and best practice guidelines for privacy, confidentiality and consent. Included in the Practice Guide are all the essential documents and templates required by workers and Bsafe clients, as outlined below.

The information provided for workers includes:

- CRAF Comprehensive Risk Assessment and Recording Template
- Bsafe Terms and Conditions Form
- VitalCall Referral Form
- Bsafe Model
- Bsafe client questionnaire
- Memorandum of Understanding
- Referral Process flowchart
- Reallocation Procedure
- Returns Procedure for faulty or damaged equipment
- Fax Cancellation of Unit Template.

The information provided for women includes:

- Information Sheet – What You Have To Do
- Frequently Asked Questions (FAQs)
- Process for return of units.

The Bsafe Practice Guide and all forms & templates are available on the WHGNE website [www.whealth.com.au](http://www.whealth.com.au).

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<sup>25</sup> The Practice Guide is provided as an accompanying document to this Business Case. It is not appended.

## **Availability to children**

One 11-year-old child has been issued with her own Bsafe unit on recommendation from her mother's family violence worker and with the support of the Bsafe Coordinator. Due to ethical considerations, the child was not interviewed for the 2012 evaluation, although the mother was supportive of this possibility and it was considered at the outset of the evaluation.

There are no barriers to a child being issued with a Bsafe unit if he or she is old enough to understand the purpose and utility of the unit. Having the Bsafe unit has dramatically improved the quality of life for this child, her siblings, and their mother. Based on what Bsafe means to this family, future research could focus on the children's experiences of Bsafe, with a view to providing more children with the option of having their own unit.

### **Bsafe for children – one child's experience** <sup>26</sup>

Sally, aged 11, was provided with her own Bsafe mobile unit after her mother expressed concern that Sally was refusing to go to school. Sally told her that she was afraid of what would happen to her mother and infant brother at home. She was also fearful about what would happen to her and her younger brother at school.

The Bsafe unit was given to Sally as a way of encouraging her to go to school. From the outset, Sally 'loved Bsafe and thought it was great'. According to her mother, having the Bsafe unit means security to Sally. She knows that she can press the button and someone will come. She also has a sense of being able to protect her little brother on the walk to and from school and during the school day. He knows he can go to Sally and tell her if he feels worried, or if he sees something.

Sally's Bsafe is set up so that when she activates it the Vitalcall centre calls her mobile phone first. If she cannot be reached (as is usual with all Bsafe activations), the Vitalcall operator calls 000 and then contacts Sally's mother.

The school Sally and her brother attend has its own safety plan in place for the children, of which Bsafe is an important part. According to her mother, the fact that Sally has her own Bsafe unit 'gives me peace of mind, knowing they can look after themselves, and be found by GPS'.

***I would recommend that other children be given Bsafe because it gives the kids confidence and independence, and also gives me, as her mum, peace of mind.***

*(Sally's mother, 2012)*

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<sup>26</sup> 'Sally' (not her real name) was not interviewed for this evaluation, although the possibility was considered at the outset. Based on the above findings, future research could benefit from focusing more deeply on children's experiences of Bsafe with a view to providing more children with the option of having their own unit.

## 1.5 The cost of Bsafe

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It is well documented that family violence places a significant cost burden on the Australian economy. The most recent (2009) estimate of the cost to Victoria alone is \$3.4 billion annually.<sup>27</sup> These cost estimates by definition are conservative because some economic costs cannot be quantified, such as the cost of trauma on children and adolescents. By 2021 his figure of \$3.4 billion is expected to rise to \$3.9 billion. It includes costs associated with pain and suffering, health costs, medical treatment, police and judicial services, housing, child protection and other services. The figure also includes productivity costs such as absenteeism and other related issues. There are additional consumption costs to women who do not return home, such as the cost of replacing furniture, furnishings, toys, clothes, school fees, uniforms and relocating. The current evaluation demonstrated how Bsafe can minimise these costs.

***By not having to move, replace furniture, new school uniforms. I haven't lost out on anything anymore. I know there is money there and it's not wasted on new furniture, clothes etc. In the past we have had a bag with clothes and personal documents, spare keys etc. and left everything else (furniture, toys) behind. We have done this 36 times in the past four years.*** (Trish, Bsafe client, 2012)

The 2011 Bsafe evaluation undertook a financial analysis specific to the Hume Region, comparing the costs for a woman with three children of accessing specialist housing support in the region (including crisis accommodation, refuge, transitional housing and then private rental accommodation) against the costs for the same woman and her children of accessing refuge or crisis accommodation and then returning home with the added support of Bsafe. The analysis showed that the costs related to the first scenario totalled \$10,196, while the costs amounted to \$3755 for the woman returning home with a Bsafe unit.<sup>28</sup> This represents a 63 per cent cost saving comprising costs to the community and personal costs to the woman.

***It's allowed me to return to work. Before the Bsafe I was suffering from PTSD and anxiety and the children needed me near to them, so I wasn't able to work as a nurse.... [W]ith Bsafe I was able to return to work which has helped my financial situation.*** (Bsafe client, 2012)

A three-year indicative budget developed by WHGNE (set out below) demonstrates how Bsafe is relatively inexpensive to establish and maintain. The budget was developed with the following assumptions in mind:

- That the state government will fund a three-year statewide pilot, and an independent evaluation of the pilot.<sup>29</sup>
- That a part-time statewide Bsafe Coordinator would be appointed for the first two years to be responsible for the program's establishment across Victoria. This role would include community engagement, training, support, a 'help-desk' function and establishment and maintenance of a statewide database to facilitate ongoing monitoring and future evaluation. In the third year it is assumed that this coordination role will be located within a family violence service and reduced to one day per week. The coordination role would then be primarily concerned with database management and the coordination of program evaluation.
- That the purchase of Bsafe units is a one-off cost and therefore not recurrent. Bsafe units can and will be reallocated to other clients as they are returned. The budgeted-for figure of 200 units across the state does not imply that only 200 families will be supported, as the natural turnover of units as women move in and out of the program ensures that 200 families at any one time per year can be supported. The annual figure will therefore be significantly higher.

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<sup>27</sup> Office of Women's Policy, Victoria, 2009.

<sup>28</sup> *Bsafe Pilot Project 2007–2010 Final Evaluation Report*, Women's Health Goulburn North East, 2011, pp. 16–19.

<sup>29</sup> Cost of independent evaluation not included in the budget.

- That family violence is an issue for every community. A statewide Bsafe Program enables regional IFVS to adapt Bsafe to local need – for example, in areas of high Aboriginal populations or culturally and linguistically diverse (CALD) populations. It also provides local services with the opportunity to innovate and apply Bsafe in new ways to new target groups, including children.
- That there are opportunities for cost sharing. WHGNE is exploring the option of a perpetrator-pays system imposed by the Magistrates’ Court if an applicant in possession of a Final Intervention Order becomes a Bsafe client. Funding to cover the purchase of units and the cost of monitoring may be available under the Commonwealth Government’s **Proceeds of Crime Act (2002)** funding program, which supports victims of crime.<sup>30</sup> Another potential area for cost contribution is through local IFVS partnerships, or DHS-funded specialist services to through existing ‘Safe at Home’ funding. These funding avenues could be used to establish or strengthen existing local Bsafe Programs.

### Budget breakdown for statewide rollout

Year 1 expenditure	Individual service costs	Across the five rural Victorian regions
Statewide Bsafe Coordinator 52 weeks of 15.2 hours @ \$39.22 ph (ECA level 5, 4th year)	\$30,992	
On-costs 18.5%	\$5733	
Travel costs @ \$1500 per 5 x DHS rural regions	\$7500	
		<b>\$44,225</b>
Bsafe Officer 52 weeks of 15.2 hours @ 32.41	Per region \$25,584	For five regions \$127,920
On-costs	\$4733	\$23,665
		<b>\$151,585</b>
Purchase of 40 Bsafe units @ \$420 per unit	\$16,800	For five regions <b>\$84,000</b>
Monitoring costs for units @ \$150 per quarter per unit	\$24,000	For five regions <b>\$120,000</b>
Database set-up – statewide	\$30,000	<b>\$30,000</b>
Internal recovery costs @ 28% (motor vehicle costs, information technology and communications costs, administration, stationery, power, occupancy costs, insurance and project management)	\$111,955	<b>\$111,955</b>
		<b>\$541,765</b>

<sup>30</sup> The BSafe Program received funding from Proceeds of Crime in 2011.

<b>Year 2 expenditure</b>	<b>Individual service costs</b>	<b>Across the five rural Victorian regions</b>
Statewide Bsafe Coordinator 52 weeks of 15.2 hours @ \$39.22 ph (ECA level 5, 4th year)	\$30,992	
On-costs 18.5%	\$5733	<b>\$36,725</b>
Bsafe Officer 52 weeks of 15.2 hours @ 32.41	\$25,584	For five regions \$127,920
On-costs	\$4733	\$23,665
		<b>\$151,585</b>
Monitoring costs for units @ \$150 per quarter per unit	\$24,000	For five regions \$120,000
Database monitoring	\$5000	
Internal recovery costs 28%	\$87,726	
		<b>\$401,036</b>

<b>Year 3 (and ongoing) expenditure</b>	<b>Individual service costs</b>	<b>Across the five rural Victorian regions</b>
Statewide Bsafe Coordinator 26 weeks of 15.2 hours @ \$39.22 ph (ECA level 5, 4th year)	\$15,499	\$15,499
Bsafe Officer 52 weeks of 15.2 hours @ 32.41	\$25,584	For five regions \$127,920
On-costs	\$4733	\$23,665
		<b>\$151,585</b>
Monitoring costs for units @ \$150 per quarter per unit	\$24,000	For five regions <b>\$120,000</b>
Database monitoring	\$5000	
Internal recovery costs 28%	\$81,783	
		<b>\$373,867</b>

In the first year across the five regions of Victoria, the cost to provide one part-time statewide Bsafe Coordinator including travel and expenses, five part-time Bsafe Officers, 200 Bsafe units and their associated monitoring costs, and a statewide database that all regions could use, amounts to \$541,765. In the second year the cost decreases to \$401,036 because no more units will be purchased (although monitoring of each unit will still be required), and the statewide Coordinator will not be required to travel. In the third year the costs will be reduced further to \$373,867, reflecting the reduced statewide Coordinator hours.

The total cost for a three-year program across Victoria is approximately \$1.3 million. Bsafe can represent a significant cost benefit to the community by:

- reducing homelessness
- enabling women and children to have better physical and mental health
- enabling women to return to or stay in the workforce
- assisting children to remain at school and engage with the community
- reducing the need for police and court resources.

**How much does my life cost?** (*Bsafe client, 2010*)

**What is one word you would use to describe what Bsafe means to your clients?**

**Invaluable   Effective   Hope   Security   Vital**  
**Agency   Stability   Freedom   Reassurance**  
**Precious   Home   Empowerment   Choice   Life**

## 1.6 Evaluation overview

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Evidence obtained from the previous evaluations revealed that Bsafe is highly successful in:

1. reducing perpetrator violence and recidivism, notably the incidence of physical violence
2. increasing accountability for men who perpetrate family violence
3. increasing women's and their children's feelings of safety
4. supporting women and their children to remain in their own homes and communities
5. increasing women's connection with social support networks and access to relevant support services
6. providing an integrated response to family violence by strengthening the relationship between family violence and sexual assault services, the police, health and community sectors and the community.<sup>31</sup>

The 2012 evaluation sought to validate these previous findings. It used three means of gathering data via participatory action research: client interviews, coordinator interviews, and a Partner Agency Forum.

Given that the previous evaluations were so recent and the findings so compelling, the 2012 evaluation can be viewed as a validation of these initial evaluations. A smaller sample of clients was interviewed for this evaluation and the results captured were similar. Women were telling the same stories and conveying the same level of satisfaction with Bsafe.

An independent ethics process was established to review the evaluation approach and research tools and to guide the informed consent process. The University of Melbourne's SAFER Program<sup>32</sup> provided support to the evaluation consultant, and oversight and advice on the evaluation process and the project overall.

The women interviewed for the 2012 evaluation confirmed the previous findings that being on the Bsafe program:

- enabled them, and their children, to feel more secure in their homes, whether they had remained in their home or had moved
- enabled them, and their children, to socialise again and participate in normal community life
- increased their and their children's connections to support services, networks and to medical and psychological help
- reduced their and their children's feelings of fear, anxiety and powerlessness
- improved their physical and mental health and enabled them to reduce or stop medication
- benefited them via the additional support provided by a Bsafe Coordinator.

***[I am] sleeping like a baby, all good. I feel like a completely different person. I can sleep in my own bed now – with no kids!*** (Ann, 2012 Bsafe, client)

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<sup>31</sup> Bsafe Pilot Project 2007–2010 Interim Evaluation Report, Women's Health Goulburn North East, 2011, p. 4.

<sup>32</sup> Safety & Accountability in Families: Evidence and Research.

**Now with Bsafe I am not powerless. He can do what he wants – he can take my phone but I still have the Bsafe.** (Trish, Bsafe client, 2012)

These findings are validated by workers from Bsafe’s partner agencies and Bsafe Coordinators, who observed that Bsafe:

- provides peace of mind for women and can counteract high anxiety levels, which benefits both mother and children
- enables women to retain some agency and autonomy
- enables women to get on with their lives by providing them with the flexibility and freedom to leave their homes and go out into the community
- empowers children
- benefits the service provider by having another option for women and access to other sources of support via the integrated response network
- benefits the community by enabling more women to stay in their homes
- reduces the demand on services and worker time, including police and court time.

**Keeping women safe would be harder without Bsafe.** (Worker, Bsafe partner agency, 2012)

**Intervention Orders are not enough – [without Bsafe] it would be harder to prove breaches.** (Worker, Bsafe partner agency, 2012)

*A detailed explanation of the evaluation methodology and findings is set out in Section 2 of this report.*

## 1.7 Conclusion: the future of Bsafe

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This report confirms the findings obtained from the previous evaluations that Bsafe **works**.

It works for the women and children who now live with an increased sense of security. It works for family violence service providers, whose workload and stress have been diminished by not having to continually react to high-risk situations. It works for partner agencies such as the police, who are better able to gather the right evidence to prosecute breaches of intervention orders. It works for the VAP, who is able to add value to the support it already provides through surveillance and other security measures on women's homes, and for housing agencies who know that keeping women and children in their own homes is a solution to homelessness caused by family violence.

And Bsafe works for the community.

In the Hume Region, the community rallied behind Bsafe and campaigned for its retention when it was threatened with closure, and remains attached to it as a community service. This sense of ownership indicates a healthy state of affairs in which a community owns the problem of family violence and is willing to actively support an initiative that has demonstrated its effectiveness several times over in such a simple and cost-effective way.

In the current Victorian policy environment such an effective and proven family violence risk management and violence prevention model should be adopted for rural Victorians.

After five years at the cutting edge of innovation in the use of personal alarms as part of a risk management strategy, the Bsafe Program is at risk of being left behind due to the Victorian Government's reluctance to commit to ongoing funding. The NSW State Government has recently announced that it will deliver a similar program across that state. Victoria has had the benefit of Bsafe for more than five years with minimal state government funding, and ad hoc and insecure contributions. The program deserves the recognition of secure government funding. Women and their children deserve 'to feel and be safe' from family violence – as stated in the Victorian Government's newly released **Action Plan to address Violence against Women and Children**.<sup>33</sup>

***I think it is one of the most wonderful programs ever and should be available to all women like me. I think it will save lives or at least save women from doing the hospital trip. (Tammy, Bsafe client, 2012)***

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<sup>33</sup> State Government of Victoria, Department of Human Services, *Victoria's Action Plan to Address Violence against Women and Children 2012–15*, p. 2.

# Section 2: Evaluation findings 2012

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## 2.1 Evaluation methodology

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Utilising a participatory action research model, three methods were implemented to gather the data used to validate the previous Bsafe research. These methods are outlined in detail below.

### Interviews with Bsafe clients

The purpose of the interviews was to identify whether Bsafe was still providing a similar level of support and protection to women and their children two years after the previous evaluation survey. The questionnaire evaluation consultant developed the questionnaire and consent forms with support from a colleague at the University of Melbourne. The questionnaire contained 14 substantive questions and two supplementary questions relating to how the woman felt the interview went and whether she wanted to say anything else. The questions comprised a mix of requests for demographic data, open-ended questions inviting a narrative response (such as **Tell me about how you came to have the Bsafe kit?**) and scaling questions (such as **How bad was this feeling on a scale of 1–10 if 1 = a bit anxious and 10 = terrified**).

An Ethics Committee was established consisting of three experts in the field who all reviewed the questionnaire and provided substantial critical feedback. The evaluation consultant interviewed eight women by telephone. Face-to-face appointments were offered but none of the women took up this option. All of the interviews took at least one hour; most were between one and one and a half hours. Most of the questions required a narrative response, and women were allowed to say as much or as little as they chose to.

The Bsafe Coordinators at Marian Community and UMCASA & Family Violence Services were asked to identify women who might agree to be interviewed and to seek their verbal consent for the evaluator to contact them by phone. Of the 12 women identified, eight were interviewed.

One of the women interviewed is the mother of an 11-year-old girl who was the first child to be issued in her own right with a Bsafe unit. Initially it was thought that the child could be interviewed about her experiences, but this did not eventuate. However, as part of her own interview, the mother spoke to the interviewer about the impact upon her daughter of having a Bsafe unit.

### Interviews/surveys with the Bsafe Coordinators

The new service provision structure for Bsafe clients was put into place during 2011. As part of this evaluation Bsafe Coordinators completed monthly surveys which asked for both statistical and anecdotal data over a six-month period between March and August 2012. The questions focused on the highlights and challenges of communication and partnerships, as well as asking workers to recount their conversations with clients, any relevant anecdotes, and to describe what inspired them.

The WHGNE Bsafe Coordinator also provided responses to the surveys as well as regional statistics on the numbers of women accessing and returning Bsafe units, the numbers of children in the program, clients' demographic profiles and risk factors.

This information provided a valuable and consistent picture of the emerging role and experiences of the workers.

## **Bsafe Partner Agency Forum**

In July 2012, seven representatives from five partner agencies (excluding Victoria Police – see page 27) engaged in a forum to evaluate the impacts of Bsafe on agency practice and for women. Myke Thomas, National Business Manager from Security Monitoring Centres VitalCall Brisbane headquarters, also attended the forum. The purpose of the half-day forum was to workshop a series of questions related to Bsafe. Following a large group discussion, the participants worked in two small groups to discuss and write up their responses on two different worksheets. The first worksheet posed five questions about the benefits of Bsafe for women and children escaping family violence, for the individual service providers, and for the community. Participants were also asked to consider ways to increase or improve the accessibility of Bsafe to women from CALD and Aboriginal communities.

In the second part of the forum, participants were asked to discuss and comment on the impact Bsafe has had upon resources, infrastructure, workload and workflow. The participants were also asked to comment on the level and appropriateness of training received from the WHGNE Bsafe Coordinator to administer Bsafe.

## **2.2 Overview of evaluation findings**

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### **Statistics from the Bsafe database (data collection period March–August 2012)**

- At the beginning of the data collection period there were 10 existing clients.
- The program gained 27 new clients during the period.
- There were 55 children associated with the women who had Bsafe units during the data collection period.
- There were 11 Bsafe units returned during this period.

### **Interviews with Bsafe clients**

- Eight women were interviewed (representing almost 22 per cent of existing and new Bsafe clients during the data collection period).
- The women ranged in age from 31 to 49 years (with an average age of 39 years).
- One woman interviewed had returned the Bsafe unit in the weeks prior to the interview.
- All eight women had Final Intervention Orders (a prerequisite of the Bsafe program).
- All eight women were assessed as 'at very high risk' and 'requires immediate protection' based on the CRAF's Comprehensive Risk Assessment.
- There were 13 minor children and seven adult children associated with the eight women.
- One woman was pregnant with her first child.
- Five women lived in rented accommodation, one in her own home, one in a refuge and one in transitional housing at the time of interview.
- The average length of time for which the women had been on the Bsafe Program was just over 11 months.
- All of the women had the mobile Bsafe GPS unit, with only two women having the base unit in their homes.

- One 11-year-old child had her own unit (her mother was interviewed), providing her with independence in travelling to and from school, and in supporting and 'protecting' her siblings. Her mother reported feeling more secure knowing that the children could be found if the alarm were activated.
- Most of the women reported improved wellbeing (as defined by feelings of safety, health impacts, and their support networks) after getting the Bsafe unit.
- The majority of the women said that the support they have received from Bsafe workers is helpful to them.
- Most of the women said that their children know what the Bsafe unit is and how to activate it.
- The majority of the women reported that prior to getting the Bsafe unit their children were traumatised, terrified, angry and fearful. Since getting the unit some of the women have reported that their children are relieved, worry less and are more secure knowing that they and their mother are safe.
- All eight women interviewed said that they would recommend Bsafe to other women in their situation.
- Most of the women said that having the Bsafe unit had changed their (and their children's) lives for the better. They reported a greater sense of safety and security and highlighted the importance of being able to live a normal life.
- Most of the women said that their lives had improved because of Bsafe and the combination of other services attached to the program.
- The majority of the women described their lives free of violence with Bsafe as 'wonderful'.
- Most of the women said that they could not imagine a time when they would consider returning the Bsafe unit unless their ex-partner were imprisoned, moved away or died.

### **Bsafe Partner Agency Forum**

- Seven people from five partner agencies attended the forum – VAP, Marian Community (family violence service), UMCASA & Family Violence Services, Gateway and WHGNE.
- Local police attendance was withdrawn the day before the forum on instructions from the VicPol Violence Against Women and Children Strategy Unit in Melbourne.
- Myke Thomas, the National Business Development Manager of SMC, attended as an observer to represent Vitalcall. He gave a demonstration of the Bsafe mobile unit and the recently developed Android app.
- Kristen Diemer from the University of Melbourne's SAFER Program also attended as an observer.
- The forum was co-facilitated by Deb Nicholson (the Evaluation Consultant) and Rachael Mackay (the Bsafe Coordinator), and took place in Benalla over four hours.
- In small group exercises workers were consistent and unanimous in their support of Bsafe and noted its value to women and children, their own agency, and the community.
- In small group exercises, workers appraised the relative effectiveness of the program in terms of cost, resources (including time) and workflow impact, and generally found Bsafe to save time and resources within each of the agencies.

- In a large group exercise, workers were asked to consider what their work was like before and after the introduction of Bsafe. The general view was that, in regards to safety, working in partnership was beneficial to women and children. They noted that without Bsafe the workload and stress of working with high-risk clients would increase. Workers also noted the positive impact Bsafe had on the clients.
- Workers commented that Bsafe has a benefit beyond keeping women safe. The threat of its loss (in 2011) galvanised the community into lobbying, writing to newspapers, approaching local politicians and raising funds. This resulted in increased community awareness of family violence as a community issue.

### **Interviews/surveys with Bsafe Coordinators**

- In August 2011, WHGNE devolved Bsafe day-to-day coordination to two DHS-funded family violence services in the Hume Region. Due to its geographic size and diversity the region was divided into east and west. Key services based in Shepparton (Marian Community) and Wangaratta (Cooroonya Domestic Violence Services) were funded to appoint an existing family violence worker as a Bsafe Coordinator for one day per week. The worker in this role is responsible for working directly with women referred to the Bsafe program from the point of intake, set-up, support and through to ongoing monitoring.
- The Bsafe Coordinator works alongside the woman's key worker who may or may not be at the same agency at which the Bsafe Coordinator is based. Managing relationships between different family violence service providers has required an additional level of communication and partnership which has been very successful. The Bsafe Coordinator provides support and monitoring in relation to Bsafe and risk management.
- In March 2012 Cooroonya Domestic Violence Services was defunded by DHS. Interim funding for the family violence program was granted to UMCASA, who redeployed some of the Cooroonya Domestic Violence Services workers, including the Bsafe Coordinator. The Bsafe Coordinators interviewed described the tension and difficulty this caused, but also outlined the efforts made to achieve a seamless transition for workers and clients. It emerged later (including during the client interviews for this evaluation) that some clients 'fell through the gap'. The former Bsafe Coordinator at Cooroonya Domestic Violence Services was appointed by UMCASA and remained in the role until August 2012. She was interviewed prior to her departure.
- Bsafe Coordinators were committed to communicating effectively with the partner agencies, building strong and effective relationships, and developing systems for advising and educating these agencies about Bsafe. One of the processes established was that of monthly reporting to the partners, as a result of which referrals started to 'flow thick and fast'.
- Bsafe Coordinators highlighted that their monthly contact with clients was working well and that most women responded positively to knowing that there was 'someone else looking out for them'. Occasionally women were unable to be contacted, in which case Bsafe Coordinators were able to use their relationship with the woman's key worker to follow up (permission had previously been given by the client for this to happen).
- In terms of challenges, Bsafe Coordinators reported that the closure of Cooroonya Domestic Violence Services had an impact as all Bsafe coordination had to be temporarily diverted to Marian Community. Support to some women, such as monthly contact with them, was diminished for a time due to the dramatic and sudden nature of the closure of Cooroonya.

- Other challenges described by Bsafe Coordinators included 'teething problems' with devices, communication issues with partner agencies, training issues, and problems with the battery life and connectivity of the Bsafe devices.
- Bsafe Coordinators also described the challenge of getting clients to respond to monthly calls, often requiring repeated attempts to make contact, and the difficulty of getting women to actually activate their units.
- Bsafe Coordinators generally felt that there were no real challenges in relation to the partnerships that could not be resolved.
- One challenge identified was the difficulty of getting the Indigenous Family Violence Service 'on board' with Bsafe, despite there being a number of Aboriginal women who had Bsafe units and some shared clients.
- Bsafe Coordinators were inspired by the very positive impact of the program on women's (and children's) lives, enabling them to feel safe so that they can live a normal life.
- Bsafe Coordinators also felt inspired by the Partner Agency Forum they attended and the fact that 'knowledge of Bsafe was spreading through the community'.

### **The type and extent of violence experienced by the Bsafe clients interviewed**

- All were women and their children escaping family violence and sexualised assault.
- All but one woman had experienced physical violence.
- One woman was pregnant and the abuse had escalated during the pregnancy (from emotional and psychological abuse to threats and erratic behaviour).
- Three of the women said that they had experienced sexualised assault and/or rape (one resulting in pregnancy).
- Almost all of the women had been stalked by the perpetrator post-separation.
- Most of the women said that the perpetrator had threatened to kill them or their children.
- Most of the women claimed that the perpetrator had access to weapons, and in two cases the perpetrator used a weapon in his most recent violent act.
- All of the women identified that the men using violence against them had exhibited controlling, obsessive and jealous behaviours.

## **2.3 Evaluation findings**

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### **Interviews with the Bsafe clients (August 2012)**

#### **Methodology**

The questionnaire had 14 substantive questions with sub-questions, starting with a set of questions relating to basic demographic information. The questions were a mix of open-ended questions inviting a narrative response and scaled questions. The women were interviewed by telephone for between one and one and a half hours. All of the women were given the option of a face-to-face interview but all declined. All had completed and returned consent forms to WHGNE prior to the interviews taking place.

## The questions and responses

### Question 1 – Information about the interviewee

Basic identifying demographics about each interviewee.

### Question 2 – How she came to have the Bsafe kit (unit)

This set of questions relates to the incident(s) that led to the woman getting a Bsafe unit.<sup>34</sup> All of the women reported high-risk incidents that precipitated their obtaining an Intervention Order and then a Bsafe unit. The common themes that arose were escalation of violence, threats to harm, and extreme violence, reflected in one woman's experience of averting her ex-partner's attempt to shoot her after shooting her dog.<sup>35</sup> The woman who was pregnant experienced an escalation of family violence after she became pregnant. All of the women had experienced multiple breaches of their Intervention Order.

When asked to identify the turning point for each of them, most of the women responded that it was the escalation of violence, the continual breaches and the threats to their children. This question included a question scaled from 1 (very easy) to 10 (very difficult) about how easy the unit was to use, to which the following responses were received:

- seven women responded with 1 – very easy
- one woman responded with 2 due to early feelings of confusion and being overwhelmed, but considered herself to be a 1 after this initial period.

### Question 3 – What life has been like with the Bsafe kit (unit)

This set of questions related to life with the Bsafe unit and the women's sense of safety. Half of the women stated that their ex-partner was not aware that they had a Bsafe unit and the other half were unsure of whether their ex-partner knew. One woman stated that she did not mind if he knew because he is **'less likely to do anything if he knows he is going to get caught'**. One woman believed that her ex-partner might have found out that she had the Bsafe unit from his solicitor at court. In terms of feeling safer, all of the women reported that they felt safer with the Bsafe unit, with one woman (who had problems with mobile coverage in her area) saying that she felt safer **'when she was in mobile range'**. Another woman stated that she attended regular medical appointments in Melbourne and felt **'100 per cent safer knowing I have it in my pocket'**.

When asked about why they feel safer with the Bsafe unit, three women said that they liked the security of being able to **'press a button'** if they are unable to get to a phone or their phone is taken from them. The mother of the 11-year-old girl with her own Bsafe unit observed that she felt safer **'knowing she could send the kids to school and know where she [her daughter] is'**. Another woman said that she felt safer **'knowing that it doesn't matter where I am, I know help will come'**.

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<sup>34</sup> The term Bsafe 'kit' was used throughout the questionnaire and interviews with women to reflect the original Bsafe 'kit' set-up which in some models included a pendant. As the model has changed since its inception, the term 'unit' is now more commonly in use, and is used elsewhere throughout this report.

<sup>35</sup> The woman describes this as 'attempted murder' although her ex-partner was not charged with this and was in fact released on bail.

## Question 4 – About the Intervention Order

This set of questions was concerned with the Intervention Order and any changes in the incidence of their ex-partner's breaches of the order since the women had been given a Bsafe unit. Seven women said that the Intervention Order was breached prior to getting the unit, including one woman who stated that **'it was the breaches that led to me getting the kit'** and another who said, **'yes, many times'**. None of the breaches included any physical violence, but did include stalking, approaching, driving past, coming to the house and sending threatening messages via children or other family members. When asked whether the Intervention Order had been breached since they had the Bsafe unit only one woman reported that there had been no further breaches. One woman said, 'not really', but based on her response to the questions, it did appear that there had been a breach. One woman reported breaches to the police but was asked by the police officer, **'What do you want us to do?'**

When another woman (the same one whose ex-partner tried to shoot her) reported two breaches to the police, she was told that they could not do anything because **'it's a bit of a grey area'**.<sup>36</sup>

The nature of the breaches changed after the women obtained a Bsafe unit, with women reporting ongoing verbal abuse in person or by phone, email or social media and via third parties, but in some cases fewer of the behaviours or a less damaging version of the same behaviour – for example, **'mainly driving past'**.

One woman reported more breaches by telephone **'because he doesn't know where I am'** and another woman experienced more **'manipulation and childish behaviour'** on the part of her ex-partner and him using her adult children to convey messages. Three women said that after obtaining a Bsafe unit there were fewer breaches, two women said the level of breaches was the same, and one woman reported more breaches – as in the previous case, stalking.

## Question 5 – Activations of the Bsafe kit (unit) and responses

The fifth set of questions related to activations of the Bsafe unit. Apart from test activations and one legitimate but ultimately false alarm (a neighbour was shooting foxes at the woman's boundary fence), none of the women interviewed had activated their Bsafe unit. When the women were asked whether they had been in a situation where they might have activated the unit but did not, most said they had not.

One woman said that there were **'a couple of times when I thought someone was out the front but I didn't want to bother them [Bsafe/police] again'**.

When questioned about why they did not activate the unit, one woman said that she **'wasn't sure it was him and was reluctant to call the police because they were 'on call' rather than on duty'**.

Another woman explained that she did not activate her unit because she **'thought it wouldn't be him, but now wouldn't hesitate to activate the alarm'**.

The women were also asked whether they had ever been asked to keep a journal of breaches, to which half of them said that they had been asked. Most of the women said that they did keep a record of breaches. One woman stated that she would consider doing it, and another said that she did not **'have the energy but keeps all messages etc.'**

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<sup>36</sup> The man was also in breach of his bail conditions by coming to the town where she lived.

## Question 6 – Feelings of safety, before and after getting the Bsafe kit (unit)

This section of the questionnaire related to safety and feelings of safety. The women were asked how safe they felt before they got the Bsafe unit. All of the women responded by saying that they did not feel safe at all, with one woman commenting that she felt **'not very [safe] because I already had an Intervention Order that didn't work'**.

Most of the women reported that, since getting the Bsafe unit, they felt safer, but to varying degrees, with comments such as: **'I never feel safe, but Bsafe helps a bit'**, and **'Now I am good, I feel comfortable. The longer he leaves me alone the better I get. There's a huge difference to how I feel now than in the first 12 months'**.

One of the women observed that she **'never feels safe after running for four years'**. All of the women said that having the Bsafe unit increased their feelings of safety, ranging in degree from **'yes, a little'** to **'yes, definitely'**.

When asked to comment on their feelings of safety while going about their daily activities, all of the women said that having the Bsafe unit made a positive difference to some degree. In response to the question 'What's the best thing about having the Bsafe kit?' the majority commented on its ease of use – the **'simple press of a button'** and the ability of the mobile unit to provide GPS data to emergency services. A number of women also noted that they felt it was easier to talk to people (at Vitalcall) who understand their circumstances and respond accordingly.

**If you have it you don't have to explain yourself, people involved with the program know why you have it, you don't have to justify why you have it, unlike in other situations.**

**It's made a huge difference. Now I feel fine going for a walk around the lake because [before] he would just appear, he must have been watching all the time so I just stopped doing everything. Even the grounds around the house fell into neglect because I couldn't go outside. Now, having the pendant I don't worry about going out around the street, even things I never used to do, never allowed to do. Freedom. [It h]as taken so long to get back to how I was before I met him.**

## Question 7 – The impact of having the Bsafe kit (unit) on different aspects of life

This section asked women to describe the impact of Bsafe on three key areas of life: their housing, financial and social situations.

**Housing** – half of the women had moved (some more than once) into rented accommodation in the same area. One woman had been in transitional housing for 12 months and was waiting for the house to become permanent. One woman was in refuge with her child, waiting for transitional housing allocation. She said:

**I had to move from Melbourne [to a refuge in the region], waiting on transitional housing to come up. Going to stay up here as I have family here, but it has been hard on my son. He had just started school in Melbourne with his friends from kinder and pre-school and then we had to move.**

**Being able to stay [in our own home] was a big thing because we have a lot of animals, which is like therapy for [the children]. If they had to leave their pets it would be upsetting.**

**I can actually stay in one place. I don't have to pack up and go. I only have to press that button and someone's here. We have been here nearly 12 months.**

**Financial** – half of the women interviewed said that having the Bsafe unit had helped their financial situation as they have been able to return to work or stay at work, and they have been able to avoid the costs of moving (such as buying new furniture) and relocating their children to new schools (such as new uniforms and fees).<sup>37</sup> One woman reported a negative impact in that she had lost a number of jobs because her ex-partner harassed her at work, observing that **‘a lot of employers won’t put up with what he gets up to’**.

***By not having to move, replace furniture, new school uniforms, I haven’t lost out on anything anymore. I know there is money there and it’s not wasted on new furniture, clothes etc. In the past we have had a bag with clothes and personal documents, spare keys etc. and left everything else (furniture, toys) behind. We have done this 36 times in the past four years.***

**Social** – half of the women said that since obtaining the Bsafe unit they were able to socialise again with friends or family to varying degrees. One woman said that her adult children felt better knowing that she had the Bsafe unit, commenting that she had **‘[lost] so much, it’s like having a bit of control’**.

For one woman, having the Bsafe unit had **‘no impact – the Bsafe had nothing to do with it but he did. I found myself withdrawing from people and still do ... [I] felt embarrassed and ashamed to be in this situation’**.<sup>38</sup>

***I now feel, because of Bsafe, I can go and visit family because I don’t feel as if I am putting them at risk.***

***I can take the dogs out for a walk, can meet people and chat, beforehand I was too scared.***

This section of the questionnaire also asked women about the extent to which they had become linked into support services since receiving the Bsafe unit. In response, most said that they were still getting support for themselves, and in some cases their children, from family violence services, a GP, psychologist, and family and friends. One woman explained that she was no longer receiving any support apart from occasional **‘touch base and court support’** calls from the Bsafe support worker.

***[I am linked into] Marian Community, Victims of Crime support, I have CCTV on the house [which I got] a few weeks after getting Bsafe, covers the front driveway. Now I can shut the drapes when I never did before so I could see anyone coming. [A] psychologist is treating me for PTSD – it’s something you read in a book, not something that really happens to people.***

The women were asked whether they were involved in any Family Court proceedings at the time. Half of the women had been or were currently involved in proceedings related to child contact or property settlements, two women were anticipating future proceedings (including the woman who was pregnant), and two women were not involved in any proceedings.

The one woman who was required to hand over her children for contact with their father said that having the Bsafe unit was helpful and added to her sense of security. The pregnant woman (who had returned her Bsafe unit) anticipated getting Bsafe again when the father of her child was released from jail.

***Just finished [Family Court proceedings] last year. It was a long, drawn-out process [with] final orders put through in October 2011. Each time an order was made his behaviour escalated and the Bsafe was fantastic ... comforting at that time. The final order [was for] no contact.***

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<sup>37</sup> Women who are eligible for the state government’s Education Maintenance Allowance (EMA) are not eligible to receive another EMA payment if they move their children to another school, even where circumstances such as family violence has forced the move.

<sup>38</sup> This woman (who was pregnant) had returned her Bsafe unit in the weeks before the interview after her ex-partner was jailed interstate.

## Question 8 – Bsafe kit (unit) and sense of wellbeing

This set of questions (along with question 9) formed the core of the questionnaire, on which the women spent most of the time exploring feelings and impacts, apart from the telling of their stories at the outset. As such it provides compelling evidence of the effectiveness of Bsafe. The questions were intended to explore the women's feelings of fear, health impacts and the support they received, both before and after receiving Bsafe. Women were asked to think about their wellbeing when they first got the Bsafe unit and to speak about what they felt at that time. Most of the women expressed more than one feeling, most commonly – anxiety, constant fear and terror. Other feelings expressed were panic, fear of the unknown, worry, fear of going outside, and **'fear [that] he would harm the [unborn] baby'**.

**Terror, just being completely overwhelmed, not living – just existing, being in this shell you can't get out of, panic, always worrying about the kids.**

**[I was] an absolute dribbling mess, terrified.**

According to the women, the feeling they most frequently was anxiety, followed by uncertainty, terror, helplessness, powerlessness, fear and panic. One woman said that depression was her worst feeling and another said that she had **'the nervous feeling of him getting away with it – he won't leave me alone, threats, blackmail through solicitors, financial abuse, speaking on my behalf. [Feeling] helpless is the worst feeling'**.

The women were asked to rate the strength of the worst feeling they experienced on a scale of 1–10, where 1 is a bit anxious and 10 is terrified. Half of the women said that their feelings rated a 10, two women said they rated an 8, with one saying she was **'an 8 now but if I was in Melbourne where he is, I'd be a 12'**. One woman rated her feelings at a 5 on the scale.

**I was terrified just before I got the [Bsafe] kit. I had done everything and there was nothing else.**

When asked whether they still experienced any of the feelings they described in the first part of the question since getting a Bsafe unit, half of the women stated that they were now a 6 on the scale of 1–10, two women said that they were at 7, with one qualifying this by stating **'on a good day where it's 7 – other days it's back to 10. I still have the fear he will come after me, I am resigned to the fact'**.

One woman put herself at 2 on the scale, commenting that she feels those feelings: **'Occasionally, not to a heightened extent. [If] I hear something I don't get to the panic stage, I can rationalise a lot better, I never feel unsafe down the street anymore'**.

**Now with Bsafe I am not powerless – he can do what he wants, he can take my phone but I still have the Bsafe. I'd still be a 6 on the scale.**

## QUESTION

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Thinking about how you felt before having the Bsafe kit, can you say how fearful you were?  
On a scale of 1 – 10 if 1 = not fearful at all and 10 is very fearful

Thinking about your wellbeing after the Bsafe kit, can you say how fearful you are now?  
On a scale of 1 – 10 if 1 = not fearful at all and 10 is very fearful

## RESPONSES

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Where women put themselves on the scale **before** getting Bsafe

4 women said they were 10  
2 women said they were 8  
1 woman said she was 5

Where women put themselves on the scale **after** getting Bsafe

0 women said they were 10  
2 women said they were 7  
4 women said they were 6

In terms of health impacts the most frequently reported effects were weight loss (in some cases extreme, with losses of 15–50 kg reported), sleep deprivation or disturbed sleep (and concomitant tiredness, exhaustion and inability to function), headaches, anxiety, tension and depression. One woman took up smoking again after giving up two years earlier following a heart attack. The women also reported weight gain, chest pain, panic attacks and exacerbation of pre-existing conditions such as diabetes or gynecological issues. Some of them had been specifically diagnosed with depression and/or anxiety and others described symptoms of depression such as **'crying at the drop of a hat'**, not sleeping, sleeping all the time and weight gain.

***Disturbed sleep – just didn't sleep for last 12 months, weight loss, migraines, headaches (from tension), back pain, shoulder pain, clenched throat, vomiting if I tried to eat a meal after I had a moment of panic or fear – body goes into clench mode. I was so tired all the time, hard to function, so forgetful. I went grey, hair loss.***

When asked to describe any changes to their health and wellbeing since they had obtained the Bsafe unit, most of the women reported that they were sleeping better, and fewer women reported headaches. An improvement in terms of weight loss or gain was reported by almost half of the women.

One woman said she was **'still smoking and had too many wines occasionally'**.

Another said she was **'sleeping like a baby, all good. I feel like a completely different person. I can sleep in my own bed now – with no kids!'**

When asked about the support they had accessed to cope with their situation or feelings, most of the women reported having more than one source of support. Most were receiving support from a counsellor or psychologist separate to the family violence service. Half of the women received support from a GP or other health practitioner (such as a chiropractor), and two women noted the support they received from the police.

***The police played a role in helping me feel less fearful, by arresting him.***

One woman said that her employer had been particularly supportive and some of the women stated that they had received support from family and friends.

Since having the Bsafe unit most of the women were still being supported by a family violence service to varying degrees – from **‘touch base’** to **‘occasional support that meets my needs at the moment’**.

Some women were still seeing their GP for support and one woman spoke positively about the support she received from Centrelink. Two women said that the level of support they were getting did not meet their current needs and that they would like more support.<sup>39</sup>

The women were asked whether they thought that the support they received from the Bsafe coordinators (at Marian Community, Cooroonya Domestic Violence Services, and later UMCASA & Family Violence Services) made a difference to their sense of wellbeing. Almost all of the women agreed that it was helpful and most reported that it makes a difference to them that the worker is looking out for them.

Two women were not satisfied with their contact with workers. These were later identified as having fallen through the gaps during the transition period to the new service provider after Cooroonya was defunded. This situation was later rectified with the instigation of monthly telephone contact with this client.

The most common view was that women appreciated **‘someone keeping an eye on me’**, and **‘someone checking – I don’t want to be forgotten in the system’**.

When specifically asked whether they had spoken to a doctor or other health professional about their situation, almost all of the women said that they had spoken to their GP. Most were prescribed some form of medication, such as anti-depressants, anti-anxiety medication, sleeping tablets, Valium, or high blood pressure medication (including where a pre-existing condition was exacerbated and medication had to be adjusted).

Some of the women described experiencing complex health scenarios.

***I was prescribed Valium because I suffer with a back injury and arthritis which was intensified with the stress, so I went on heavy painkillers. I suffered the negative effects of over-use of anti-inflammatories which cause stomach problems. I had to go on blood pressure medication for the first time. I was almost at the hospitalisation stage. Now on medication for blood pressure. I was alright until I started getting phone calls when he got out of jail, then my blood pressure skyrocketed.***

Since being given a Bsafe unit, most of the women reported that they were still taking medication to some degree or combination – for example, still taking anti-depressants but not sleeping tablets. Other changes reported by the women included continuing with the same medication but no longer attending counselling, or continuing with the same medication but at reduced dosages. One woman reported that she was still getting professional help but was no longer taking medication.

## **Question 9 – The extent to which children benefit from having Bsafe in the home**

This set of questions asked women to consider the impact of the violence and of having the Bsafe unit upon their children. None of the children associated with the women interviewed had activated (accidentally or otherwise) the Bsafe unit, but almost all knew what it was for and how to use it if necessary.

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<sup>39</sup> Referred to Bsafe Coordinator.

One woman described how her children knew how the Bsafe was built into the safety plan. Another woman said, **'it was a relief for the children to know it was there'**. A third woman, who said that her children did not know about Bsafe prior to an incident occurring, stated that she now **'wants to show them how to use it'**.

Women were asked to talk about their children's feelings and behaviour, and the impact on them of participating in the Bsafe program.

One woman described her children as being **'at the peak of non-existence, completely distraught, complete breakdown, and suffering from severe PTSD'**, while other women commonly spoke of their children's feelings of terror, anger, fear and trauma.

One of the women described how her 15-year-old son **'went to the kitchen and got a big butcher's knife and was prepared to use it if his father got into the house'**.<sup>40</sup>

Another woman told of how having the Bsafe unit was, for her children, **'a relief ... [as] ... my son worried that something would happen to me while he was at school, and was scared to go to school and leave me and the baby by ourselves. It gave [him] reassurance that if something happened I would be alright'**.

The women were asked to talk about what they thought it was like for their children to go through the violence with them. For many of the women this was the most difficult part of the interview, and some were unable to express themselves without becoming distressed. The women with young children were particularly distressed about how their children have been affected.

***My nine-year-old boy gets very anxious: they were subjected to the violence as well.***

***It's been a nightmare for them; they don't know whether they are coming or going half the time, didn't want to make friends, both are behind at school.***

One mother spoke of how her son **'has been absolutely terrified. He has grown up so much and he is not the normal five or six year old if you were to speak with him – it's taken away a bit of his childhood'**.

One of the women who has adult children does not speak to them about it as **'[they] are closest to my husband so I just avoid talking about it. They don't think Bsafe is necessary. My husband has threatened my middle son since he sided with me'**.

According to their mothers, these children<sup>41</sup> have expressed feelings of fear and anger about the incidents that led to the women getting the Bsafe unit, including **'terror', 'nightmares every night'**, and sleeplessness.

One woman's daughter would tell her mother how she was feeling **'always scared, sometimes she didn't understand why she couldn't sleep'**.

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<sup>40</sup> This was in response to his father turning up at the house 10 minutes after his mother left to go to the shop.

<sup>41</sup> Refers to young children, not adult children.

Another woman described her seven-year-old son as **'a very clingy little boy who doesn't talk much'**. She told of how the family had never stayed in one place long enough for the child to have the surgery required to aid his speech problem. The child goes to speech therapy, but the mother explained that **'it affects his confidence in the way he plays – it makes him angry that he can't communicate properly'**.

One of the women said that her six-year-old son would tell people, **'G tried to cut mum with a knife. G wanted to teach me how to use knives'**. This mother applied to DHS for psychological help for her son but was told that his behaviour **'didn't warrant counselling'**; she has since applied for private counselling through her GP.

Most of the women commented about their children's anger and fearfulness and how they behaved as a result. For example, one child was **'not sleeping, up all night watching out the window, bed wetting, vomiting prior to contact visits'**. Things have improved for this child but, according to his mother, he **'lapses, doesn't handle a lot of action and noise around him, has PTSD and a strong fight/flight response ... but he is learning how to control and manage his emotions and responses. He often checks the Bsafe machine [to see if it is working]'**.

One woman said that her 16-year-old son **'was always a placid kid but after [the violence] he got angry with other kids and violent. He has learning difficulties as well and was bullied a lot.... He wanted to leave school because of the bullying and so he could protect me'**.

Another woman described how her children could not sleep without noise in the background, such as the television, and that **'neither of them will walk out the front door without me being with them, they don't want to. They stay inside a lot rather than go out and play because they are scared he is going to turn up. [They are] not very social kids'**. However, this woman also said that her daughter (who has her own Bsafe unit) **'is having her first sleepover tomorrow night'**.

Another woman described her nine-year-old son as being **'really angry a lot of the time, extreme anger and then crying, withdrawing from hobbies and after school activities, [and] depression-like symptoms'**. She also said that she took him to counselling but that he was **'still anxious and fearful because of the ex still hanging around'**.

When asked what it meant to them that their children have been able to (or for some not able to) stay in their own homes, one woman said that it was **'fantastic because of the animals, stability and routine'**, and two other women commented on how important it was that they were able to stay in one place for a time as it enabled their children to feel secure.

***It means everything that we have settled somewhere for 12 months, they are settled – it means I can start to build a life for us. I am waiting for the bubble to burst.*** <sup>42</sup>

For one woman, taking her child from his own home:

***shattered me, the worst feeling in the whole world. I took everything away from him. He still thinks we are going back home. He is now at school where he knows nobody; he still thinks we are going back so he can see his old friends. We have moved twice but I kept him at the same school which I have to drive 25 minutes each way and he hates it, it's tiring.***

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<sup>42</sup> See box 'Bsafe for children' below.

## Question 10 – Would you recommend Bsafe to other women in situations like yours?

All of the women responded positively to this question.

**Yes, definitely. I only wish it had been around when I first managed to get rid of him. The rape would never have happened, the incidents of him turning up at the house ranting and raving [would never have happened]. It is so important to have this option when you first get the courage to leave, especially when you have kids. Being able to stay in our own home has been incredibly important to me and my children.**

**Yes and I would say get it early before the breaches happen.**

**Yes, gives that bit of peace of mind.**

When the women were asked whether they would do anything differently now, most commented that they would have left their relationship earlier if they had known what support was available.

One woman stated that she **'did everything right on the day because I am still alive. [And] instead of fobbing a man off for being jealous I would recognise it as an indicator of DV[domestic violence]'**. Another woman said that she wished she **'had got the Bsafe sooner because living out there on the farm impacted the way we lived life'**.

The women were asked about what could be improved in the Bsafe program in terms of the unit and support offered by staff.

In response, some women made comments about the battery life of the unit (too short), the size of the unit (too big, or string too short so cannot hang it around your neck) and the reliability of the mobile signal (it was suggested that it be made available on both the Telstra and Optus networks or on satellite).

Two women said that there should be greater community awareness about Bsafe, with one outlining this in detail.

**There must be lots of women who have no idea, didn't know support was available. [It would be better if] it [was] more publicly known. It's hard to get an Intervention Order first off because you know you will make [him] angry. More women would have more confidence to get help. [It] would be good if [women were] told at the Magistrates' Court that it was available ... then maybe the perpetrator wouldn't be so inclined to breach the orders if they knew there was a greater chance of them being caught out, it would deter them.**

## Question 11 – What difference has the Bsafe kit (unit) made to your life?

In responding to this question most of the women referred to how theirs and their children's lives have been changed for the better since having Bsafe. They expressed a greater sense of security that enabled them to live normally.

**It gives me a sense of control back and normality.**

## Question 12 – What changes have happened since being on the Bsafe program?

In response to this question the women reported positive changes for themselves and their children which related mostly to Bsafe.

**When I first got the unit and was explaining to the kids, they said, 'oh, so we don't have to worry anymore', [they were so relieved] and happy.**

**I have] separated, getting divorced. Positives – I can be late home at night and not worry about coping it, can talk to my family and friends, I can go shopping and buy my own clothes, send a text message at 7pm – okay he might come and kill me but I am going to enjoy my freedom in the meantime. I got my first keys to the door; I can talk to men in public now.**

**Before, I was too scared to visit my family because he would find me and cause trouble for them [and] I didn't want to put them at risk. I am starting to interact with people again. I don't feel like I am taking trouble with me wherever I go because I can push a button.**

For one woman, having Bsafe had resulted in no real change to her life.

**I lost my full-time job, other than that nothing really. I go down the street, do what I have to do then come home. I very rarely go out.**

### **Question 13 – What does living without violence mean to you now?**

In response to this question, all of the women conveyed that they felt happy, free and that it was **'wonderful'**. Two women said that they were **'not walking on eggshells anymore'**.

**Wonderful, absolutely wonderful. A couple of times I go to do things and think, am I allowed to do that? Then think, of course I am!**

### **Question 14 – Can you imagine a time when you might consider returning your Bsafe kit (unit)? What would need to be in place for this to happen?**

Most of the women interviewed responded **'no'** to this question. The woman who had recently returned her Bsafe unit said that she would consider getting it back again **'when he gets out of jail'**. Other women commented that the perpetrator would need to be in jail, dead, moved away or if **'the Intervention Order was off'** before they would consider handing it back. One woman has every reason to want to keep her Bsafe.

**Maybe when he goes to court and gets sentenced and I get out of this house and into a safer house. Sometimes I think, do I need it? And then think, yeah I do. My fear is all about leading up to the trial [in the] County Court next month – he was charged with reckless conduct endangering life, rather than attempted murder – because the bullet didn't actually hit me. The detectives couldn't be bothered charging him even though he admitted that he was going to kill me. Too hard to win in court. If a stranger walks up my driveway, shoots my dog and then tries to kill me he'd get 15 years. Because I was married to him he won't get more than six months.**

Two women said that they were considering returning their Bsafe units because **'other girls need them too, so they can be shared around'**.

At the end of their interviews, the women were invited to say anything else they wanted to and several women commented that the main (or only) reason they agreed to participating in the interview was to help raise the profile of Bsafe, in turn to help retain the program in the region. Other comments were:

**I cannot stress strongly enough how different it is being in the state I am now from before – life is changing.**

***I feel like last year I have grown so much as an individual, I am so much stronger.***

***I think it is one of the most wonderful programs ever and should be available to all women like me. I think it will save lives or at least save women from doing the hospital trip.***

## **Bsafe Partner Agency Forum (June 2012)**

### **Methodology**

The Partner Agency Forum was run in a workshop format facilitated by the evaluation consultant and the WHGNE Bsafe Coordinator, Rachael Mackay. The session began with introductions, an overview of the Bsafe program to date, and a large group exercise around a set of questions presented on worksheets that were developed for small group work. Following the large group discussion, the group worked in two teams on worksheets. The combined results gathered from the worksheet activity are set out below under each worksheet question. After the groups had completed worksheets 1 and 2, the third worksheet was completed by the whole group.

### **Worksheet 1**

#### **Q1. How does Bsafe benefit women escaping family violence?**

This question was workshopped by the large group and then by the two small groups. The participants concluded that:

- Bsafe provides peace of mind for women and can counteract high anxiety levels.
- Bsafe enables women to get on with their lives, providing them with the flexibility and freedom to leave their homes and go out into the community.
- Bsafe is a practical part of the women's security, enhancing the Intervention Orders.
- Bsafe is discreet.
- Bsafe works in times of crisis (such as Intervention Order breaches).

#### **Q2. How does it benefit children?**

This question was workshopped by the large group and then the two small groups. The participants concluded that:

- Bsafe works to counteract high anxiety in mum – this has a flow-on effect with children.
- Bsafe is simple to use and children can be taught to activate the unit as part of a safety plan.
- Bsafe is empowering for children when they know how to use it.
- Bsafe enables children to stay at home, in school and connected to community activities – it provides a sense of security.
- Bsafe helps mothers to reinforce to children that they can protect them.

#### **Q3. How does it benefit your agency?**

This question was workshopped by the large group and then by the two small groups. The participants concluded that:

- Bsafe is cost effective compared to the installation of in-home security systems.

- Bsafe provides another tool for agencies to use to increase women's safety.
- Bsafe provides a physical symbol of protection.
- Bsafe reduces worker anxiety about working with high-risk women, because they can offer them concrete help.
- Bsafe provides another option to refuge.
- Bsafe is a longer term option for some women.
- Bsafe is easy to use, administer and manage within a multi-agency setting.

**Q4. How does it benefit the community? [Think about the message it sends to other victims, to perpetrators and to the general community about the non-acceptance of violence against women]**

This question was workshoped by the large group and then by the two small groups. The participants concluded that:

- Bsafe assists women and their children to stay in their homes, therefore reducing homelessness and demand on services.
- Bsafe enables women and their children to participate in the community.
- Bsafe is a visible community program, so its presence raises the profile of family violence as a community issue, and raises awareness about the impact on women and children in the community.
- Bsafe increases perpetrator accountability by sending a message that they will not get away with breaching Intervention Orders.
- Bsafe contributes to greater community safety and frees up police time.

**Q5. Please make some suggestions about how to increase or improve the accessibility of Bsafe to women with disabilities, and women from CALD and Aboriginal backgrounds**

This question was workshoped by the large group and then by the two small groups. The participants concluded that:

- Bsafe is uncomplicated and easy to use and therefore accessible to women with disabilities (however, more work needs to be done to fully explore this area).
- Bsafe is appropriate for Aboriginal women but more community engagement and education within Aboriginal communities is required.

**Q6. As workers, how do you [make the decision to] assess women and children for Bsafe?**

This question was workshoped by the large group and then by the two small groups. The participants concluded that:

- Bsafe enables workers to use their discretion and professional judgement about which women will be offered Bsafe, based on the risk assessment and the types of risk indicators present. A woman's assessment of her own risk is also a critical factor in the decision-making.
- Bsafe enables ongoing risk assessment to occur, as the worker has monthly contact with the woman.

## Worksheet 2

### Q1. How has Bsafe impacted on the resources of your agency?

1. **Time.** *(For example, does it require more or less time to administer/manage Bsafe clients than other clients? Has the time needed to administer Bsafe increased or decreased?)*
  - **It takes more time to set up Bsafe (installation, testing, training etc.) and liaise with all partner agencies, but it takes less time to administer Bsafe on an ongoing basis,** compared to dealing with other clients.
  - For the VAP, it is less time consuming to organise Bsafe than it is to set up security systems for clients.
2. **Infrastructure.** *(For example, did your agency require new or upgraded facilities to manage Bsafe such as phones, computers or office space?)*
  - Apart from the coordinating agencies requiring installation of the computer database there was no increased need for infrastructure.
3. **Workload.** *(Discuss whether managing/administering Bsafe and Bsafe clients has led to more or less work in your agency, and in what ways.)*
  - Bsafe can be more time efficient as it enables women to remain in their own homes and community.
  - Bsafe places less demand on worker time after the initial set-up.
4. **Workflow impact.** *(For example, who does what in regard to Bsafe in your agency? How is Bsafe work factored into the other work of the agency? Is Bsafe 'added on' to regular duties or are time/work plan allowances made?)*
  - Bsafe is integrated into the work of the agency even where there is no specific allocation of funding for coordination.
5. **Training.** *(For example, what training has been provided to your agency in regard to managing/ administering Bsafe? Has there been a cost to the agency of bringing staff up to speed on Bsafe? Is further training required?)*
  - Training about Bsafe is provided to other family violence agencies on a needs basis. This training is provided by the Bsafe Coordinators based at Marian Community and Upper Murray CASA & Family Violence Services.
6. **Money.** *(For example, what does it cost – estimate – for your agency to manage/administer Bsafe? Where do the costs come from? Does it cost more or less to manage/administer the Bsafe program and its clients than non-Bsafe clients?)*
  - Bsafe is cost effective in that worker time is not spent on attending to alternatives such as securing a refuge placement.

## Worksheet 3

### Q1. Thinking in terms of partnership working and responding to women:

#### a. *What was it like to support women escaping family violence before the introduction of Bsafe?*

Themes:

- Before Bsafe, family violence support work was reactive, not preventative.
- Keeping women safe relied much more on removing them and their children from the family home into safe places such as a refuge.
- It was much harder to prove breaches of Intervention Orders.
- Workers also noted that they had higher levels of anxiety (about their high-risk clients) before Bsafe.

#### b. *How does that compare to now?*

Themes:

- Working with women was less intensive, less hands-on, when they had a Bsafe.
- Workers appreciated that less time spent on some of the high-risk clients enabled them to work with more women overall.
- Workers also commented on the effectiveness of their partnership work in keeping women safe.
- Workers commented that women have more flexibility – Bsafe clients have complete power and ownership over it.
- Workers observed that Bsafe enables women to leave their homes and have a normal life.
- Workers commented that the police have buy-in and that Bsafe activations can provide concrete evidence of Intervention Order breaches. Police are able to be more responsive to such breaches.

### Q3. What would happen if Bsafe was not funded next year? <sup>43</sup>

Themes:

- Keeping women safe would be harder without Bsafe.
- Our anxiety would escalate.
- Intervention Orders are not enough – it will be harder to prove breaches.
- If BSafe disappears, all that good work, integration and partnerships will be undone.
- Everyone loves Bsafe.
- There was discussion about the impact within agencies when Bsafe funding was threatened in 2011, with workers describing how staff went through a grieving process and some clients said that they wanted to keep the Bsafe units even if they were deactivated because merely having a unit made them feel safer.
- The workers also noted that Bsafe has a function beyond keeping women safe – the threat of its loss galvanised the community into lobbying, writing to newspapers, approaching local politicians and raising funds.

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<sup>43</sup> This question was improvised on the day of the forum, and was not on the worksheet.

**What is one word you would use to describe what Bsafe means to your clients?**

**Invaluable    Effective    Hope    Security    Vital**  
**Agency    Stability    Freedom    Reassurance**  
**Precious    Home    Empowerment    Choice    Life**

**Interviews/surveys with Bsafe Coordinators (March–August 2012)**

**Methodology**

- The data for the western region (Shepparton) was provided by the Bsafe Coordinator at Marian Community.
- The data for the eastern region (Wangaratta) was provided by the Bsafe (Strategic) Coordinator at WHGNE due to the situation with Cooroonya and the transition of service to UMCASA that was taking place during this time. <sup>44</sup>
- The first three months of data (March–May) was gathered via telephone interviews with each worker. Due to the time constraints (for the workers), data was collected via an email survey sheet for the second three-month period (June–August).
- The questions asked are set out below, each followed by direct quotes that illustrate the general nature of the feedback gathered over the six months. The questions encouraged a narrative and subjective response.

**Q1. Overview of monthly statistics**

The data collected via the monthly coordinator surveys was inconsistent, so the data presented in the table below for the same six-month period was obtained from the client database.

Number of existing clients at the beginning of the data collection period	10
Number of new clients during the period	27
Number of children associated with the women with Bsafe units during the period	55
Number of Bsafe units returned during the period	11

<sup>44</sup> The Bsafe Coordinator for the eastern region was informally interviewed at the end of the data collection period in August, but was not asked the same questions.

## **Q2. What were the highlights for you this month (in terms of communication, partnerships and conversations with women)?**

### **Highlights – communication**

- 'Making sure that all stakeholders were up-to-date with Bsafe during the changes at [Cooroonya] Domestic Violence Services worked well via email'
- 'Just going around to different services in presenting the new unit and talking to them about how they would refer and the benefits of that. New unit is smaller, more discreet, has GPS and benefits in rural community'
- 'The risk assessment and referral process is working well with Pauline at Marian'
- 'Referrals from other agencies coming in thick and fast – now appropriate referrals, few incorrect ones for example, previously high numbers of incorrect forms such as no Intervention Order, risk assessment not filled in properly'
- 'Catching up every month is going well. [We] have a good chat [about] everything going on not just Bsafe. Relationship building with clients and being open and transparent with other agencies. Women really opening up and very comfortable'
- 'We were able to set up a database to create a report based on each referral agency. The report went out at the beginning of the month. Referral process going well'
- 'No real highlights apart from the units making the women I spoke with feel safer'
- 'Monthly reports went out to each service'
- 'The Partner Forum was a highlight for me. The participants' commitment and support was such a strength'
- 'Convincing a client to allow her 11-year-old daughter to keep the Bsafe'

### **Highlights – partnerships**

- 'Marian Community was able to respond to the changes [at Cooroonya Domestic Violence Services] straight away and become the referral centre for the region'
- 'Good to connect with new partners, e.g. Mitchell Community Health (now Nexus Community Health), to discuss the program and the device. Informal chats and also presentations'
- 'Building on chats and presentations with partner agencies in March. Really promoting Bsafe as part of a safety plan, and other strategies, not as stand-alone solution. Building on work done with staff previously, and active networking. Making sure that everyone is comfortable with the process of Bsafe referrals'
- 'Partnerships are working well. It's still difficult to contact some of the women Marian Community doesn't work with directly, although this can often be resolved by talking with a case manager'
- 'Quick response from Vitalcall when an issue arises with the unit; [it] assists the client to have confidence in the product'

### **Highlights – conversations with women**

- 'Conversations have all been positive, like the once-a-month contact, usually focused on Bsafe and sometimes general issues and support. Asks about activations, safety generally, how safe they feel and do they find it obtrusive to carry it around'
- 'Women feed back that they are really pleased to hear from me. They find it great to have somebody else checking in with them (apart from the case manager), pleased that there is someone else that cares about them'
- 'Haven't been able to get in contact with two women, not Marian Community clients so have left messages with their workers. Allowing enough time to speak with the women – time management issue'
- 'The women contacted all have positive comments about the unit and if there is a problem they don't hesitate to contact [the Bsafe coordinators] and have it resolved'

### **Q3. What were the challenges for you this month (in terms of communication, partnership working and conversations with women)?**

#### **Challenges – communication**

- '[The Cooroonya Domestic Violence Services closure] had ramifications for Bsafe and although the interim manager was able to make contact with the clients, we still had to make the decisions for operations to go over to Marian Community. [The Bsafe Coordinator at Marian] was able to take on all referrals to the region'
- 'Muck up in March where devices were delivered direct to clients instead of organisations. And some case managers in external agencies not being able to assist clients to set up the device'
- 'Two units had a problem with battery life of only an hour with portable units, but [these] were replaced within a week'
- 'One of the challenges is a client who reports multiple breaches of an Intervention Order [including, for example] the perpetrator pulling up beside her in a car park or being outside of her home, she doesn't activate the Bsafe despite many reminders'
- 'Difficulty in getting some clients to respond to phone calls and to return calls when messages are left'

#### **Challenges – partnership working**

- 'No challenges with partnership working. The word is getting out there – this is how it works'
- 'Getting the Indigenous Family Violence Service [Rumbalara Aboriginal Corporation] on board has been really challenging. Share some Indigenous clients with Primary Care Connect'
- 'It was heartening to get most of the partner acceptances to the forum'
- 'Some difficulty in getting staff from outside the agency to return calls re. their client's lack of contact'

## **Challenges – conversations with women**

- 'It was difficult to ascertain who had been handed over to the new service and who hadn't as the new service was not taking 'old' clients [re. Cooroonya Domestic Violence Services closure]'
- 'One of the challenges has been getting external clients on the phone – can take up to four attempts. I just keep trying. Difficulty with one client setting up the device was a Vitalcall issue that was fixed immediately'

## **Q4. What inspired you this month?**

- 'I was speaking with a client who said she was too afraid to sleep, checking her children 10 times a night. After she received the Bsafe unit she slept well for the first time in ages. She was also afraid of leaving her house, [but] now is going out and having coffee with friends. Now looking towards the future and getting work, not being afraid to get out of the car, going to pick kids up from school etc. Inspiring because that's what it's all about – making women feel safer'
- Feedback I get from clients is that [Bsafe] has really increased safety – leading a more normal life. That a tiny little unit can make such a huge difference in women's lives. I just think that's amazing'
- 'One of the women from refuge with Bsafe (for a long time) was offered housing in Benalla or Warrnambool and chose Benalla so she could keep the Bsafe unit – it means that much to her. A woman said, 'All women should have a Bsafe. You can't put a price on feeling safe''
- 'Meeting with [evaluation consultant/advisor] – don't feel alone battling for Bsafe'
- 'That the information about Bsafe is being disseminated via networks and agencies'
- 'That knowledge of Bsafe is spreading throughout the community and women are wanting the unit as a tool for their safety'

## **Q5. Anecdote – one story**

- 'I did an installation with the client – it was difficult as the satellite didn't pick up her address. We reinstalled and all went okay. It made me realise again the importance of these devices for women – and the importance of the system not failing'
- 'Another woman said, 'It's given me my freedom back, and the confidence to join the White Ribbon movement''
- 'The 11-year-old girl who has her own Bsafe is able to remain at home by herself for brief periods when mum goes out to the shops, and she feels safe'

## **Q6. How are you working with women who are in the process of returning the units?**

There were no responses to this section as no Bsafe units were returned during the six-month data collection period.

## Summary of interview with previous Bsafe Coordinator

### Methodology

The outgoing Bsafe Coordinator was informally in the six-month data collection period. During this period, the worker transitioned from Cooroonya Domestic Violence Services to UMCASA & Family Violence Services, occupying the same role of family violence worker and Bsafe Coordinator. She had been in the role of Bsafe Coordinator since the outset of the devolved operations in August 2011. The interview was conducted informally and recorded electronically. <sup>43</sup> Due to the voluntary nature of the interview (held in a café the day before she moved onto a new job), the responses below should be read as providing an additional perspective to the responses by the other Bsafe Coordinators.

### 1. What works best about the day-to-day operations of Bsafe sitting within a specialist family violence service?

The outgoing Bsafe Coordinator was very supportive of and committed to Bsafe sitting within a specialist agency, and considered the current model worked very well, as it was more **'streamlined'** and **'a little less overwhelming for women'**. She was of the view that locating Bsafe's day-to-day operation within an agency that provides a holistic family violence service is **'more coherent'**.

***Sitting with the family violence service is exactly where it needs to be – we are doing the risk assessments, the safety planning, we hold the knowledge about the client and her situation.***

### 2. What was it like moving Bsafe from a specialist family violence service (Cooroonya) to a CASA?

The worker commented that Bsafe sits appropriately and is well supported at UMCASA & Family Violence Services, and considered the location to be **'a great foundation and a good fit'**. Despite initial fears that Bsafe clients would be reluctant to attend a CASA, these fears proved to be unfounded from early on.

She said that having the family violence service co-located with a CASA **'breaks down some of the barriers for women talking about sexual assault ... and ... in many ways it's a seamless transition for women. Women are more willing to talk about their experiences of sexual assault and there are now new pathways and opportunities for cross referrals'**.

### 3. Working with WHGNE

The outgoing Bsafe Coordinator was very positive about her relationship with WHGNE and the Bsafe (Strategic) Coordinator, and particularly highlighted the commitment of the organisation and its individual staff to ensuring that Bsafe remains in the 'public eye' and continues to provide services to women at risk. Following discussion about a proposed Bsafe Model, the worker agreed that Bsafe's strategic overview and coordination should sit with WHGNE and its day-to-day operations should remain with a specialist family violence service.

#### **4. Has it worked well having two halves of the region?**

The worker was positive that the Hume model works well **'because it's such a large region, and both halves of the region are very different in terms of demographics and dynamics'**. She considered that it would have been **'too much of a stretch doing the other half of the region'**.

She noted that there has been little need for communications between her and the other worker (at Marian Community) because the two halves run quite autonomously and independently of each other.

#### **5. Any other comments?**

***It's been such an amazing program to be part of.***

***I feel so passionate about the Bsafe Program and have the insightful position of [being able to see] the impact Bsafe has on women's lives. There is no separation – I am in direct contact with women, helping them set up the units – and they tell me about the impact.***

***Even if they never, ever activate the units, women feel safer just knowing it's there.***

***Bsafe can be a preventative model.... The evidence for this is that there are very few activations – no-one's activating because it's working.***

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**WOMEN'S HEALTH**  
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