

FINAL EVALUATION REPORT

Trial of Safety Smartwatches to Protect Victims of Violence



STANDBYU
connections change lives

StandbyU Foundation

(formerly Commsync Foundation)

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Overview

StandbyU Foundation (formerly known as Commsync Foundation) received \$500,000 funding in 2019 from the Commonwealth Government Department of Social Services' *National Plan to Reduce Violence Against Women and their Children* to trial 100 digital safety watches for women experiencing family and domestic violence. The project commenced in July 2019.

Act for Kids is a collaborative partner in this project, and links women and families that they are currently assisting with their services to the StandbyU Foundation domestic violence project. Act for Kids is voluntarily working with women and families across Queensland regarding issues of personal safety and harm to access the digital safety watches (hereafter called 'the device'), and to develop a personal Safety Plan. Women participants to the project identify their personal Safety Network which typically consists of family members, friends and neighbours, and may also include formal support services and emergency services, such as the police.

The device is a digital watch which enables the wearer to be linked almost instantly via the mobile phone network to the Safety Network members they have personally selected. This communication empowers women to action adults within their chosen Safety Network to be informed of their situation and needs, and to render immediate assistance. Among other things, the device enables real time location identification and tracking, and recording of the wearer's communication.

Evaluative research is being undertaken to assess the impact and outcomes of the device, with a particular focus upon its capacity to facilitate the safety and well-being of the women and families who are participating in the project. This exploratory research uses mixed methods. Besides examining the project's descriptive information, the evaluative research entails telephone interviews with both participating women and professional staff at Act for Kids, as well as a focus group of professional staff.

This report is the Final Evaluation that describes the role out of the project and the emerging themes evidenced thus far in the evaluation of the project. A content analysis and thematic analysis were undertaken of the initial and emerging trends, issues and learnings evident at the full year point in the project's implementation.

Executive Summary

The Trial of Safety Smart Watches project progressed well in the 2019-20 year. The partnership between StandbyU Foundation and Act for Kids has been close, collaborative and effective. This enabled the engagement of Act for Kids staff with the combination of Safety Planning, building Safety Networks and utilising the Safety Watches with women and families who had experienced serious family and domestic violence, or were at risk of this. The project rollout target of 100 devices was completed.

The project evaluation research was designed, received organisational ethics approval, and data collection and analysis were completed. The study findings are reported here and included qualitative data from 27 women participants' initial interviews, 4 women participants who completed post-interviews, 7 Act for Kids staff participants' interview data and that of 17 staff who participated in a focus group. In addition, quantitative data from standard Likert-scale measurements of participant and their family's safety and well-being are examined along with a content analysis of the participant interview data.

There were encouraging and strongly positive results achieved regarding improvements for the safety and well-being of the participant women and their family members. Both the women participants and the Act for Kids staff participants identified similar perceptions and viewpoints of the impacts of the Safety Watch device. Our key findings and learnings include:

- The Safety Planning processes were well received and were perceived as highly beneficial with the Safety Watch providing a platform for improved engagement of women with the development of their personal Safety Plan and Safety Networks;
- The devices were adopted by the women participants primarily for personal safety issues for themselves and their family members;
- The development of personal Safety Networks averaged 4.2 members, typically family, friends and neighbours, and was critical to the effectiveness of timely responses to alerts;
- Some women felt more emotionally and relationally connected with their family members and others as a result of the safety planning and wearing the device;

- Use of the devices increased substantially following set up and then plateaued at a high level;
- The women participants perceived that their own and their family member's safety and well-being had markedly improved because of the device;
- They reported increased safety and well-being:
 - When they were at home;
 - Outside their home and that they were now far more willing to connect with their broader community; and
 - In high-risk situations where they perceived that their formal and informal supports could provide immediate aid and preventative interventions;
 - Because the device facilitated effective, timely help from others, including the police;
- The women felt a higher degree of positive agency in their ability to function, with more autonomy and the watch assisted them to feel more confident and empowered to handle the threats they faced and to live their lives the way they wished;
- Overall, these women participants spoke highly positively about the impacts of the Safety Watches, including
 - They provided practical, preventative help in de-escalating incidents when support network members showed up;
 - While some saw the 'hidden' or unobtrusive nature of the devices as a positive for their safety, others found that when those responsible for the violence knew the device was able to be activated, they behaved themselves;
 - The device was very easy to use and activate, especially when they were under pressure to respond quickly in high-risk situations;

- Because the device captured conversations and could then be used as evidence of what was actually occurring, thereby helping these women to be believed;
- Many felt relieved and had a peace of mind due to the increased safety they experienced;
- Some participants identified the limited battery life as a shortcoming;
- Limitations accessing existing support services and timely police interventions were voiced by some participants.
- Because of their experiences, some of the women suggested that the program should be expanded to enable more women and others who were threatened; and
- There were useful suggestions provided for some alternative options and apps for the device being available for use, thereby increasing its utility to the women.

Act for Kids staff participants were consistent with women participants regarding the outcomes of the device for increased safety and well-being, and identified that:

- Real positive changes occurred in the psychological states of the women and children - they were less stressed and anxious, and more relaxed and therefore able to better engage in Safety Planning;
- The women were more in control of their living situations, and were feeling much safer;
- There was an air of increased confidence noticed with regard to their client's involvement with Act for Kids and the other support agencies;
- The women were much more engaged and connected within their community, and more prepared to go out and do regular activities such as shopping and meeting with others;
- The operationalisation of the project was mostly unproblematic, despite some administrative teething problems, and support provided by StandbyU staff was timely and purposeful;

- Because their client women and families were feeling safer there was a range of other positive outcomes for them; and
- Staff broadly advocated for the project and Safety Watches to be more available to those who could benefit in other communities and with other agencies.

There were also positive impacts and developments for the Act for Kids IFS services policy and practice from the Trial that led to tangible improvements in the ways that this work was done, and to enable innovation and creativity. These included:

- Relationships with clients altered to become more partnership oriented;
- Client agency and empowerment became more evident;
- Processes for engagement with traumatised women and children improved;
- Safety Planning and case management practice developed;
- Program and practice feedback loops about efficacy were enhanced; and
- Linkages with the broader service networks expanded.

So, overall, the Trial was highly successful on many fronts, and provided encouraging evidence for increasing the safety and well-being for women and children who are experiencing family and domestic violence. Similarly, a range of positive improvements in Act for Kids practice framework, case management and services were identified. Hence, the study participants advocated strongly for its expansion in the family and domestic violence sector, as well as the broader application in the disability and health sectors.

The study, despite some methodological limitations, has provided a reliable and valid evidence base to justify continued use of the device, and for ongoing, more robust evaluation of the impacts of these sorts of digital technologies in social programs. This study found encouraging results about the positive outcomes for the participants. No women or staff participants identified negative outcomes for themselves or others as a result of using the Safety Planning and device.

Taken overall, there is sufficient evidence provided to support the expansion of the program and its continued evaluation.

Project Background

About StandbyU Foundation

The StandbyU Foundation is a charity that exists to connect people in need to those who care. We all go through hard times, but when we are mistreated or abused, life can be rough. This is when we need our close connections, our friends and family, the most.

But asking for help is tough. Especially when we feel conflicted or alone. That's why it's important we all stay connected to those we care about, so we can spot the signs and help each other find brighter days ahead without fear or judgement.

We are grateful to have a wonderful network of community partners we work with. Together, we help people affected by domestic abuse reach out to friends and family, share their story and make an action plan that puts them in control.

If you feel afraid, it's important you're not on your own. That's why we also provide smart, simple-to-use wearable devices to keep people connected at critical moments.

It's these vital connections that change lives.

Human Connection is the Biggest Contributor to a Long, Health and Happy Life

When we feel connected to others, we start to change the way the world works.

A strong support network makes us less vulnerable to those who want to hurt us. It makes us less lonely. Less depressed. Less anxious. When we feel a true, genuine connection with others, we are not only more likely to get through the hard times, we are more likely to live a long, happy life.

At the StandbyU Foundation, we're fighting the big social problems that affect so many Australians - domestic violence, sexual abuse, child abuse - but we're doing it differently. We're tackling these issues at the source and providing lifelong solutions with real impact.

With strong human connections, we can overcome all these challenges, together.

Connections Change ... Everything



LONELINESS

Connections are the only way to overcome the isolation and loneliness we all feel.



ANXIETY

Being connected to others and knowing they are by your side reduces anxiety.



CONFIDENCE

Feeling in control of your safety gives you confidence to get on with life.



SELF-ESTEEM

Feeling connected to people who care can boost your sense of self-worth and happiness.



FREEDOM

Knowing help is always on hand provides the freedom to explore outside.



HOPE

With a renewed sense of hope, it's possible to imagine a better, brighter future.

The Values that Connect Us

We only work with like-minded people and partners across the domestic violence, child protection and child sexual abuse sectors who share our values. They remind us what it means to truly 'stand by' those in need.



PUT PEOPLE FIRST

We always start with what's best for the person we're helping. Everything we do is focused around one goal: to help them enjoy a better life.



SHOW UP FULLY

We care about how people feel and understand that feeling safe is the true measure of being safe. We make their needs our own.



BRING PEOPLE TOGETHER

Nothing is more powerful than people helping people. When we are close to others, we are happier and stronger. We achieve more together.



SPARK HOPE

Hope gives us something to fight for - it creates the promise of a better future. We always bring hope and optimism to every situation.



PUSH FOR BETTER

We never settle. We are always pushing for better ways of doing things. Better solutions, better collaborations and better outcomes.



DELIVER REAL CHANGE

We believe actions speak louder than words. Every day we are driven to deliver real, life changing moments for those in need.

Creating Connected Communities

When the people in our communities feel connected, we are all stronger and more resilient to social issues. We are taking six key steps, together with our community partners, to help reduce the incidence of domestic abuse.

1. Inspire and remind people to meaningfully and regularly connect with friends and family
2. Help everyone spot the signs of early and escalating abuse in personal relationships
3. Create spaces and give people the support and tools to reach out for, and offer, help
4. Work with those in need and their friends and family to build personal action plans
5. Provide wearable, simple-to-use safety devices to connect people at critical moments
6. Provide ongoing support to make sure people feel safe to get on with and enjoy life

We Give People the Support and Tools They Need to Reach Out and Build Closer Connections with Friends and Family

People need people - and it's these close connections that have the greatest impact on us, physically and emotionally. We are all stronger and happier when we feel connected to people who care.

The StandbyU Foundation works with families who have been affected by early and more severe forms of domestic abuse, giving them the support they need to see a brighter future.

We bring people together to build safety networks, work with them to create action plans and provide simple, smart wearable devices to keep them connected in times of need.

Feeling connected and knowing someone who cares is always by your side can be life changing. It can help you feel safe in times of crisis and give your family the freedom to enjoy life.

Our Solution – Feel Safe with Your StandbyU Shield

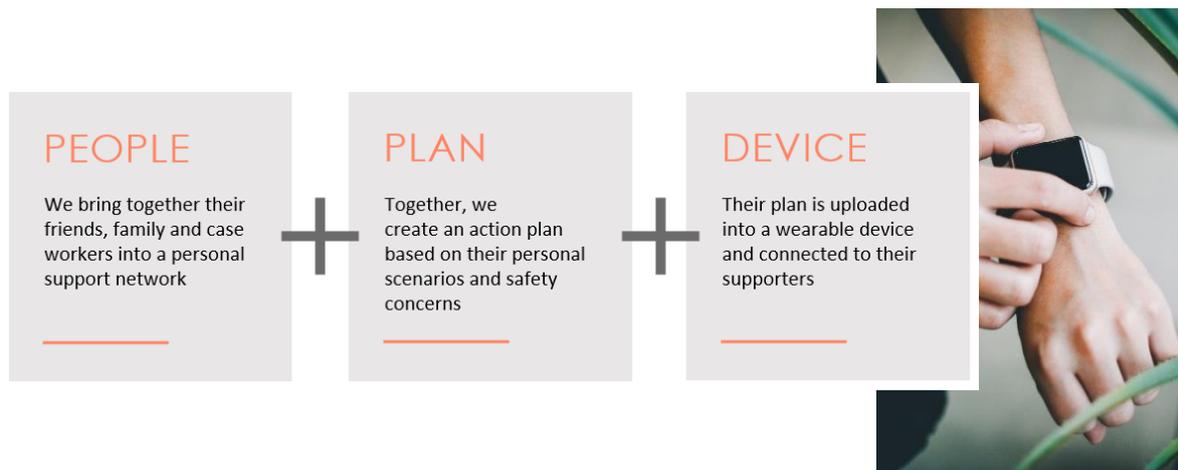
We believe everyone should feel in control of their own safety.

The StandbyU Shield is a unique solution that brings together your support network and the power of technology, to keep you connected at critical moments.

We work with you to create a solution that fits your specific needs and concerns. We put the safety of your family in your hands, so you can feel confident to move on with life.

We Bring People Together

The StandbyU Shield is a world-first safety solution that embraces the power of connections and technology to help people feel safe and supported in times of need.



Personal safety technology for vulnerable individuals certainly seems needed now more than ever and while safety wearables are no longer ‘new’, their use is still on the rise. If the safety technology is a watch, pendant or ring, chances are you'll also have it on you most of the time, meaning potentially dangerous situations can be avoided or alleviated with the quick press of a button. The additional purpose of an independent wearable device in the StandbyU Shield Solution is the understanding that a mobile phone can be easily taken or broken by perpetrators as an act of violence and control, and a phone or app is not easily accessible for many women at risk or in a crisis.

For this Trial, the device was a choice between two styles of watch (see Figure 1). Both are portable and fit within contemporary expectations of fitness and fashion. It is ostensibly indistinguishable from other similar sorts of technology such as Apple Watch or Garmin Watches, with both designs being completely independent from Bluetooth and able to track fitness goals, such as steps counter.

However, a reliable and capable wearable component is only part of the solution – for any device to be truly effective it must interact with an intelligent safety communications platform, one that provides connectivity with the right support staff, at the right time, and in the right way. It is

essential that safety responders are provided context of incidents in real time, such as audio and location, which in turn, allows them to monitor and manage any incident or threat to safety to themselves or the watch user. The additional benefit to in-call conference with emergency services without having to hang up is a critical aspect of the Solution.

As pictured in Figures 1 and 2, each style of device fits comfortably on the wearer's wrist and is easy to access and use for both women and children.



Figure 1. Two Style of watch design used for trial



IT'S ABOUT
PEOPLE,
NOT JUST
SAFETY

Figure 2. Mother and Child with both Style Watches

All devices provide the following features to the user:

One-way Alert Call - recommended for at risk users exposed to violence and personal safety challenges;

Two-way Alert Call Option – this can be activated for unique scenarios such as the aged and independent citizen, or to children so they can contact their support team when they feel vulnerable;

SMS and Email - SMS and Email alerting will be used to send members of the Safety Network location tracking information so they can track the person in duress;

Duress Acknowledgement – will notify the system that someone has taken ownership of the call and will then stop the alert looping to other Safety network members;

Location Tracking – Provides location information to the support team of the location details of the device;

Geo-fence alerts – allows automated alerts to be sent if the device were to enter/ exit a specific location during certain hours (eg – school grounds);

Bespoke Workflows – Each device will be activated with its unique safety plan;

Scheduling – multiple workflows - the scheduling facility will allow the primary workflow to be active during business hours and the secondary to be active after business hours;

In call Escalation - To emergency services if the support team deem the situation warrants it;

Call Recording – Conference recording will be kept for 12 months to assist in the investigation carried out by the authorities.

Contexts Matter

Familiarity with the person at risk is a key factor for responders in considering intervening. The more familiar you are with that person, the more likely you are to intervene.

The other key factor in this decision-making process is context. That is why the StandbyU Safety Shield provides context to every alert activated through the transmission of live audio through the watch to the network of responders who are conferencing with each other, as well a location of the alert sent via SMS and email. This context delivers the best possible safety and support response in the shortest possible time – removing layers of time, process and cost.

Domestic Violence Informed Safety Planning

Women are, and always will be, experts in their own lives. It is when they work with professionals who have expertise, that comprehensive safety plans are developed.

Women, children and families at risk work with StandbyU Foundation and Act for Kids Specialist Domestic and Family Violence Practitioner to examine their situation and circumstances, identify and evaluate the risks that are present, and develop their personal Safety Plan.

They address these risks by building a Domestic Violence (and Child Protection) informed Safety Plan that provides enhanced support services and organising the involvement of their personal Safety Network from those who know and care about them. Safety Network members are chosen specifically by the person at risk. Safety Network members may include any combination of family or friends, peers and co-workers, caseworkers in domestic violence scenarios, and A1 grade monitoring centres, with in-call escalation capabilities to emergency services.

The device provides the operational link between their People and Plan. The StandbyU Foundation technology platform allows at-risk individuals to discreetly trigger a wearable device and enact their own Safety Plan if they feel particularly vulnerable or are attacked (See Figure 3).

STANDBYU SAFETY PLAN



Figure 3. The Safety Plan Process

Alert Scenario

Our innovative solution combines best practice personal safety principles and innovative technology solutions that proactively work to create a unified and timely response for vulnerable staff and clients, including children and young people.

In a crisis situation, an individual can trigger the device to start an alert activation which sends alert communications to members of their Safety Network.

While many existing safety solutions simply provide geographic information around the wearer's location, or an alert to an anonymous monitoring centre, the StandbyU Foundation solution goes significantly further and immediately initiates a voice call to the members of the Safety Network – contacting all chosen Safety Network responders via voice call until an answer and acknowledgement of the call is received. These calls can be made either in sequential or parallel order.

Once the alert call has been received by the Safety Network the incident can be monitored in real time with contextual appraisal of the situation. The solution allows for responders to conference call with each other to decide on an intervention to keep the woman safe, including in-call conference escalation to emergency services. Safety Network members are enabled to act according to the informed information received. All calls are recorded.

Technology Trial

The StandbyU Foundation proposal for trialling wearable safety devices is an innovative use of technology to support victims of family and domestic violence. We believe that harnessing the power of technology to activate the power of friendship and family relationships to support safety is best practice. Our methodology combines violence prevention research with our locally developed and designed risk management platform.

StandbyU Foundation has specialist expertise in alert management technology and social work to develop solutions to protect women from domestic violence and empower them in this process.

As stated in the grant selection process, the Department of Social Services determined that the StandbyU Foundation offers a better product and service than other available safety devices, particularly as the safety devices have been specifically designed to address family violence, and the devices are tailored to victims through individual safety planning.

Stakeholders

There are five key stakeholders for this project:

- Women participants;
- Families of participants;
- Safety Network members of participants;
- Act for Kids staff; and
- The project funders, the Department of Social Services.

There are also two other important stakeholders:

- Health and human service agencies; and
- The community.

StandbyU Foundation received \$500,000 funding through the Department of Social Services – Women’s Safety Technology Trial to support 100 women at risk of domestic violence who access services and support through Act for Kids Intensive Family Support Service, Gold Coast.

Women Participants

Women who have agreed to participate in this trial project of the device are people who have self-identified as being at risk of family and domestic violence from a person with whom they have been in close personal contact. They have an existing relationship with Act for Kids where they access ongoing support services such as counselling and other assistance to address the impacts of trauma they have experienced as a victim of family and domestic violence, as well as other complex issues they may experience such as mental health, parenting support, homelessness. They have ongoing challenges to address including the real prospects of further violence and threats from those who seek to harm them.

These 100 women have voluntarily agreed to participate in the project and to wear the device. The women all reside in Queensland. They have a direct personal interest in addressing the family and domestic violence and have assessed their participation in the project as potentially being to their benefit. They are key stakeholders and their interests are the primary concern for the project. Some of the participants have also agreed to participate in this evaluation research of the project.

Families of Participants

The impacts of family and domestic violence do not only affect those women directly involved, but also their family members, who may be adults, young people or children. Some reside with the

women and some also offer their homes for women to stay if they are escaping violence. Family members care about the safety and well-being of the women. Because of their familial and relational connections with these women, family members can also live in a fearful environment and as a result experience their own trauma. Hence, they also have a direct interest in this project and are also key stakeholders.

Safety Network Members

Central to this project is the Safety Plan of women, who build a personal Safety Network from people with whom they have an existing relationship and who care about their safety and well-being. Safety Network members typically include family members who may reside with the women or live elsewhere, and friends, colleagues and neighbours of the women who wish to be involved in providing a 'web of care' around the women. They are regular people who want to help. There may also be formal health and human service agencies who are Safety Network members, potentially including domestic violence support services other than Act for Kids. All Safety Network members have a direct interest in this project and are therefore key stakeholders.

Act for Kids Staff

As a project partner with StandbyU Foundation, Act for Kids has a direct interest in the project and in the safety and well-being of the participating women. This support service was selected in order to fully demonstrate the capabilities of the technology solution when combined with safety and support interventions which place women at risk of family and domestic violence in the context of their children, families and communities, rather than being crisis driven, tertiary service system responses.

StandbyU Foundation is working closely with the Act for Kids' Specialist Domestic and Family Violence Practitioners, Practice Leaders and case workers to engage women, their children and families, and support networks to develop robust Safety Plans. Act for Kids staff, particularly those who are working directly with these women, are key stakeholders in the project.

Moreover, Act for Kids staff are critical to the project because they are instrumental in initially assessing the eligibility of women with whom they are working, and then where appropriate approaching them and providing information about the device and the project. When women express an interest in potentially becoming involved in the project, Act for Kids staff then initiate contact with the StandbyU Foundation staff and advise them of the contact details of the woman.

Furthermore, the Act for Kids staff continue to work with these women to provide ongoing support and assistance. They are in a pivotal position to gauge how these women's situation might change over time and the sorts of impacts the device might be having, either positive or negative, upon these women's safety and well-being, and potentially also how family members and other Safety Network members might be affected.

Project Funders

The Department of Social Services has an evident interest in the project implementation and its outcomes. It has policy and administrative responsibility for the national response to family and domestic violence, and an obligation to both lead innovation and ensure that projects are determined on merit, and that they meet the program contractual requirements upon which funding is provided. They are also required to oversight and coordinate the development of policy and program responses to address the social problems to which family and domestic violence are associated. Their responsibilities included providing advice to government about all aspects of the family and domestic violence program. They are therefore key stakeholders.

Health and Human Services Agencies

Because of the egregious impacts of family and domestic violence there are many agencies that have an interest in this social problem and those affected. For example, family and domestic violence is demonstrated in research to be associated with, among other things, women's health and mental health, as well as their well-being, their economic and social circumstances, child maltreatment, homelessness, and the misuse of alcohol and other drugs. The family and domestic service system and sector has a clear interest in this project. This project therefore recognises that the health and human services agencies are stakeholders.

The Community

The broad community has made its views known about family and domestic violence and its impacts and is highly supportive of prevention strategies and interventions that reduce the likelihood of risk of harm to women and others affected. There is widespread support for the provision of timely and accessible assistance for the victims, and also for programs to reduce the likelihood of offenders engaging in harmful behaviours. Put simply, the community wants an end to family and domestic violence. They are therefore important stakeholders in this project.

The Evaluation Research

There is a need to establish the efficacy of social programs, yet this is often found to not be done in systematic and methodologically sound way in the human services¹. For example, there are large gaps in our knowledge base concerning the efficacy of family support programs in the prevention of child maltreatment². Systematic reviews of evaluation research in the area of family and domestic violence have identified methodological issues including small sample sizes, reporting of pilot studies, low replicability, high attrition rates, and poor generalisability of outcomes³.

Evaluation of this project has been a requirement of the contract with the Department of Social Services and for all projects funded under the National Plan to Reduce Violence Against Women and their Children. With the methodological limitations noted, we undertook as rigorous a research design as possible in what were tight project timeframes.

In an era of rapidly developing capabilities of digital technologies we have harnessed their usability and accessibility to assist people in need. This project entails innovative ways of using digital technologies to enhance the safety and well-being of women experiencing family and domestic violence, and to empower them regarding decision making concerning their circumstances and relationships. This contrasts with extant use of digital technologies in the human services which have hitherto involved a focus upon social surveillance and intrusion rather than voluntary support and security, particularly regarding family and domestic violence⁴.

There is, overall, little empirical research regarding the impacts of the use of contemporary and emerging Information and Communication Technologies (ICT) in this area, although this is increasing. Digital technologies are being used in the delivery of e-health interventions⁵ and web-

¹Littell, J. H. (2008). Evidence-based or biased? The quality of published reviews of evidence-based practices. *Children and Youth Services Review*, 30(11), 1299-1317.

² Johnson-Reid, M. & Chiang, C. (2019). Problems in Understanding Program Efficacy in Child Welfare. In B. Lonne, D. Scott, D. Higgins & T. Herrenkohl (Eds.), *Re-visioning public health approaches for protecting children* (pp. 349-378). New York: Springer Publishers.

³ Heard, E., Mutch, A., & Fitzgerald, L. (2020). Using Applied Theater in Primary, Secondary, and Tertiary Prevention of Intimate Partner Violence: A Systematic Review. *Trauma Violence Abuse*, 21(1), 138-156. doi:10.1177/1524838017750157; Trabold, N., McMahon, J., Alsobrooks, S., Whitney, S., & Mittal, M. (2020). A Systematic Review of Intimate Partner Violence Interventions: State of the Field and Implications for Practitioners. *Trauma, Violence & Abuse*, 21(2), 311-325. doi:10.1177/1524838018767934;

⁴ Prenzler, T., & Fardell, L. (2017). Situational prevention of domestic violence: A review of security-based programs. *Aggression and Violent Behavior*, 34, 51-58. doi:http://dx.doi.org/10.1016/j.avb.2017.04.003

⁵ Tarzia, L., Murray, E., Humphreys, C., Glass, N., Taft, A., Valpied, J., & Hegarty, K. (2016). I-DECIDE: an online intervention drawing on the psychosocial readiness model for women experiencing domestic violence. *Women's Health Issues*, 26(2), 208-216.

based Safety Planning and smartphone apps.⁶ There is also emerging use of mobile technologies being used by caseworkers for generating resource referrals for clients in need.⁷

Hence, in a relatively unexplored area, this Trial Project's evaluation research is exploratory in its approach and will seek to explain how the use of the devices by these women has affected their situations and circumstances. The research will not test any particular hypothesis about the device and how it is used but, rather, will describe and analyse the impacts of the introduction of the device upon the participant women and their families.

Purpose and Aims

The purpose of this project was to improve the safety and well-being of women experiencing family and domestic violence. This Trial sought to improve safety by facilitating closer connection with their personal Safety Network members. This project aimed to realign support interventions for women and families by increasing their access to, and utilisation of, portable digital technologies that connect them to their chosen critical sources of social support and safety assistance. The project enabled participants to have increased control over their lives by linking them to an assured communication system that provided security and help when they needed it.

It was beyond the scope of this project to collect health and other data sourced from third parties to assess whether or not participants' safety and well-being were improved from those perspectives. Nonetheless, it was valid to examine participant's own perceptions and assessments of their situations, and to supplement this with viewpoints sourced from the Act for Kids staff who worked with them.

The project also sought to assess the intended and unintended impacts of the device upon participants. People use technologies in a variety of ways, and find new ways to improve their

⁶ Bagwell-Gray, M. E., Loerzel, E., Dana Sacco, G., Messing, J., Glass, N., Sabri, B., . . . Campbell, J. (2020). From Myplan to Ourcircle: Adapting a web-based safety planning intervention for native American women exposed to intimate partner violence. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice*. doi:<http://dx.doi.org/10.1080/15313204.2020.1770651>; Brignone, L., & Edleson, J. L. (2019). The Dating and Domestic Violence App Rubric: Synthesizing Clinical Best Practices and Digital Health App Standards for Relationship Violence Prevention Smartphone Apps. *International Journal of Human - Computer Interaction*, 35(19), 1859-1869. doi:<http://dx.doi.org/10.1080/10447318.2019.1574100>

⁷ Dellor, E., Lovato-Hermann, K., Wolf, J. P., Curry, S. R., & Freisthler, B. (2015). Introducing Technology in Child Welfare Referrals: A Case Study. *Journal of Technology in Human Services*, 33(4), 330-344. <http://search.proquest.com.ezproxy.une.edu.au/docview/1835000761?accountid=17227>; Weiner, D., Navalkha, C., Abramsohn, E., DePumpo, M., Paradise, K., Stiehl, M., & Lindau, S. T. (2019). Mobile resource referral technology for preventive child welfare services: Implementation and feasibility. *Children and Youth Services Review*, 107, 1. doi:<http://dx.doi.org/10.1016/j.childyouth.2019.104499>

situation and this project aimed to determine the range of uses that participants, including the women and their families, and the Act for Kids staff, found for the digital device and its associated Safety Planning.

Research Questions

There were six primary questions that drove the evaluation research into the project, namely:

- 1. How did the device affect participants' perceptions of their personal safety and well-being?**
- 2. What were the device's impacts upon participants' overall situation and circumstances?**
- 3. In which ways did participants use the device?**
- 4. What were the challenges and barriers that arose for participants in using the device?**
- 5. What were Act for Kids staff' perceptions of the intended and unintended impacts of the device upon these women participants and their family's safety and well-being?**
- 6. What were Act for Kids staff' perceptions of the intended and unintended impacts of the device upon their own work with these women participants and their families?**

There were also secondary sub-questions asked within each of the primary research questions. These helped to provide nuanced information about the impacts of the device for participants and their families. Demographic and descriptive questions were also asked, and these data were collected concerning the sample and rollout, in order to provide information about the similarities and differences concerning the participants and their situations and circumstances.

Study Design and Methods

This exploratory and explanatory research used a before and after design for the collection of data so that stronger conclusions could be made concerning the impacts and outcomes of the use of the device by participants. Because of its design the study was also grounded research. "*Grounded theory sets out to discover or construct theory from data, systematically obtained and analysed using comparative analysis. While grounded theory is inherently flexible, it is a complex methodology*"⁸. Essentially, it involves analysis and theory construction in an iterative process whereby coding is used to connect characteristics of the data, interpret their meaning in contextually appropriate ways, and then theorise in ways which enable sense making of the

⁸ Tie, Y., Birks, M. & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *Sage Open Medicine*, 7, Published online 2019 Jan 2. doi: [10.1177/2050312118822927](https://doi.org/10.1177/2050312118822927)

complexities. It uses the information collected from participants in this project to draw conclusions that explain and interpret their meaning.

The evaluation research employed mixed methods, including:

- Collection of digital data from the devices concerning contacts with participants' Safety Network members;
- Conducting before and after qualitative telephone interviews with women participants, including collecting quantitative data on particular Likert-scale question responses;
- Conducting qualitative telephone interviews with participant Act for Kids service providers including collecting quantitative data on particular Likert-scale question responses; and
- Conducting a focus group with participant Act for Kids service providers.

Hence, data were collected from three key sources: the device's digital footprint; the women participants and Act for Kids staff involved in the role out of the devices. In this way we attempted to triangulate the results and examined the extent to which collected study data matched or differed with other collected data.

The primary method used was qualitative telephone interviews with consenting participants. The telephone interviews were scheduled for 20-30 minutes and were conducted by one of the research team, transcribed and analysed. The initial interviews were scheduled to be held during a short period after the women participants received their device (to allow for any crisis at the time of referral to be resolved) and once again, at the 6-month point of their use of it. However, during the course of the Trial it became apparent that greater flexibility was required to be responsive to:

- The onset of the COVID19 pandemic and its effects upon the community social and economic behaviours;
- The community impacts resulting from the murder of Hannah Clarke and her children by her former partner;
- Women participants' diverse and sometimes changing circumstances; and
- To also facilitate recruitment of sufficient women for the evaluation process.

During these voluntary participant interviews an interview schedule was used (see Appendix 1) which included questions regarding the following areas;

- Participants' and their family's background and current circumstances;
- The nature of any family and domestic violence and its impacts;
- Participants' experiences and their safety and well-being outcomes in using the device;

- Participants' family member experiences and their safety and well-being outcomes in using the device;
- Any challenges or barriers encountered in using the device; and
- Women participants were also asked ten Likert-scale questions concerning their levels of agreement with statements about their own and their family's safety and well-being, and their experiences of participating in the project, including their Safety Plan.

Act for Kids staff who volunteered to participate in the evaluation research were also interviewed by telephone by one of the research team and this also generally took 20-30 minutes. An interview schedule was used (see Appendix 2). They were asked questions about:

- Their perceptions and viewpoints about the utility of the device for women who had experienced family and domestic violence and their families, particularly their safety and well-being;
- The factors they used in deciding to suggest to a woman that she consider using the device;
- Any challenges or issues they identified with the device either for the women participants, their families or themselves;
- Their overall perceptions of the project and its outcomes; and
- They were also asked ten Likert-scale questions concerning their levels of agreement with statements about their perceptions of the impacts upon the women's and their family's safety and well-being, and associated issues.

Sampling

The approach to participant recruitment and sampling taken in this project was one of convenience. This was primarily due to the constraints contained in the project which had to be rolled out and completed within a 12-month period. Moreover, only one organisation, Act for Kids, partnered in this project and it was a requirement that operationally this occur through their Gold Coast Intensive Family Support (IFS) Services. With a requirement for 100 devices to be distributed to suitable women, the project sampling strategy involved using Act for Kids staff as the primary recruiters for prospective participants.

All women receiving the device were invited to participate in this evaluative research study. It was made explicit that receiving the device was not dependent upon participating in the research. Rather, participation in the study was entirely voluntary. Women who received the device were informed that they would keep it and returning it was not required. The inclusion criteria for the

device evaluation study were that the woman with the device was an adult currently receiving services from Act for Kids IFS service and were currently or had previously experienced family and domestic violence.

A convenience sampling strategy was also employed for Act for Kids staff from their IFS service with the inclusion criteria being that they had been involved in selecting at least one client who had been experiencing family and domestic violence to be offered the device as part of their Safety Plan and intervention and that they had more than 5 years of experience in the area of working with women and families where family and domestic violence had occurred or was at risk of occurring. One Act for Kids staff member was given the responsibility for developing the internal staff processes for distributing the devices. Seven staff volunteered to participate in a telephone interview. In addition, a focus group was used for 17 Act for Kids staff in June 2020 to ascertain their assessments and viewpoints about the device and its impacts upon the women participants' and their family's safety and well-being, as well as how the device affected their own and the Act for Kids IFS program and case work with clients.

Study Ethics

Ethics oversight and approval for this project was provided by Act for Kids, a partner organisation to StandbyU Foundation in the project, because it involved their service users and staff as participants and the agency had responsibilities and obligations to ensure that their participation would cause no harm to them. During the recruitment of participants, the voluntary nature of their participation was made clear, and that following their voluntary consent they could withdraw at any time without any adverse consequences for themselves (see Appendix 3). Written consents were obtained from all women participants (see Appendix 4). In the interview approach it was decided that the emotional/psychological well-being would be monitored and should it become evident that the process was resulting in distress for the woman participant that the interviewer would offer to terminate the interview.

As outlined earlier, participation in the project did not require people to also agree to be involved in the evaluation research. To address the use of information issues, Act for Kids utilised their Client Privacy Statement (see Appendix 5) as the basis for this project and research. Accordingly, information collected from the women and staff participants has only been accessed by the primary research team and the StandbyU staff member who undertook the work with women participants on their Safety Plan and participation in the project. Hence, this report only provides non-identified data and where appropriate aggregated data sourced from participants. No personal information

about participants will be released or published, and this report does not provide any information that could be used to identify any study participants with particular viewpoints or comments.

Robust research is dependent upon gaining sufficient participation by relevant sources of information to ensure that the findings are valid and reliable and represent a true and accurate picture of the situation being examined. In this study, because the potential participants had experienced family and domestic violence it was believed that they might well be suffering trauma as a result of these experiences, and therefore it might be difficult to recruit them into a study of their situation and circumstances. To assist in the participation rates of women in both the pre- and post-interviews of this evaluation research it was decided to offer participants a \$50 (2 x \$25) shopping voucher in recognition of the time and effort they invested in their participation – This was classified as *Remuneration for time and inconvenience only* within the National Health and Medical Research's 2019 publication on payment of participants in research⁹.

Because the telephone interviews could possibly take up to 45 minutes, this remuneration was equitable and proportionate for the time and inconvenience experienced by women participants, and ethically appropriate for their involvement as it met the National Statement for ethical research¹⁰ and did not provide any undue inducement to women participants to participate for reasons other than their own voluntary agreement to assist in the evaluation of the project. It did not undermine the participant's capacity to provide voluntary and informed consent. Further, it did not compromise any cultural expectations of giving.

Participating Act for Kids staff also completed a voluntary consent form (see Appendix 6 and 7) which outlines the study and how the information they provided would be private and only be used and reported in non-identifying form for the purposes of the evaluation of the project. They were also advised that they could decline to participate without any adverse consequences for them, and they could withdraw from the study at any point.

Procedures

The StandbyU project staff member has worked collaboratively with the Act for Kids staff for a period prior to the Trial and since its commencement he sought to ensure that the project met the

⁹ National Health and Medical Research Council. (2019). *Payment of participants in research: Information for researchers, HRECs and other ethics review bodies*. Canberra: National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia.

¹⁰ National Health and Medical Research Council. (2007). *The National Statement of Ethical Conduct in Human Research (2007) - Updated 2018*. Retrieved from <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>. Also see NHMRC (2019). *Payment of participants in research: information for researchers, HRECs and other ethics review bodies*.

milestones and timelines required contractually - these were outlined in a detailed Activity Work Plan prepared for the project at its inception.

Information dissemination and communication strategies were developed to ensure that Act for Kids management and staff were fully apprised about the project aims, the device and its capabilities, and what the criteria were to be used for recruiting women participants. It was evident early on that Act for Kids management and staff were enthusiastic about the project and were highly supportive of the opportunity to use the devices to enhance women client's safety and well-being. Because they were informed and supportive, the project was able to be rolled out quickly, and momentum steadily increased from the July 2019 commencement to its conclusion in June 2020, with all 100 devices distributed to the participant women by February 2020.

All women who received a device were invited to also participate in the Trial evaluation research and undertake a brief telephone interview shortly after receiving the device, and a follow-up telephone interview around 6 months after they had received the device, or in June 2020. Overall, 43 women who received a device agreed to participate in the evaluation study and provided their contact details and consent which were collected by the StandbyU staff member, and then forwarded to the research assistant who attempted to make telephone contact with each woman to arrange a convenient day/time to undertake the interview. This resulted in a total of 27 women participants (Response Rate 27%) being contacted and participating in a telephone interview, which the research assistant transcribed and analysed with the research team.

Following this interview, the research assistant re-contacted the women participants by telephone and sought to arrange a post- interview. Many women were not able to be located in this follow-up process and just 4 women participated in the second interview (Response Rate 14.8%), which was conducted by the research assistant, transcribed, and analysed by the research team.

Procedure for Women Participant Referrals and Device Deployment

There was a standard procedure implemented for the recruitment of participants into the project evaluation study. This involved initial roles from Act for Kids staff and their consultation with the StandbyU staff member. To operationalise this procedure in a consistent manner the StandbyU staff member followed and completed the Device Workflow Plan (see Appendix 8).

Case Referral

- *Act for Kids caseworker identified domestic and family violence as a risk factor for the woman within the case;*

- *The caseworker consulted with the Specialist Domestic and Family Violence Practitioner (SDFVP) and their Practice Supervisor on the appropriateness of the referral. (Adult female at risk of or experiencing Family and Domestic Violence are eligible for a Safety Watch. Please note – StandbyU Foundation also provided Safety Watches (funded through our charity) for children and young people wherever relevant. These were not part of this Technology Trial and evaluation);*
- *SDFVP and Case Worker met with the woman to discuss the Safety Watch and demonstrate how it works / answer any questions;*
- *If the woman identified as Aboriginal, Torres Strait Islander, then Act for Kids case worker and SDFVP consulted with their Recognised Cultural Practice Leader through all stages of planning;*
- *Appropriate considerations are also taken into account for women who identified as Culturally and Linguistically Diverse as well as those who may have presented with a Disability;*
- *If the woman was agreeable, SDFVP emailed StandbyU the Case Referral Form and a meeting was scheduled to go through the Safety Planning process to identify an appropriate Safety Network;*
- *The participating woman was provided an Information Folder on the Trial, Research, Safety Watch User Guidelines, Video links, Support Contacts and Closure Procedure. (Please note that each woman kept the watch following Act for Kids case closure with StandbyU Foundation continuing to support all costs associated with this through our registered charity);*
- *Demographic data were captured; and the*
- *Consent Form for Research and Evaluation was provided to the woman to complete and return.*

Safety Planning

- *Case consultation between the case worker, Practice Supervisor, SDFVP and StandbyU to identified safety concerns, risks and needs;*
- *Initial Safety Plan was completed with the woman and her chosen Safety Network (if applicable);*
- *Act for Kids invited StandbyU representatives to attend these meetings for support only if the women provided consent;*
- *SDFVP emailed the developed Safety Plan to admin@standbyu.org.au and chris@standbyu.org.au;*
- *Safety Watch was programmed by StandbyU within 24 hours of the Safety Plan being received, or for urgent matters, within an hour;*
- *Testing was completed with the participating woman and Safety Network responders to ensure workflows were accurately received and functions for acknowledgement and escalation were understood;*
- *Woman and the Safety Network responders signed Testing Checklist Forms to confirm their understanding of the device functions;*
- *Watch was then activated and live;*

- *Safety Plans were able to be changed as required given the intervention with Act for Kids was targeted at identifying appropriate supports and increasing networks of safety for women; and*
- *Case consultations were scheduled for 3-6 monthly reviews by Act for Kids caseworker.*

Ongoing Support and Direction

- *Monthly project team meeting (Act for Kids & StandbyU Foundation);*
- *Scheduled weekly coaching and case consultations;*
- *Immediate case consults support and case reviews (urgent matters);*
- *SDFVP to advise of any changes to plan via updated Safety Plan form; and*
- *Scheduled 6 monthly case reviews.*

Case Closure

- *SDFVP to complete Advice of Case Closure Form and send to admin@standbyu.org.au; and*
- *Client advised to directly contact admin@standbyu.org.au for ongoing support with safety watch.*

Analytical Framework

As a mixed methods evaluation study assessing the impacts of the use of the device for women experiencing family and domestic violence, it was important to gauge the changes over time and, hence, a pre- and post-interview method was selected. We sought to understand how people's perceptions and use of the device had altered and developed and, if so, identify what factors might have influenced these sorts of changes.

We undertook a content analysis of the first interview material of the women participants in order to paint a picture of the 27 participants and their circumstances, including their experiences of family and domestic violence, and how their situation, and those of their families, were affected by this and their use of the device. Knowledge of this context provides a foundation upon which more nuanced understandings of how this digital technology impacted their safety, as well as their connections and relationships, and emotional and psychological well-being.

Content analysis is a quantitative assessment of how often particular factors are evident within participants' descriptions of their individual situations but analysed at a collective level. In this way commonalities as well as differences among the participant cohort are identified. Importantly, the sense making process is informed by a nuanced understanding of the contexts in which participants were operating.

Furthermore, the use of some Likert-scale questions enabled the before and after comparison around some key aspects of the project, such as participants' perceptions of their own and their family's safety and well-being. While important, quantitative methods also have limitations, and qualitative methods can provide increased detail and nuanced understandings about the lived experiences of participants, including the changes that occurred but also about how this affected them, and why it did so.

Hence, the evaluation study first undertook the content analysis followed by a statistical analysis of the Likert-scale questions and thereby produced descriptive data across the study sample, along with some associational statistics with key demographic factors of the women participants. This statistical analysis provided an initial understanding of the study data and was then supplemented by a thematic analysis of the qualitative interview data of both the women participants and Act for Kids service providers. Thematic analysis is a commonly used analytical framework and provided a lens through which the qualitative analysis results can be understood as a representation of how these women participants experienced the device.

When undertaking the thematic analysis of the interviews, we identified the key similarities and exceptions to the ways in which the use of the devices occurred. While it is important to understand common ways in which the devices were perceived and used, it is equally important in qualitative research to identify the differences that appear among participants.

The analytical framework we used to examine all the data enabled us to build iteratively our understanding of the issues at play for these women and service user participants concerning the impacts of the device upon their situations, and enabled us to gauge the relative importance of these diverse factors for the outcomes achieved. Qualitative research methods often provide rich understandings of the matter under investigation and when these are combined with quantitative methods in a study the insights provided are often multiplied by the mixed methods used.

Study Limitations

We outlined earlier that research and evaluation of family and domestic violence interventions and programs is in its infancy and has been prone to poor methodologies which affect the confidence which can be placed in the findings. Also examined were the difficulties associated with using random controlled trial designs in family and domestic violence service evaluations. In this Trial we tried to enhance the design and methods in order to be able to provide a sound basis for understanding the study results. Nonetheless, all research studies have limitations.

The implications of the convenience sampling strategy used was that there was no opportunity for ensuring that the study sample was representative of those women in Australia who have experienced or are at risk of experiencing family and domestic violence. However, according to the Australian Institute of Health and Welfare, studies show that 1 in 6 women have experienced physical or sexual violence from a current or previous partner and 47% of adults with a disability experienced violence after the age of 15.¹¹ Hence, the results derived from the mixed methods study are not able to be used as generalised predictive indicators of how all women victims of family and domestic violence might perceive and respond to using the device. Essentially, there are clear limitations to the generalisation of results to the broader population of women, or the community.

Unless there is a representative sample used in research then it is difficult and imprudent to generalise the results to a broader population. Hence, in this evaluation research, which has a small convenience sample, we make no definitive conclusions other than those which are important to evaluating the merits and impacts of using the device for these women participants and within the Act for Kids IFS service. Despite these limitations, there are conclusions and insights available from the data analysis that can apply to other women experiencing family and domestic violence.

Self-report data is also prone to limitations as people can have honest beliefs about their circumstances, yet these may be erroneous due to over statement or under-reporting. Having assessments provided by the Act for Kids service user was one way that provides another perspective that can add a valuable lens regarding use and impacts of the device. Mixed methods also provided some benefits from the previously mentioned triangulation of results.

Within these limits we have theorised how these results have justifiable implications for the continued or expanded use of the digital safety watches used in the project. The results have some relevance and utility for social policy development within the Department of Social Security's responsibilities regarding the *National Plan to Reduce Violence Against Women and their Children*.

In reporting these results, by the end of July 2020 there were 43 women who had been recruited to be participants in the project, of which 27 participated in a telephone interview. All participants recruited were clients of Act for Kids IFS services at the Gold Coast. Nonetheless, a number of the participants relocated during the trial period and now reside in various locations in Queensland, namely the Gold Coast, Brisbane, the Sunshine Coast, Central Queensland and Cairns. We collected data over time in order to highlight developments in use that occurred due to ongoing learnings, however, there was a substantial drop off in participation by the 27 participant's willingness and

¹¹ Australian Institute of Health and Welfare (June 2019); *Family, Domestic and Sexual Violence in Australia – Continuing the National Story*. Commonwealth of Australia

availability to participate in the second interview, with indicating their willingness but logistical issues meaning that data was gathered from 4. It is therefore prudent to interpret the results with this in mind.

There were 24 key participants from among the Act for Kids Gold Coast, Family and Child Connect / Intensive Family Support Services staff who were experienced in the area of working with women and families where family and domestic violence had occurred or was at risk of occurring, with 7 of those participating in the interviews.

Findings

Monthly Device Data

The rollout of the devices steadily increased throughout 2019-20 and is depicted in Table 1, along with the key output data which was collected in the digital alarm system. What is evident is that the recruitment of women participants accelerated in October and continued apace through to December. The entire 100 devices were distributed by the end of February 2020. This take up rate of the device is a positive indicator of the openness and willingness of women experiencing family and domestic violence to embrace digital technologies to improve their safety and well-being. It also probably reflects a general willingness by Australians to take up 'new' technologies that can assist them¹².

It is noteworthy that during the second half of the Trial, two key events occurred within South East Queensland which caused significant impact across the domestic violence, child protection, community, social and economic sectors.

On 19 February 2020, Hannah Clarke and her children Aaliyah, Laianah and Trey were killed when her estranged husband hid in the front garden of her parents' house at Camp Hill, where the family was living, and ambushed them as she drove the children to day care and school.

4 weeks later, Australian Commonwealth and State Governments enforced restrictions as a result of COVID19, resulting in significant concerns across the domestic violence sector for the safety of women and children who are forced into social isolation, often with their offenders.

¹² For example, see ABS (2018). *Internet activity*. Retrieved from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/0/00FD2E732C939C06CA257E19000FB410?Opendocument> and ABS (2018). Household use of information technology 2016-2017. Retrieved from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/0/ACC2D18CC958BC7BCA2568A9001393AE?Opendocument>

Table 1. Wearable Safety Device Monthly Data

**13	No. of smart watch devices issued	No. of currently active devices	No. of alerts received by Monitoring Centre	No of alerts sent to Family & Friend Responders	No. of escalations to Police/ Emergency Services	No. of alerts triggered by device user
August	6	6	0	56	0	15
September	5	11	0	60	0	16
October	25	36	0	205	0	50
November	24	60	4	281	0	74
December	20	80	2	211	0	51
January	10	90	2	235	1 (MC)	47
February	10	100	8	352	1 (MC)	88
March	0	100	11	441	2 (MC / FF)	105
April	0	100	5	371	0	92
May	0	100	7	394	0	98
June	0	100	9	454	0	110
Total	100	100	48	3060	4	746

¹³ **No. of currently active devices** - Total number of devices active on the platform still in use on a regular basis (seen less than 1 month ago); **No. of alerts received by monitoring centre** – Calls that have been received by the Monitoring Centre as part of the designed Safety Plan; **No. of escalations to Police/ Emergency Services** – Calls that have been responded to by FF who have then joined in emergency services via in-call escalation to assist in the safety response; **No. of alerts triggered** – Number of activated alerts by the watch users; **No of alerts sent to FF Responders** -Total number of unique calls and SMS messages sent to safety responders **MC** – Monitoring Centre; **FF** – Family and Friends

In order to understand the usage of the device alerts we have charted these alongside the progressive rollout (see Figure 4) and what is clear is that these women used the alert system to their Safety Network members increasingly over the Trial period with a total exceeding 3000 alerts, and 746 alerts triggered, yet only 4 of these were subsequently escalated by responders to bring in police or emergency services into the call. While the numbers of devices in use reached 100 in February, the alerts reached trend highs in the following month and then maintained a plateau of usage over the last four months of the trial period.

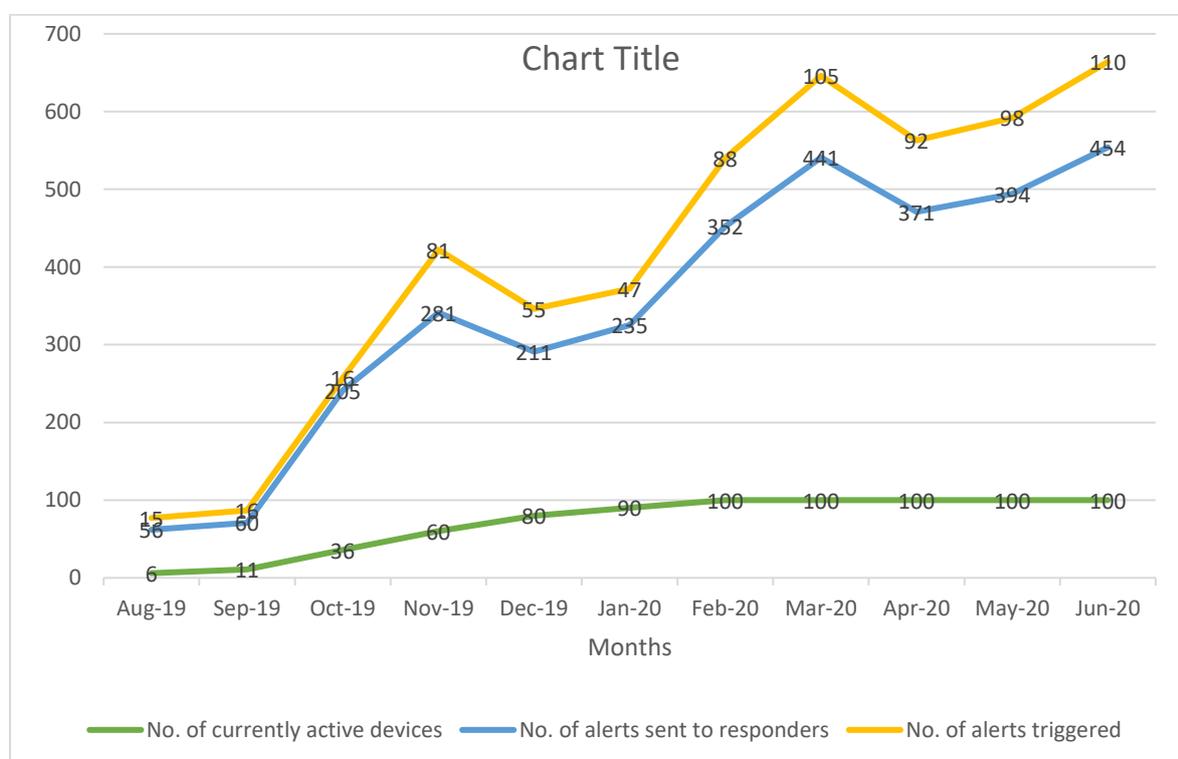


Figure 4. Devices in Use, Alerts to Responders and Alerts Triggered Over the Trial Period

Each alert sent goes to all the Safety Network members which averaged approximately 4.2 members (see Table 2). As will be seen with the other study data collected, these figures should be interpreted with the following in mind:

- The study participants experienced significant family and domestic violence, and many had an ongoing significant level of assessed risk of further violence occurring;
- Women preferred to utilise their accessible family and friends for alert responses and ongoing support; and

- Women generally trusted their Safety Network members to respond in timely and practical ways, and they were found to be a reliable protective intervention to ensure safety.
- Women were considerate and selective with who they chose to include as responders, with the option to nominate those who would receive live audio through a phone call and others who may only receive an SMS/email alert notification which provided an alert message and a GPS location link with the user's location .
- Women participants spoke of not wanting to burden certain family members or friends with calls but were happy for them to be aware that an alert had been triggered that could allow them to provide follow up support.
- Proximity to their location and ability to get to them in a timely manner was a factor in determining who would be responders.
- Many women also nominated Act for Kids staff to be non-call responders so they could follow up with them if any alerts had been received. Any alerts would activate a review of the Safety Plan and its efficacy, with changes made with the Safety Network if necessary.
- The number of alerts triggered represents the number of times women activated an alert on their device.
- The number of alerts sent to the responders captures all outgoing calls and SMS notifications sent from the StandbyU Alert Management System to all Safety Network responders.

The number of 'False Alarms' has not been captured, as the project team took the view that the definition surrounding this term often serves to categorise women participants as a nuisance who do not require an emergency response, and therefore, were discouraged by the concept to activate an alert sooner rather than later. As experts who understand patterns of violent behaviours, StandbyU and Act for Kids staff took the view that women participants needed the authority, encouragement and approval to activate an alert as soon as they became worried, rather than wait for a crisis to unfold.

This framework was a key part of the conversation and Safety Planning with women and their responder network (including the Monitoring Centre). Actions taken at an antecedent level have a direct effect on the behaviour of those in that context, and therefore, the resulting consequences. Utilising the Antecedent Behaviour Consequence (ABC) Model, women were encouraged, supported and coached to identify the signs of feeling unsafe (heart racing, increased anxiety) and without question or hesitation, activate an alert to their chosen network of safety and support, who

could change their context in a safe and timely manner with the goal to minimise harmful consequences to all involved.

As an example, some participant women stated during their interview that they triggered the alert during handover of children with ex-partners as this was a time of high anxiety and conflict. By having their Safety Network listening in, the women participants stated they felt safer because their responders were able to listen and could react in a timely manner if matters escalated. This proactive planning clarified roles, responsibilities and expectations which reduced anxiety for women, the children and their Safety Network.

Monthly Safety Plan Data

Central to the safety of the women in this project was the collaborative development of their personal Safety Plan, including their identification of their Safety Network members who were then provided directions and guidance about the system alert process and what their roles and involvement would be. Table 2 shows the data concerning this. Every woman receiving a device had a Safety Plan and with amended plans the total Safety Plans developed was 148, and 21 (14.2%) included the monitoring centre as a part of their plan. Their Safety Network typically consisted of two or three family members and friends, mostly the former. These were people that the women trusted to share personal information with and enlist their help.

Table 2. Safety Plan Monthly Data

	<i>Safety Plans developed for new women clients/ Amended Plans (x)</i>	<i>Safety Plans that included the monitoring centre</i>	<i>Average no. of people per informal Safety Network</i>	<i>Typical relationship of informal Safety Network to women ¹⁴</i>	<i>Age range of the women</i>	<i>Women from A&TSI backgrounds who received a device</i>	<i>Women from culturally and linguistically diverse backgrounds who received a device</i>	<i>Women with disability who received a device</i>
August	6	3	2/3	FF	19-35	0	0	0
September	5 (3)	3	3	FF	20-30	1	1	0
October	25	3	2	FF	18-65	5	2	4

¹⁴ FF – Family and Friends

November	24 (+6)	7	3	FF	19 – 50	8	0	2
December	20	10	2	FF	21 - 45	0	0	0
January	10 (4)	2	5	FF	27 - 52	1	2	1
February	10 (6)	3	5	FF	21 - 72	3	0	2
March	0 (8)	-3	5	FF	18-72	0	0	0
April	0 (6)	-4	5	FF	18-72	0	0	0
May	0 (10)	-2	5	FF	18-72	0	0	0
June	0 (5)	-1	5	FF	18-72	0	0	0
Total	148	21	4.2	FF	18-72	18	5	9

The table includes amended plans throughout the Trial as case workers identified networks of safety and support with women and their families. As these networks grew, the need for the Monitoring Centre solutions was reduced. Women with a disability was inclusive of those women identified as having an Intellectual Impairment or Acquired Brain Injury.

Women Participant Demographics

The data indicated that there was diversity among the demographics of the women who agreed to use a device with 18 (18.0%) identifying as being Indigenous Australians, 5 (5.0%) identifying as being from a culturally and linguistically diverse background, and 9 (9.0%) identifying as having a disability. There was a preference by women who received a device to have family and friends as key members of their informal Safety Network and there were few Safety Plans that included the monitoring centre as part of their Safety Network.

Women participants age range was from 18 -72.

National Disability and Insurance Scheme (NDIS) Participants

Of the 9 women participants who were identified as having a disability, 5 of these had a known NDIS support package in place. Data from Act for Kids identified that 90% of the women engaged with their service for support (inclusive of those participants in the Trial) reported themselves as “not coping” with their children due to disability /behavioural /mental health concerns.

It was noted by Act for Kids staff that these women, children and families required additional and significant support in accessing or planning their NDIS applications for funding as part of their documented case plan. The vast majority of these cases identified clients were:

- Under the process of being assessed for NDIA support;
- Were diagnosed but not receiving funding, or;
- Had an NDIS package that was not being utilised to its best extent.

Furthermore, Act for Kids staff noted restrictions caused by COVID caused a huge interruption to service provision for families accessing Psychologists, Occupational Therapists and Speech Pathologist support.

The NDIS Data for the Act for Kids Trail site during the period 1/5/2019 – 1/5/2020 was quite high with regards to children aged under 18 years (see Table 3).

Table 3. Referrals Made to Intensive Family Support, Gold Coast for Children (0-17) *

Physical health/Disability	Mental Health
367	465

* Some individual children may be included in both

Findings from the Interviews

The outcome data reported here is drawn from the initial and final telephone interviews conducted with women participants to the evaluation research and Act for Kids staff who agreed to be interviewed. The interviews were conducted and then transcribed and analysed. The post-interviews were conducted to examine how participants in the evaluation research assessed the impacts of the devices upon the safety and well-being of the women and their families after a reasonable length of time using it. It was thought to be quite possible that participants may change their views about the device, perhaps becoming stronger or weaker in their initial conclusions, or

altering them entirely. The value in pre- and post-interviews is that the data enable stronger conclusions about the impacts over time. This is of benefit in an evaluation because with the use of technology people tend to become more comfortable and proficient with using it over time. They also become more aware of its limitations and the issues that can arise.

Nevertheless, the initial interviews provided some insights into the participant's perceptions about the device and its impacts upon them from a perspective where they were confronted by a situation where they were experiencing or at risk of experiencing family and domestic violence and that this had required them to seek assistance from Act for Kids. Their situations and circumstances were ones that had a material negative impact upon their safety and well-being. Hence, they were willing to engage with the project and wear a device that had potential benefits for them and their families.

Initial Interviews with Women

Content Analysis

From a total of 27 women participated in the pre-trial telephone interviews, a content analysis was undertaken to better understand these women and their circumstances. There was a 'normal curve' of the distribution of their ages (Figure 5), with 1/3rd being aged 41-50 years old.

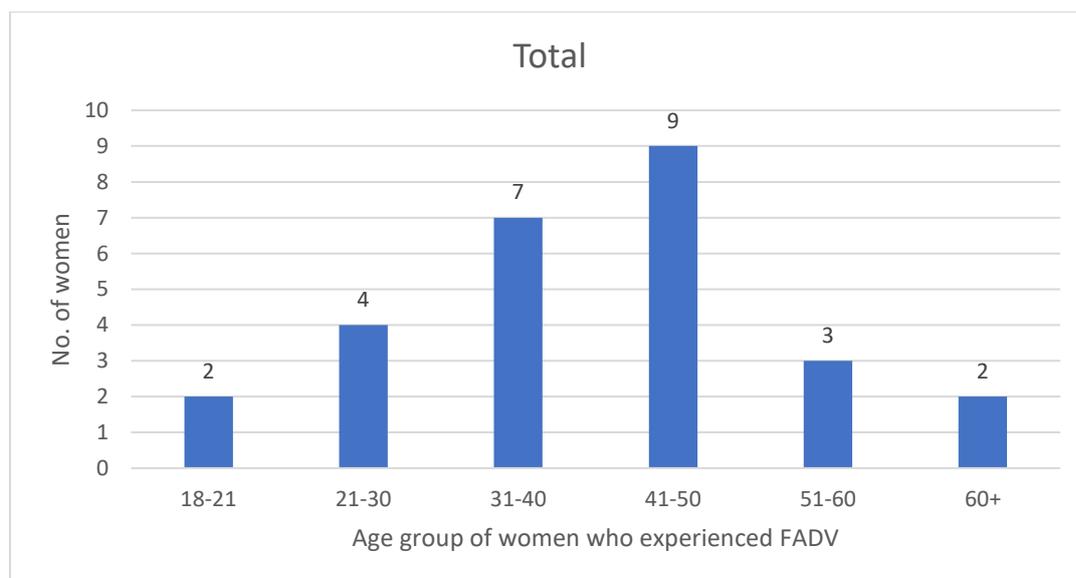


Figure 5. Age Distribution of Women Participants

Many of these women had dependent children in their household, and 42/66 of these children and young people were aged 15 years of age or lower (see Figure 6). Of these dependents, 17 (26%) were identified as having also experienced physical/emotional/psychological/sexual violence by the actions of the person responsible for the violence against the woman participant, two of whom had involvement by the Child Safety department.

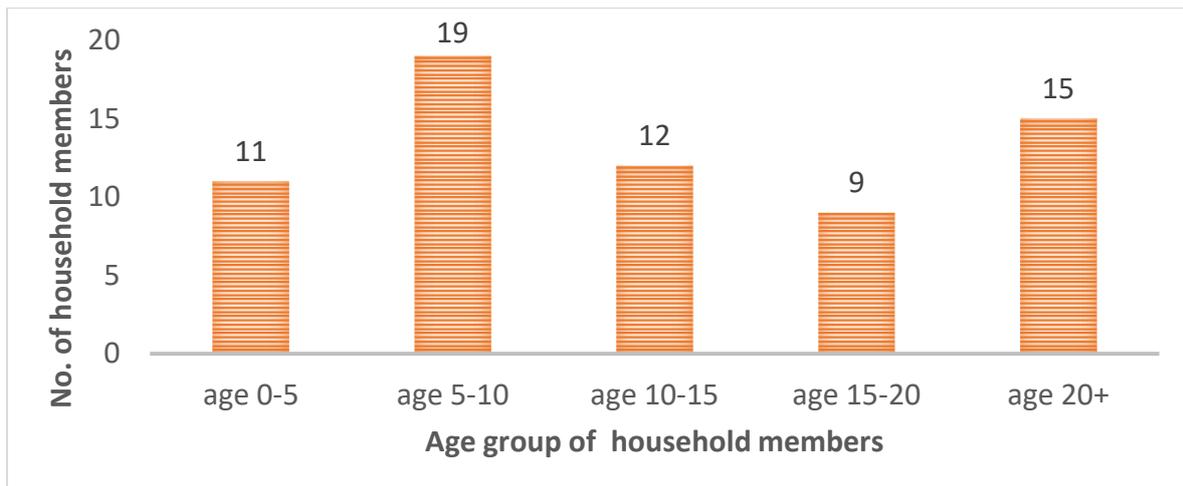


Figure 6. Age distribution of Children in Participant's Family

Most participants were from an Australian background, and three people identified as Indigenous Australians (see Figure 7).

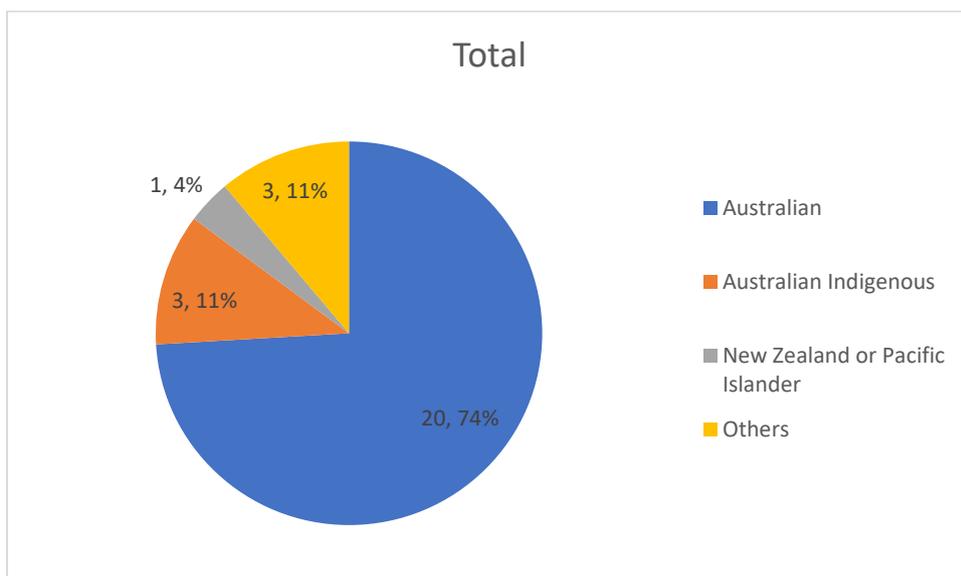


Figure 7. Cultural Background of Participant Women

What was clearly apparent was that they had experienced significant levels of very serious family and domestic violence, primarily from the actions of a former intimate partner (see Figure 8).

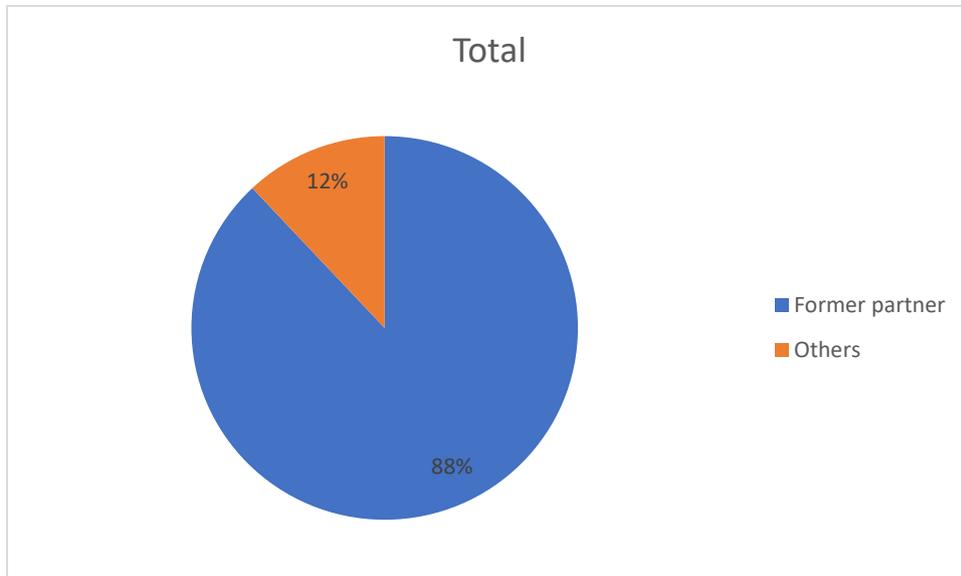


Figure 8. Person Responsible for Family and Domestic Violence for the Participant Women

Of the 27 women participants 24 identified that they had experienced psychological/emotional violence, 19 had experienced physical violence, and 4 had experienced sexual violence. A clear majority of the women had experienced longstanding violence, with nearly 2/3rds having been harmed for 5 years or longer, albeit with many not stating precisely how long they had experienced this sort of violence (See Figure 9).

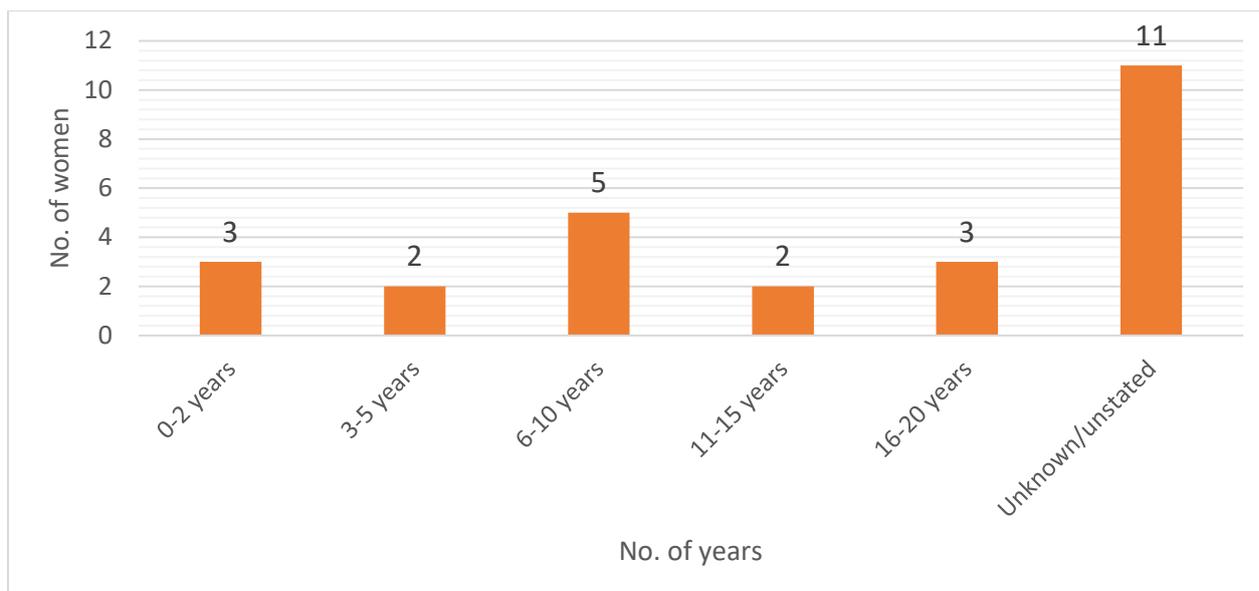


Figure 9. Length of Family and Domestic Violence Experiences

The qualitative data concerning these women participants’ experiences chronicles the extent that they collectively and individually experienced high levels of serious violence. For most, the need for them to separate and remain isolated from their partners was manifest. The participants identified a range of impacts upon them from this ongoing violence (see Table 4), including significant impacts upon their physical and mental health. In the former this involved hospital admissions and other medical assessments and interventions to address injuries received, and then ongoing medical assistance. Of interest was that none of the participant women stated that they had misused alcohol or drugs to cope with their situations. The qualitative data to follow evidenced the experiences of egregious violence in multiple forms that the participant women shared.

Table 4. Impacts of Family and Domestic Violence Upon Participant Women

Impacts of FADV	Number of women
Physical health	8
Suicidal thoughts/ideation	2
Injuries	8
Alcohol and drug misuse	0
Anxiety	18
Depression	5
PTSD	3
Other mental health	4
	Psycho epileptic fits=1
	Trust issues=1
	Post Natal depression=2

Using the interview material, the research team assessed the level of risk for ongoing immediate threat to these women participants' safety using three-tiered schemata that highlighted the serious nature of their circumstances and why their safety and well-being were in jeopardy (see Figure 10). Only one quarter of these women's situations were assessed as being low risk.

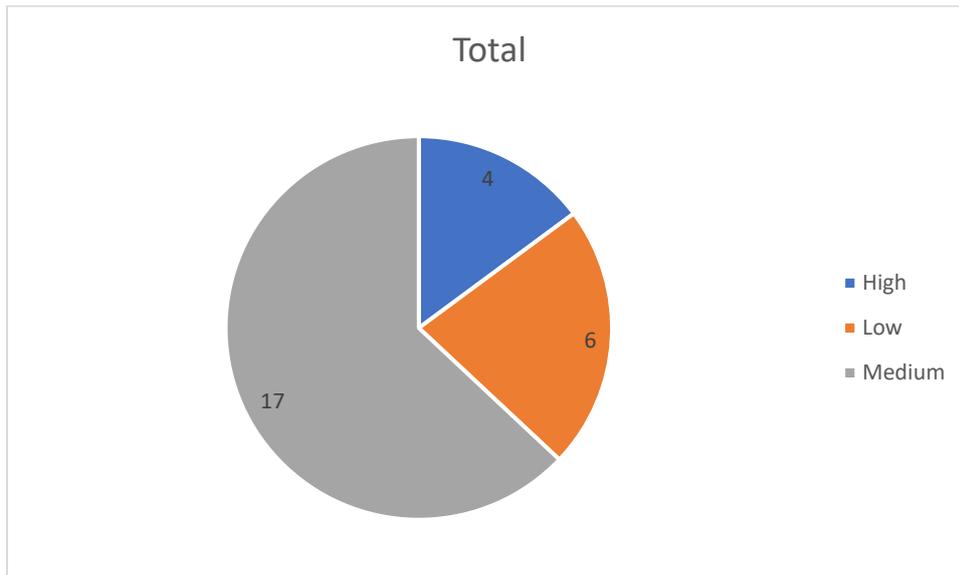


Figure 10. Level of Risk of Ongoing Immediate Threat of FADV from Person Responsible

Moreover, the women participants reported that:

- Police involvement as a result of FADV occurred for 16 of them;
- Three of the violence offenders had served jail time in custody as a result of their assaults upon the women participants;
- There was a DVO or other legal order for person responsible for 15 of them;
- Seven women reported previous difficulties in getting police assistance;
- Four women reported previous difficulties in getting satisfactory social support;

Given these experiences, the importance of choosing suitable people to be involved in the Safety Network is evident. The women participants interviewed on average selected 3 sources compared to 4.2 for the total group of women provided with the device (See Figure 11). There was a strong preference for family and friends rather than informal sources, primarily parents (14), Friends (7) and Siblings (6). The qualitative interviews revealed that these women made very suitable selections

in accordance with their diverse circumstances and that their Safety Networks were seen as responsive and dependable.

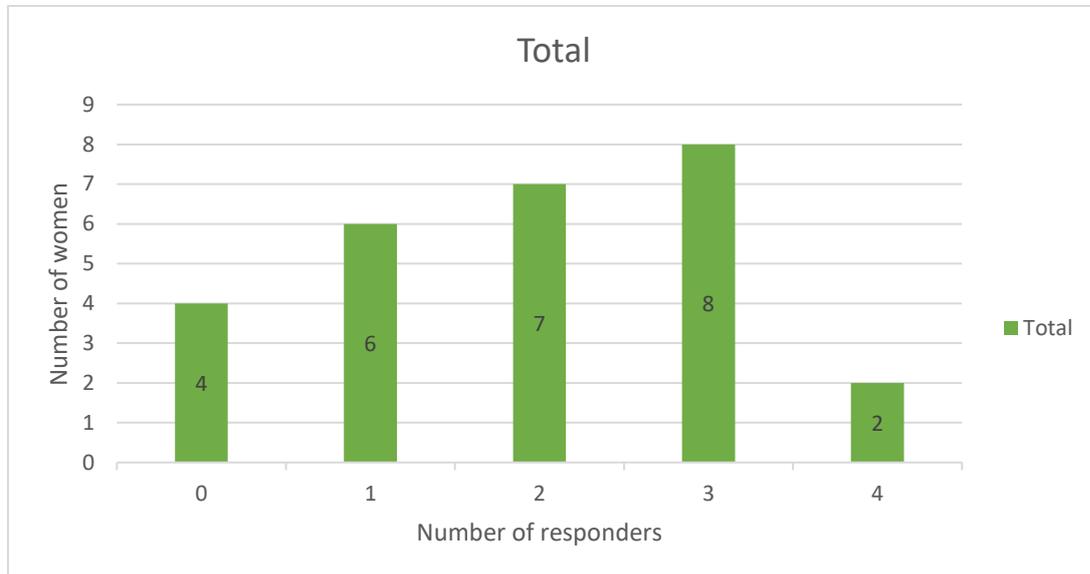


Figure 11. Number of People in Participant Women's Safety Networks

As part of the content analysis we undertook bi-variate analysis of the factors in order to identify any relevant statistical associations. While there were just the 27 women participants, this was sufficient for the low-level analysis techniques utilised. Reported below are the statistically significant associations identified through Spearman's Rank Order and Chi Square measures.

Length of time of experience of FADV and the Likert items

Each of these results demonstrates a small (S) to moderate (M) correlation between the factors.

1. Upon completing the device Safety Plan, I felt completely reassured that help and support would be available when needed. $R=0.547$, $R^2 = .30$ M, $pvalue=0.035$ (significant)
2. Wearing a device with the Safety Plan programmed into it has significantly improved the timeliness of the safety response. $R=0.496$, $R^2 = .025$ S, $pvalue=0.060$ (significant)
3. Wearing a device with the Safety Plan programmed into it has significantly improved my safety. $R=0.610$, $R^2 = .37$, $pvalue=0.016$ (significant)

4. Wearing a device with the Safety Plan programmed into it has significantly improved my sense of well-being. $R=0.615$, $R^2 = .37$ M, $pvalue=0.015$ (significant)
5. Wearing a device with the Safety Plan programmed into it has significantly improved the family's well-being. $R=0.681$, $R^2 = .46$ M, $pvalue=0.005$ (significant)
6. Having a device with the Safety Plan programmed into it has significantly increased my Safety Network. $R=0.522$, $R^2 = .27$ S, $pvalue=0.046$
7. Having a device with the Safety Plan programmed into it has significantly increased my engagement in Safety Planning. $R=0.615$, $R^2 = .37$ M, $pvalue=0.015$ (significant)
8. Having a device with the Safety Plan programmed into it has significantly increased the family's engagement in Safety Planning. $R=0.640$, $R^2 = .41$ M, $pvalue=0.010$ (significant)

Taken overall, these associations indicate a relationship existed between the length of time a woman experienced family and domestic violence and them rating higher on their perceptions of the benefits of the Safety Planning and the impacts of the device upon their safety and well-being and that of their family members.

There was also a small statistical association between women's engagement in their Safety Planning and them rating their safety and well-being highly ($R=0.506$, $R^2 = .25$ S, $pvalue=0.007$).

There was also a small statistical association found between women's age and their rating that upon completing their device Safety Plan they were completely re-assured that help and support would be available ($R=0.387$, $R^2 = .15$ S, $pvalue=0.046$). Similarly, there was a small statistical association between women's age and their rating that wearing a device with the Safety Plan programmed into it had significantly improved their safety ($R=0.408$, $R^2 = .17$ S, $pvalue=0.038$).

Understandably, there was a statistical association between a DVO or other legal order for the person responsible for the violence and the level of assessed risk of an ongoing immediate threat of FADV from the person responsible ($\chi^2=6.949$, $pvalue=0.031$).

Outcome Data

The outcome data reported here is drawn from the initial and final telephone interviews conducted with women participants to the evaluation research and Act for Kids staff who agreed to be interviewed. The interviews were conducted and then transcribed and analysed. The post-interviews were conducted to examine how participants in the evaluation research assessed the

impacts of the devices upon the safety and well-being of the women and their families after a reasonable length of time using it. It was thought to be quite possible that participants may change their views about the device, perhaps becoming stronger or weaker in their initial conclusions, or altering them entirely. The value in pre- and post-interviews is that the data enable stronger conclusions about the impacts over time. This is of benefit in an evaluation because with the use of technology people tend to become more comfortable and proficient with using it over time. They also become more aware of its limitations and the issues that can arise.

Nevertheless, the initial interviews provided some insights into the participant’s perceptions about the device and its impacts upon them from a perspective where they were confronted by a situation where they were experiencing or at risk of experiencing family and domestic violence and that this had required them to seek assistance from Act for Kids. Their situations and circumstances were ones that had a material negative impact upon their safety and well-being. Hence, they were willing to engage with the project and wear a device that had potential benefits for them and their families.

Women Participants - Likert-scale Questions

In response to these questions, we were able to examine the results for the 27 interview participants who had completed the interview and quantitative questions. They made the following responses to the 10 questions using scaled answers. However, taken overall, these numbers were too low to provide any reliable statistical analysis of the questions other than descriptive data and some relatively low-level associational measures. Thereby the data provided a general indication that was positive toward the Safety Plan and device, and their usability, and their perceptions of their own and their family’s safety and well-being.

Likert Scale Questions – Circle your response concerning your level of agreement with the statement.

1. The Safety Watch device Safety Plan was very easy to complete.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
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Number of Responses	0	0	1	9	17
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2. Upon completing the device Safety Plan, I felt completely reassured that help and support would be available when needed.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	2	6	19

3. Wearing a device with the Safety Plan programmed into it has significantly improved the timeliness of the safety response.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	3	7	17

4. Wearing a device with the Safety Plan programmed into it has significantly improved my safety.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	2	9	16

5. Wearing a device with the Safety Plan programmed into it has significantly improved my sense of well-being.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	8	19

6. Wearing a device with the Safety Plan programmed into it has significantly improved the family's well-being.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	9	18

7. Having a device with the Safety Plan programmed into it has significantly increased my Safety Network.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	12	15

8. Having a device with the Safety Plan programmed into it has significantly increased my engagement in Safety Planning.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	12	15

9. Having a device with the Safety Plan programmed into it has significantly increased the family’s engagement in Safety Planning.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	11	15

10. Overall, I would recommend the use of this device for other women (vulnerable to violence and/or experiencing violence).

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	1	26

Taken overall, the positive nature of these 27 participant women to the project and its impacts can be perceived clearly below (see Figure 12). An overwhelming majority of the women (96.3%) strongly agreed that they would recommend the device be used by other women who are vulnerable or experiencing violence. In addition, 70.4% of women strongly agreed, and a further 22.2% agreed, that the device had reassured them that help and support would be available when needed. Furthermore, 59.3% of these women strongly agreed, and 33.3% agreed, that the use of the device had improved the timeliness of the safety response and their safety. Similarly, 63.0% strongly agreed, and 25.9% agreed, that it has significantly improved their sense of well-being. Women also shared that they strongly agreed (66.7%) or agreed (33.3%) that the device had improved their family’s well-being. Importantly, a clear majority (63%) strongly agreed and a further 33.0% agreed that the device Safety Plan was very easy to complete.

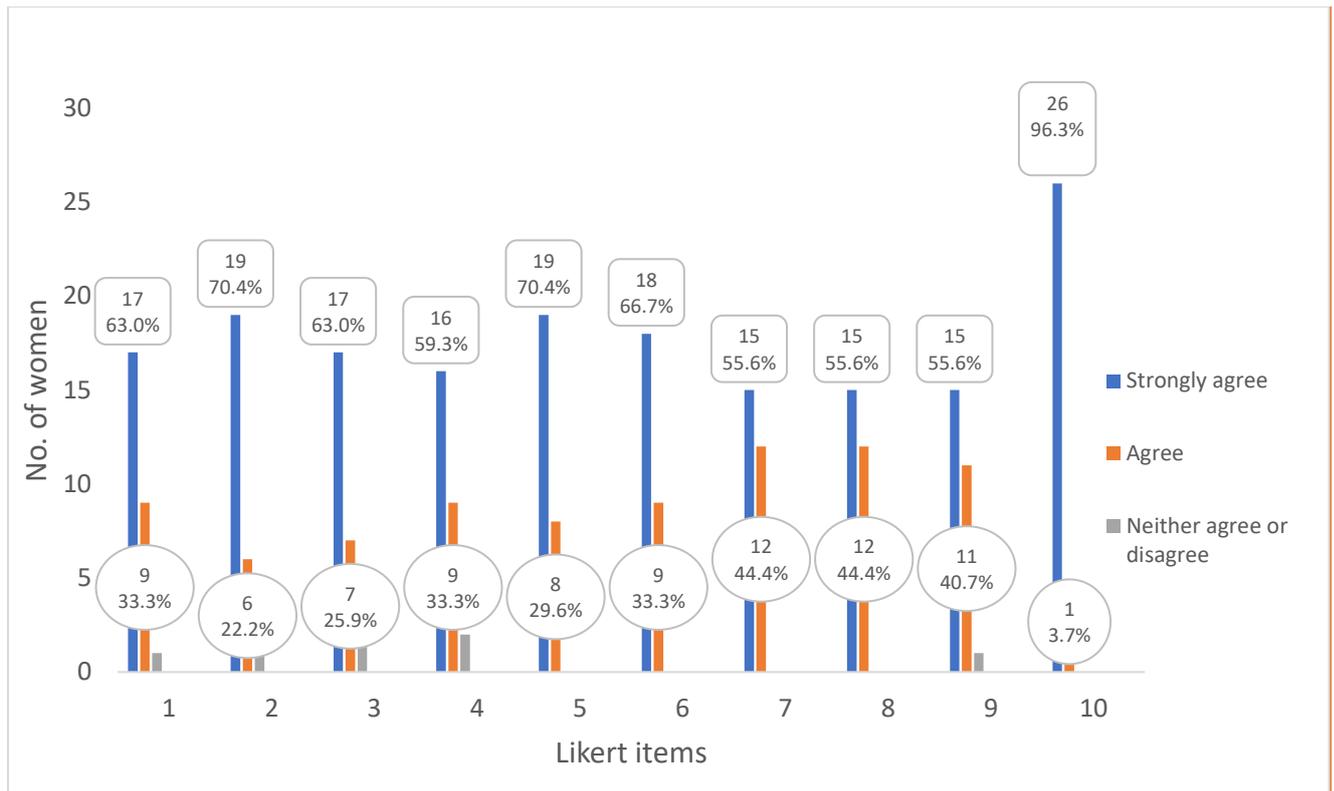


Figure 12. Women Participants' Responses to the Ten Likert-Scale Questions

Taken overall, what is evident in examining the answers to the scaled-response questions is that the device and associated Safety Planning process were seen highly positively by the women participants. There were no negative responses recorded.

Identified Themes from the Initial Interviews

The evaluation focused upon the women participant's experiences of the device, particularly their safety and well-being, and the ways in which they were using it, as well as any issues they faced. They were also asked about their reasons for agreeing to be part of the project and wear a safety watch.

Experiences of Family and Domestic Violence

As part of the first interview with the participant women, they were asked to describe their experiences of family and domestic violence. In analysing the interview responses from the 27 participants it is evident that while a diversity of experiences was apparent, there were many who recalled how serious violence was committed against them over a prolonged period, and this resulted in them having to leave the relationship and residence for their own safety and well-being.

The quotes outlined below provide some glimpses and insights to their individual and collective experiences but in other regards these are only able to illuminate some snapshots of the fear and terror that these women felt when dealing with these egregious assaults.

We grouped their experiences around the typology of emotional/psychological abuses, physical abuse and sexual assaults. It was the case that many of these women's experiences involved a combination of these abuses. We have also distinguished those women who experienced violence from their children, rather than their former partners.

Emotional/Psychological Abuse

This sort of violence comes in many forms and these women experienced a range of actions by the men responsible. For example, participant 2 said:

Every single day there was lots of gas lightings, lots of manipulation, psychological violence in the sense of not only putting us down, acting in aggressive ways, but also making us believe that it was our fault. If we didn't clean the dishes faster, he would yell and get aggressive, hit or throw plates, turn around and shout at us saying we are the one making him act like this, like an ogre by doing these, 'you're making me act this way'. So there were lots of psychological violence when the physical was not present. It happened everything, something every single day and no break from it.

Participant 3 spoke of the emotional wrestle she experienced:

... it is just little things like, umm, how they want the things in certain way, and so they might get bit upset, you might challenge, 'does it matter?' It really upsets them. I stayed quiet and having it his way was a little easier, and having children together sort of keeps you there as well for a bit. And my main motivation to get out of there was the fact that I didn't want my sons to manage their emotional well-being the same as their dad.

Participant 6 recalled the following exchanges:

And then once we got married things started to deteriorate and his behaviours seem to be more controlling and, umm, and intimidating, and making me feel very scared and insecure. And, umm, he would also make threats if I tell anyone, he could lose his job and I would lose mine He wasn't physical, but the psychological thing, and he didn't like my family or friends, so probably I saw less of them. Umm yeah, he just put me down, called me names. If we were around people, he would look at me in certain ways and accuse me of, umm, flirting. It would go through waves, like better, and go ... like a cycle, pretty often.

Participant 12 described the control element she experienced:

In the past he has been violent to me using abusive language, put me down in front of the children and, umm, cultural control, like emotional control.

Participant 18 had a similar experience with her former spouse:

He is bit of control freak. Just we may not be together anymore but his control still goes on. Just having to deal with him, umm, it gives me lots of anxiety and its basically when we were together his version of abuse was more of emotional and verbal abuse ...

Control in many areas was experienced by participant 19 and she described the following:

It was psychological, emotional, social isolation, financial control and he also had a gambling addiction coupled with a financial control, so, yeah.

Participant 25 experienced ongoing control thus:

... mostly verbal abuse and controlling, and there were lot of drug issues. He was involved in selling a lot of drugs and consuming lot of drugs. There was a lot of issues in contention of our relationship ... He had been messaging me all day, I got 38 text messages in a row and then he come down to the house, and become abusive and smashed and broke things, took away my phone.

Physical Abuse

Physical violence often accompanied the emotional/psychological abuse and was sometimes extreme and life threatening, besides terrifying. Participant 9 shared the following:

The perpetrator is in prison and is about to be released, yeah. He is not the father of my kids but he is somebody I was just seeing a month or so and he became quite violent and yeah, it was almost like an attempted murder so he has been in prison for the last two years. It wasn't so long our relationship; he was quite violent, and he escalated very quickly. I met him. We met online and I met him in January 2017. I noticed his behaviours pretty much in few weeks. He wouldn't go away. He was almost like he would come over and he didn't want to leave. He was quite aggressive, and he would ring me about, I think when the police when we had the hearing it was 450 times, he called me yeah ... I think around February he took my car keys and followed me to the shops and I sort of got upset and put DVO against him and then he wouldn't just leave me alone.

And then in March he came to my house and, umm, yeah, threatened to kill me ... I experienced both physical and psychological violence. During the last saga before he was incarcerated, he returned to my house and my children weren't there, thank god. He said to me 'I am going to kill you tonight' and luckily, I got to my home phone as he took my mobile phone. I flagged the police, I couldn't talk. He broke my couch and punched me on my face. He tried to break my neck. He strangled me. He tried to set me a light, hmm, yeah. Before that he was physical but not to that extent, so I didn't do much about it until this incident. He wouldn't leave me alone, so the only option was to keep him in prison, or I don't think I would be around today or whatever, as he would not just go away. Crazy. He would be calling me all those crazy names, change my mind set about who I am, and what I was, trying to make me think that I am at fault. He also threatened to rape me or get someone to rape my children, yeah. He is been in prison because of me, and so he will be very angry, and that is probably my biggest concern.

Participant 14 described her violent situation that was also very traumatic:

My son's father, I went through domestic violence with him, still I am. So we are not together anymore, but he is still very abusive and controlling. So we got four court orders where he can't approach us but he still tries to. We separated five years ago. He still is very violent. We had to move home twice. He found out where we live and harasses us and so I am a bit uncomfortable where we are now at the moment, but he still lives in the same town, he can always find out where we live. We met in 2012, and violence started when I got pregnant in 2013. It was physical, I experienced broken bones, eye socket, missing teeth. It could be every day or three days a week. I suffered all these because of the violence. I got PTSD from that.

Violence was perpetrated upon participant 16 for many years:

So, umm, I experienced violence over a period of 14 years. And then when we had children it was constant and one was quite big. One leaving me bloody in front of the children. And after the separation in 2015, there was safety measures put in place where there were supervised contacts and now it has come back into unsupervised contact overnight time with their father ... Umm, physical, emotional, financial. I felt broken, lost confidence, and it took a long time for me to recognise what was happening wasn't ok. I used to keep everything to myself, couldn't talk to anybody about the thing. I tried and rationalise in my own mind ... I had a cut, big cut on my hand which needed stitches. I had physical injuries, and I used to see, regularly see a psychologist or counsellor to sort of check in, umm.

Similarly, participant 17 experienced longstanding physical violence during her marriage:

Because my ex-partner is violent and he went to jail. So, to be safe from him. I experienced DV from him ... We have been together for 7 years. The DV started after being with him for a year. I experienced both physical, and psychological violence. It was every day. Once he tied me up and put in the car boot of his car, drove me around in that for a day. And then he jumped on my stomach and he sat on my pelvis, and he just kept me tied up in his house for two more days after that. My baby wasn't born yet. That was 2.5 years ago. I was on a Child Safety order because I was under 18, so I lived with Child Safety. I didn't report it to the police but when I was in the hospital, the staff reported to the police and he was taken to the jail. He was violent and I got injured so I had to go in the hospital.

Participant 21 also experienced years of violence and advised:

I was in DV situation which I left and my ex-husband was stalking me and showing up where I was all the time, ringing and texting stuff. And I was put on the high-risk team ... Married for 10 years, no children together. I experienced DV pretty much the whole time when I look back, but it gradually increased. It was always getting a little bit worse and so on. This is my third or fourth attempt of getting out, but I have gone back before.

Similarly, participant 22 shared the following:

Umm, I have got a DVO against my ex-husband and, umm, and he's got severe mental health issues. And he has been abusive in the past especially to me ... We have been married for 1-2 years but in relationship for 6 years. But we divorced afterwards straight away pretty much. He started getting violent when I was pregnant. As soon as I got pregnant, he just got so weird. It was mainly verbal and psychological violence but there were some violent incidents but not to the point that he would kill me or like anything. But I did feel like he was going to hurt me, like he pushed on my stomach when I was pregnant, I fell on the ground

and had to go to hospital, and so, you know, he grabbed my wrist and was so abusive and so.

Finally, participant 27 described the serious violence she had experienced and the ongoing level of risk she faces;

I met my husband when I was 17, and we have been separated now for five years. DV and his drug abuse, alcohol abuse too was main reason for separation ... I never thought so up until recently, but he is very unstable, has serious mental health issues, and he knows that killing me would be fast, and we are in the stage that he would lose any contacts with the children because of things he has been doing. So, it is gone from him having supervised contacts to no contact at all. So, my level of risk has dramatically increased ... My first responder is police. I have told my family members not to come, the neighbours, the husband next door has tried to come over couple of times to help me, and I have made clear to him not to do that. And that to get kids get in to their house safe, and let the police deal with it. My ex is very scary violent and I don't want anyone to come and step in at all. It's for their safety

Violence by Participant's Sons

Two women participants experienced significant physical violence by their sons and were issued with a device to assist their safety. Participant 11 advised:

Because I was having domestic violence with my 19-year-old son. We have the protection order out. He started to be violent three months ago. He got into drugs, and my other son died six years ago and he couldn't get over it, so grieving. He was living with his girlfriend, and they lost their baby, he lost accommodation, and his job, so everything came crushing down on him ... He smashed holes in the wall, and front door. He is becoming aggressive toward me. Yeah, he threw a water bottle and other things at me, and it bruised me. It used to be every day but for last three weeks, he has calmed down a lot.

Participant 15 initially experienced violence from her former partner, but then subsequently experienced it from her eldest son:

Umm, one was my eldest boy. I have had him become quite violent. He actually tried to kill me, and my mom and one of his brothers a while back, and then he attempted suicide. That was on the last report. And then he was put into residential withdrawal safety which was the worst thing that could have ever happened. He did self-place back in the home. It all depends on his mood.

Sexual and Other Violence

Sexual violence among these participant women was typically occurring alongside physical and emotional/psychological abuses. Participant 1 summarised her longstanding experiences of family and domestic violence as:

We got married in 1995, 25 years. It used to be, it started off once or twice a week, and towards the end it was every day. The psychological was very much every day and I could write a book. Sexual, not as much, maybe once a month. The most serious of all was: When he used to attack the children, both physical and psychological, which was the most serious ... He would scream in your face. He would stand 2cm and scream face on to me and the kids.

Participant 10 described ongoing abuses as follows:

I found out he was a really bad alcoholic and just got progressively worse, got fired from his jobs, umm, which was completely out of character for him, just went downhill very quickly ... I and my son started seeing what he was doing to me so I had no choice but to leave and when I left, umm, yeah he wouldn't let me leave, he would stop me from leaving. He was quite abusive, umm, and yeah then the police came, and they saw the marks and damage on me, so they issued a DVO. Then I was able to leave safely because the police were with me then. And then about almost 18 months later, yeah, just recently about the past few months we had a parenting plan where we were trial on a week on week off access with XXX. But, umm, he was not following that ... Umm, he then threatened my partner and myself that he would come to both our works and do us some things ... it was recommended I need to change the DVO to no contact no approach because you know his behaviour was just erratic and threatening to come to work and do me and my partner in, and just taking XXX whenever he wanted, under the influence, putting him at risk was not a good thing ... He was physical but more of emotional, isolation. I was surprised I was not allowed to go to work, so, yeah. Sexual violence at times yeah.

For participant 15, her experiences of multiple abuses with her partner resulted in Child Safety department interventions regarding their children:

All the children have got PTSD and all have ADHD, and then a mixture of depression. However, with all of that, myself, I have depression and chronic pain, yeah. Another issue why I have been given that, the father of the boys ... I get followed. I know it has been verified ... A lot of police officers were involved ... Child Safety has been involved since my middle child was six months of age. When I was pregnant with my first child, I got married in May and left him in December, returned in February at guilt, and I fell pregnant very quickly after that. And then he always accused that the child was not his child, so he was very violent towards him. So, at six months he had a broken humerus bone and I had the opportunity to leave the house for good, but the DV was ongoing ... With me, I have experienced every kind of violence from him (ex-husband), and with my children, it was mentally, emotionally, physically, and financially. I was sexually abused; I was raped every fortnight.

Participant 19 shared the multiple forms of violence she experienced in her relationship with her former partner:

It was psychological, emotional, social isolation, financial control and he also had a gambling addiction with a financial control, so, yeah. Now with counselling that I am getting, I am realising that throughout the relationship there was sexual abuse in terms of emotional, psychological and coercion to get what he wanted sexually, yeah, umm, so yeah. He had hit me physically, hit me on my upper legs twice throughout the relationship. But continuous threats and verbal abuse

Participant 20 also had enduring violent experiences from her partner:

I left the DV relationship so I needed it for safety regarding this. He would strangle me and threaten me with knives. It went on for about 2 to 2.5 years. He tried to kill me back in 2017 and then I ended up leaving in June last year so, yeah, two years. It was everything, physical, psychological, financial, yeah ... Because he had my phone and my car keys and all these things, I could never get to them (the police). I could never call them ... I was threatened by him for years, so rape, and strangled and that, you sort of get to a point where you almost don't care anymore. And you just let it happen.

Impacts of Family and Domestic Violence

Understandably, as outlined earlier in Table 3, the participant women experienced quite severe impacts from the violence they experienced, despite their resilience in dealing with them. Many reported significant psychological impacts including to their mental health, such as anxiety, depression and suicidal ideations, as well as injuries that hospitalised them. Some of their anecdotes about the impacts to their health and well-being are now outlined.

Participant 1 recalled:

I have gastritis, upset tummy and have been on Gaviscon for years and years. My 8-year-old daughter didn't start solid food since she was 6 years, as she was scared to eat in front of him. So, what else? I ended up having psycho epileptic fits, started having quite a bit of those, and now he is gone, I don't have it anymore. He hurt my bladder, umm, and he hurt the other end, but it is better now. Sometimes suicidal thoughts, but no substance abuse.

Participant 11 summarised her condition as:

I experienced bruises, depression, and anxiety.

The psychological/emotional impacts upon herself were shared by participant 19:

I had post-natal depression with my second child. I think looking back, I quite had it with my first child as well. And also looking back, the reason why I stayed back so long was because my ex-partner worked FIFO so two or three weeks at a time. He wouldn't physically be at home but he still very much controlled, he monitored every movement I made. If I didn't answer phone calls or replied to his messages you know, I would be in trouble. That would be a price to pay, so even though he wasn't physically there. I was so well controlled and scared to leave as ridiculous it sounds. Though he lived in a different state I was still very frightened and controlled.

Physical issues were primary for participant 20 who shared that:

Yes, I was experiencing like flushing lights in my head. I had to get a brain scan and things. I still have got pain in different parts of my body where he hurt me. I still have health issues.

Participant 14 experienced multiple impacts upon herself and her son as thus:

It was physical, I experienced broken bones, eye socket, missing teeth. It could be every day or three days a week. I suffered all these because of the violence. I got PTSD from that. I

used to go for counselling but I stopped now ... My son is autistic from environmental brain trauma from domestic violence.

Participant 15 also advised of impacts to herself and her children as follows:

All the children have got PTSD and all have ADHD, and then a mixture of depression. However, with all of that, myself, I have depression and chronic pain, yeah.

Similarly, participant 18 advised of the impacts upon herself and her family:

I get anxiety when I have to be around him, I don't like him being around them because then they would become upset because he would say miserable things to them too. I was saying this to someone. The abuse won't have to be physical because you don't have bruises on you, because it is emotional. My youngest daughter can't remember her childhood that well. She has blocked out so much of her childhood because of her father and that is not good. That is not fair on her because of how he was, this is what she has done to protect herself. Our eldest daughter got to a point emotionally she got into a wrong thing, she got into drugs. Unfortunately, my daughter got involved with somebody pretty much like her father, he is an abuser, he has physically assaulted her and then one moment she turned to go to court, he turns around and blames me.

Participant 16 advised about the impacts and what help she had accessed:

Umm, physical, emotional, financial. I felt broken, lost confidence, and it took a long time for me to recognise what was happening wasn't okay. I used to keep everything to myself, couldn't talk to anybody about the thing. I tried and rationalise in my own mind. I have learnt in the couple of years that I have left that the more I talk about things about the people, they can sort of engage ... I guess just being able to open about what is going around rather than keep hiding it. I had a cut, big cut on my hand which needed stitches. I had physical injuries, and I used to see, regularly see a psychologist or counsellor to sort of check in, umm.

Benefits of the Safety Watch

In their initial interviews, participant women were asked questions about the purpose and expectations of the safety watch device and many shared their perceptions of the benefits and advantages for them in using the device. These were grouped thematically.

Increased Safety

While there was some variation in these women's purposes concerning wearing the device, there was a strong central theme evident about improving their safety from either a specific person (usually their former partner) or a more general perceived threat. For example, participant 1 stated:

Well if he was to come nearby, that I could press the watch, and someone would hear and if I need help, I will get help.

Participant 23 was similar in her viewpoint:

Just to the safety aspect. Just to be able to call straight away when I am ... Sorry, I have PTSD, when I got panicked, I can't remember things so I can't remember phone numbers.

Participant 5 shared that:

For safety, I feel safe when I have it on. When I have got the watch on, and if something happens, I press the button and I know someone will be there for help and I will be alright. My daughter got a DVO on her ex-partner, the boy's father and he does harasses me over again a lot, yeah.

There was a consistent theme evident in the data collected that attested to increased sense of safety and improved well-being. What was clear in the women participants' statements was that they and their families were experiencing improved situations and environments. For example, participant 1 said the following about her family:

They definitely feel safer, although they are still scared, terrified, but having the watch they do know that someone will come for help, they should get help ... We are still living in fear but it is a help that, if we didn't have the watch, we will be staying inside the house scared to leave ... My 8-year-old has learnt to swim, ride a bike, she goes out on a bike, not scared, eating food now, ever since of this combination now, she is happier ... It has given us more freedom, and it has given us more safety out.

Increased Safety at Home

Feeling safer in their home was a critical improvement that participants remarked about in the initial interviews. Participant 2 indicated:

... in case he comes to our house with an intent to hurt us or kills us, or to aggravate us to not feel safe ... it would give us opportunity to call for help.

Participant 18 noted that at home when her former partner visits:

I mean, having the watch with me, when he starts doing that I hit it so I have got people who can hear me and as weird as it sounds, they know now when that trigger kicks in that all I get is a phone call or one of the people is my mom, like one of the responders is my mom, and she suddenly stands up on my door step.

Participant 6 said:

Umm, well to feel safe, umm, particularly knowing that the watch records just when we have the handover with my son so that I can hear anything that is going on, and I just feel, umm, probably emotionally safer, if that makes sense ... I have used it once, it was when we were having a handover and he was just asking me lots of questions and he was getting a bit agitated, and I just thought 'where it is going?' and that feeling. So I pressed the button and my dad called back and, umm, that de-escalated it all very quickly, and he left and it

was done. So that was a big relief. First contact was dad. I was just like talking to dad at the park during the handover and that was enough, he left.

Increased Safety Going Out

For many women, being able to go outside of their home into the community was a noticeable benefit of wearing the device. For example, participant 5 stated:

You just feel safe a bit, but everything else is still going on around you. I probably go, leave the house more often than I used to.

Participant 19 remarked that:

I feel like, I feel better about going out and being able to stay safe, and also, I feel safe ... I am not concerned about staying the whole day at home anymore. Yeah, it kind of works, both the ways of staying in and being able to move out. It just gives me my freedom back to freely choose what I want to do, where I want to go.

Participant 10 saw safety advantages when she was out:

The main purpose is basically for my safety like if I am out in town you know out in the shops or whatever and I run into XXX and if I can't get to my phone, it is basically my call for help, like hitting the button really and say 'help me I am in trouble'.

In a similar vein Participant 14 remarked that its purpose was:

To feel safe in public. My son's father, I went through domestic violence with him, still I am, so we are not together anymore, but he is still very abusive and controlling so we got four court orders where he can't approach us but he still tries to.

And participant 8 advised:

I mainly wear it when we go out, especially over the weekends. We try to go to different places outside our normal routine but I do feel it is needed for me to have that watch, which is quite effective to contact the centre or my friends if we are having an issue or, yeah.

Participant 26 recognised that being able to go out and feel safe was a major positive in her life situation:

Yes, I have got a few things in place ever since I got the watch, so yeah definitely, I feel little bit more safer. I definitely feel safer going out, I am out at the moment and I am doing grocery shopping. I feel safer knowing that I can press the button for help. So, I feel safer. Earlier it was limited to where I go, but now I have got the watch and makes me feel little bit safer. Just feeling safer to go out and not stuck home all the time. I feel more comfortable to get out and live life bit more rather than feeling trapped.

Participant 2 was qualified about the improvements in her safety and well-being:

... the watch has helped greatly in improving my, umm, the feeling of safety. However, because he is still out there and he still knows where we live and things like that, there are things that the watch cannot I guess do, you know, umm, it has still been a great help, and we still very much appreciate the watches and everything they are doing but, yeah, it is going to take a long while before I can fully feel safe.

But we have been able to go out in shopping centres, go to the supermarkets, go to the shopping centres. So, we have been able to do things that we need to be done without completely feeling vulnerable and unsafe. We still feel vulnerable and unsafe, but not as much ... Yeah I see improvement from my sisters and my mother, umm, probably not completely due to the watch but definitely the watch did help my mother because she was especially, umm, you know, I guess afraid, especially afraid and with the watch she was certainly able to get her part of confidence back, umm, but with my younger sister it is the time that is healing them and myself as well.

Increased Safety in High-Risk Circumstances

For some women, particularly those who remained in high-risk circumstances, quite a number shared that they perceived increased safety for them from those who were identified as being violent. Participant 8 supported the recording purpose:

I have got the DVO on the father of my children and if I have to see him, as he has been harassing me a lot so if I see him I can press the button of the watch which goes straight to the police and, or they can hear what he is saying at that time, so it makes me feel safer ... I do feel safe, a lot safe.

Participant 9 was clear about the risks she faced:

For safety reasons for domestic violence. The perpetrator is in prison and is about to be released yeah. He is not the father of my kids but he is somebody I was just seeing a month or so and he became quite violent and, yeah, it was almost like an attempted murder so he has been in prison for the last two years.

Participant 27 was more explicit and stated:

To be able to notify people quickly. If my ex comes, I am not going to have time to type in the password in my phone, call police, wait for them to answer and get connected to police and discuss what is going on. My ex if he is going to come, he is going to come fast, all I get is about 10 seconds before this morning when something came smashing through my window. So, having the watch meaning I can just press the alarm and other people can get into contact with the police for me, so this is very reassuring. I feel a lot more secure having the watch now.

Participant 25 believed that the device provided her with increased safety from violence:

To provide extra safety and opportunity to be able to reach out to those around me if I am feeling in a situation where I need some help and, umm, mainly because in each of my DVO breaches that happened numerous times, and each time he had taken my phone so that I couldn't call for help so yeah.

On the other hand, participant 3 saw the device as a response to a more general threat:

I think there is not much around. Then it is dark when you go outside. This is quite like, it makes me feel safe having this watch because if something were to happen and or whatever ... and, umm, so it makes me feel safer that if anything could happen, I can quickly reach out, definitely, which is really good.

Moreover, it was evident that the participants perceived the safety watch as a practical aid for increased safety and an improved sense of psychological security, because it gave them some power in what was otherwise a relatively powerless position. This was often because they knew that others would know what was happening if an incident occurred. This was evidenced in their responses to a question about their expectations of the device. For example, participant 5 said:

Having the watch for two weeks now, yes, oh I feel safer with it on. You do, I don't know how to explain but you do, you feel safer and you know when something happens you press those buttons, people can hear what's going on.

Timeliness of Help

For many participants this sense of increased safety and psychological security came out of the timeliness of the help that the Safety Plan and device resulted in. They saw this as critical to their expectations of this digital technology and its impact on their Safety Network's response. For example, participant 15 stated:

Umm, so it is really good knowing that if I have got that watch on my arm, I need to push the reach out button. I have used it a couple of times. The first was even without realising that I had clicked it again, but within not even 30 seconds I received a phone call and my mom ended up at my door steps.

Similarly, participant 17 observed as follows:

It is, if he approaches me, and I use the watch to press the button, and in that way somebody can locate my location, and they can hear what is going on, so that way it makes it easier, because I won't be able to call the police. He would take my phone so if I have that and somebody can hear, see where I am and send police to me. The notification goes to the call centre. Another is the person I live with, she will get the notification ... Umm, I feel it makes me feel safer and less anxious, because I know that if I press the button then somebody can hear what is happening or can see where my last location is so I feel less anxious because I know that somebody will send help. It is less isolating. I can go out, go to places because I have this watch.

Participant 8 described her experience as:

I have used it twice. Police contacted and knew where I was, and obviously looking for him and yeah. Umm, I had seen him in the street, we had an argument and I just switched the watch as I knew that I was going to be hit. So, I pushed the button, so they rang up my mom and police have pin pointed where I am and they have gone looking for him. And I just had

to go to the police station and make another statement as he broke the DVO. The response was quicker although he got away, but it was quicker than like I said of ringing them.

Participant 19 elaborated thus:

No, not yet, but yeah, I experienced a false alarm during the initial set up. But it was amazing how accurate it was and pinpointing the exact location where I was. So, the first person in the list is my mother who lives in the town few kilometres away, and then I have three other friends who live within the same time or within the surrounding regions so and they have all been very supportive during this whole time and they have been really amazing and really on board.

Yes, I do feel safe, previously I thought there is no way to get help and with this recent movement of him, literally he is few hundred meters away. I was really concerned and now I have this I feel I got a safety net and you know a support network and help is just in reach of a button, and so it is really quite amazing. I feel like, I feel better about going out and being able to stay safe, and also I feel safe.

Participant 27 who is in a high-risk situation commented that:

I pressed the button as a test to see if it was working and literally in five minutes police were at my door. This has reassured me how quickly they will arrive when I need them. So, yes it has given me some reassurance.

Practical, Preventive Help

Most participants viewed the device as offering tangible, practical assistance when it was needed, and in ways that prevented the situation getting worse. For example, participant 16 had a device and her children also did because her former partner (the children's father) was violent:

There were two, one was to make them feel safer, the feeling of safety knowing that they can reach out for help, but also as a deterrent to, umm, their dad is aggressive to them and to have the watches as a he knows that they are wearing them. And he knows what it is used for. Umm, I guess it checks on his own behaviour because he knows he can't do anything to us behind closed doors anymore. He does not want anyone to know so I guess it is preventive kind of measure ... And after the separation in 2015, there was safety measures put in place where there was supervised contacts, and now it has come back into unsupervised contact overnight, time with their father. The Family Court has stated that they have to go and spend overnight time with their father at this stage and, yeah, so there are safety concerns, because I can't stop them going. Umm, what we can do is to make them safer and that's where the watches have come in. Something that we can make them feel safe, more confident because they have got watches and also the preventative measures.

Participant 16 added that:

Umm, I think it is to change the behaviour of my ex-husband. He is different. He can't behave the way he has been before. He is going to have to find different ways to manage his own behaviour. He can't do it behind the closed door. This is the big one for me, and the other one is the kids feel that sense of safety.

Further, participants highlighted that when the person who was violent knew about the device, they had corrected their behaviour from continuing and escalating, because someone external was listening and was able to help if required. Participant 15 shared the following:

XXX actually stepped in and that is when he decided to take over, became very physical with him, and was about to choke him, and he was really hurting him ... And once XXX realised that had I pushed that button, he pretty well stopped what he was doing.

Participant 6 had used the device and spoke about its immediate positive impact on the incident, and her subsequently improved psychological state:

I have used it once, it was when we were having a handover and he was just asking me lots of questions and he was getting a bit agitated, and I just thought 'where is it going?' and that feeling, so I pressed the button and my dad called back and, umm, that de-escalated it all very quickly, and he left and it was done. So that was a big relief. First contact was dad. I was just like talking to dad at the park during the handover and that was enough, he left ... Yes, definitely much safer ... that I was able to access my support straight away, and immediately, emotionally I felt better.

Participant 18 highlighted that activating her device led to her former partner to desist because an intervention occurred:

So this is what I mean, having the watch with me, when he starts doing that I hit it so I have got people who can hear me, and as weird as it sounds, they know now when the trigger kicks in that all I get is a phone call, or one of the people is my mom, like one of the responders is my mom and she is suddenly standing up on my door step ... As I said, having the third person being able to hear it, it does not diffuse the situation much, but you know, my mom now knows the truth, so she hears and she just comes in. She turns up and you know it stops him. As soon as somebody else turns up he can't keep going on doing what he has been doing, because there is a witness.

A number of participants found the recording ability of the device provided a practical aspect that improved their safety, because others would know what was happening. Participant 1 said:

Well if he was to come nearby, that I could press the watch, and someone would hear and if I need help, I will get help.

Participant 2 explained the increased security aspect:

But the expectation for the watch is the security measure that could be constant and if we need it for help, we could call for it and that help could come. It is not necessary to a certain aspect but it could come, could help ... I guess, umm, in the sense that it is a security measure that I can have it with me the majority of the time when it is charged.

Participant 17 concurred:

I feel it makes me feel safer and less anxious, because I know that if I press the button then somebody can hear what is happening or can see where my last location is so I feel less anxious because I know that somebody will send help. It is less isolating. I can go out, go to places because I have this watch.

Participant 26 said that the device was a help when she and her former partner had contact:

Umm, it is for my safety. When I pick up the kids as my ex and I share 50-50 share. When I go to pick them up, I just to feel safe knowing that the watch can record the conversation if anything goes wrong, you know if he flicks out on me and stuff like that.

Participant 8 had a similar view:

I have got the DVO on the father of my children and if I have to see him, as he has been harassing me a lot, so if I see him I can press the button of the watch which goes straight to the police and, or they can hear what he is saying at that time. So, it makes me feel safer.

Participant 6 connected a number of points, including how the Safety Plan and the watch helped her to inform her family and enlist their help into her Safety Network. She said:

Umm, well to feel safe, umm, particularly knowing that the watch records just when we have the handover with my son so that I can hear anything that is going on, and I just feel, umm, probably emotionally safer, if that makes sense. I just hope that it is now, umm, like my family have come in like a strong support for me. Now they understand what we have gone through it all, umm, and yeah, just that feeling of being safe and supported and having that strong connection. I've had the watch for a couple of months now ... Yes, well, umm, I have been able to talk with my family, umm, about being my support, umm, and you know I got it there when I do the handover yeah. So yes, it has met the expectations.

Catching Evidence and Being Believed

A number of participants found the device's recording ability helped others believe what had been happening, and also enabled evidence to be collected. Participant 18 described her situation as thus:

I need someone else to hear what is being said because the first time I actually said to somebody what he does to me, he actually didn't believe me because the face he presented to public is so different to the one he presented in private. And, umm, he just, now I have got people who hear it. They hear what he says and how he behaves. He even said to me like in the past, he even said because I have said I am going to call the police, he says 'go ahead and no one will listen to you, they are not going to believe you' ... Umm, whereas when I got someone else who actually says 'no I heard what was being said', that feeling of somebody else who can hear whatever he said, what he is doing, umm, it has helped.

Participant 20 noted that recordings were real evidence:

... it will record it because every time I went to the police or told somebody about what he was doing, he would lie and tell them that I was crazy. At least this way I can record it and people will know that it is him. Yeah, safety, and just to be able to record what happens if he was to do something to me. So, well it is there so if he is going to be violent towards me, I can have it on, record the evidence, yeah ... Yes, definitely I think it is a very good idea because from my experience of DV, a lot of the time women believe if they have evidence of recording what happens to them then you know they will be believed, yeah.

Benefits of a Hidden Device

While some women had found disclosing the device and its purpose positively changed their assailant's behaviour and thereby improved their safety, many women chose to not disclose the device and its capabilities and found this to be an advantage. Participant 13 had a device as did her daughter. She remarked that:

You know there are times when you bump into one another, that sort of thing, but she is really on her own. She goes out, like with her friends. I don't know whether he is aware that she's got that watch. I don't know because it does look like an apple watch. I don't know if he is aware. Certainly, you know that the fact that she's got it, it is good.

Participant 18 took some comfort from the device's hidden nature:

The watch has a normal look. My ex-partner thinks it is fit bit type, he did not pay any attention, he's got something similar to it and thinks I have got one of those.

Similarly, participant 21 remarked:

But yeah, a good part of it is it looks like those pedometers which people wear it on their arms. I never had anyone question me and go 'what is there in your arm?'

Participant 22 appreciated this hidden aspect:

I think what is good about it, is it is a watch and no one knows about it. I don't know how to explain. No one will know that it is a thing you can use to call for help, so it is good that it is hidden. That is what I really like about it. I think that is good about it, and it will help because it is hidden.

Participant 9 reflected on her past experiences of serious violence against her and believed that the hidden device would be a real benefit:

Well that night if I didn't have a home phone, I would probably not be alive today, that is scary. The police responded on time. I didn't think they can make it because it was getting a bit like I was slowly starting to lose consciousness for a bit. But they did come and that is main thing. But if I had watch, that watch on then, I would have hit it two hours before hand, yeah, because he wouldn't know.

Participant 2 commented that:

Umm the most benefit of it probably was the same thing I have been repeating, you know, umm, just in case we need it we could get help and we could do it in a way that is, umm, I can't think of the word. Basically incognito, you know, undetected.

Peace of Mind

Taken overall, the sense and actuality of their improved safety and enhanced well-being had many participants remarking that the device meant they and their family members experienced a sense of relief. They were able to relax more often and feel less hyper-vigilant concerning the risks their situation and circumstances presented. For example, participant 9 whose former partner was in jail for violence offences against her was soon to be released and she voiced the following:

Amazingly improved because it is comforting. I mean I am not silly about what I do and where I go because you don't want to put yourself into harm's way. But if there was some sort of, umm you know, issue, that I feel a lot safer, yeah. It is a big relief. When I am at work, I just charge it, I know it is there, it is a massive comfort. My parents are very thankful, very relieved, especially my mom and dad ... My partner is connected to it and he feels so relieved because he doesn't want me in any harm's way.

Participant 10 was succinct about this aspect:

My partner feels much safer for me because I have got that little bit of relief about, you know, I can breathe a little bit better.

Participant 12 remarked about her increased sense of security:

Not yet, because we only bumped into him one time and he didn't behave bad with us. I do wear it when I go out every time. I feel much safer with the watch on. I set up to call both the monitoring centre and one friend. My parents live in China. He is from UK, he has a sister somewhere on the coast, and their relationship has gone down, and she also has a protection order against him. I think I wanted to thank you for generously providing this device for us to use and I really appreciate this high-tech device to provide me extra safety protection. I think it has definitely given me more sense of security and safety support.

Participant 23 noted the relief she now experienced:

It gives you extra peace of mind. I am going to start using it probably again in this climate because when it was with me, I was not so worried. Mine goes through emergency services. I will start wearing it now as much as I have it there. I mean it does give me peace of mind.

Participant 13 had a device as did her daughter who resided nearby. She advised the following:

Umm, if she was in a situation away from the house, she would be able to contact immediately if she is threatened, umm, because I don't know, sometimes in this area the mobile phone connections drops in and out. Though the main thing is that you could use that watch to contact someone if you are in trouble and, you know, without having to worry finding your phone. So, I think the peace of mind ... So, I think you have it all the time is a good thing because, you know, when I was young, we had nothing like this. For her, it is her personal safety, and for me that peace of mind that I know she could contact me if she needs.

Similarly, participant 19 shared about her family's relief:

My family feel much better about my safety and my children's safety. They were really concerned especially with this impending move of my ex-partner and now it is like 'you have

got a watch dog on your wrist and we can be there you know like within minutes'. There is still bit of apprehension, but it has been greatly reduced, umm, yeah with this technology. My mom and dad have expressed their relief. I can see it through your eyes.

Participant 21 also emphasised the family's relief:

Umm, well I know that people care about me. My parents and the only few people who knew about it are less worried, relieved. So yeah, it's given them very less to worry about me, and me the same.

Participant 27 who was in a high-risk situation said:

I have friends watching out for me, have the monitoring centre aware of what is going on. Definitely gives me peace of mind.

Device Utility Provides Easy Access to Assistance

Quite a number of participants highlighted that the device alert system was very easy to operate, particularly when they were experiencing immediate threat. This was no small issue for these women who had previously found that when violence issues were brewing or escalating the person responsible had previously removed or damaged their phones, and that they needed quick access to their supports and help. Participant 2 shared the following:

After receiving the device I did feel safer, yes ... but we did feel safer if we needed to call for help in a situation where we couldn't physically get on the phone and dial triple zero or something, that we can still get help.

They were enthusiastically positive concerning how well the device met their safety needs in this regard. For example, participant 13:

Though the main thing is that you could use that watch to contact someone if you are in trouble and, you know, without having to worry finding your phone ... So no, no, but the fact that she got it, you know, is good because like I said, if she tries to use the mobile phone she may not be able to get to her phone ... It has been a positive thing. It is been good having the watch because, you know, I understand that if she was in trouble, she would use the watch straight away, umm, you know. I don't have to worry about phone calls and that sort of thing.

Participant 14 shared the following about the ease of use in just having to press one button:

Yes, I feel much safer, umm knowing that if I don't have phone on me, if I can't contact anyone, I only have to press the button to call the police to get help. My partner is happy about me having the watch. My ex-partner tried coming to our house in 2018 during the Christmas day, he tried to stab us and all My parents think it is a great idea. Yeah, umm, I am not good in explaining things. Yeah, because I normally have anxiety when I go out in public on my own because I get scared of bumping into my ex. But I feel better when I've got it on, the idea of holding that button in.

Participant 19 also appreciated the single button alert:

Yes, I do feel safe, previously I thought there is no way to get help and with this recent movement of him, literally he is few hundred meters away. I was really concerned and now I have this I feel I got a safety net and you know a support network and help is just in reach of a button and so it is really quite amazing.

A similar sentiment was expressed by participant 22 about being under pressure and trying to remember a phone number:

How do I know like, in that situation? When something is to happen, like you know, I can remember to press the button ... And it is like I can call for help when I need it. I don't have to call a number, or remember to call for help, because in that moment it is hard to remember a number to call for help.

This point was emphasised by participant 23 thus:

One day I was shaking so much that I couldn't get to my phone. I couldn't remember to ring those numbers so I just ran out the house and I was going to call the police, but I just couldn't remember. And I think your brain just shuts down, and you just completely feel lost so you just go and run. It is fantastic, like I haven't had to, but circumstances change all the time. So as far as the device goes for safety, it is brilliant ... Just the ability to push the button and know it goes straight through to someone I needed; they can hear it.

And participant 27 who was in a high-risk situation concluded:

To be able to notify people quickly. If my ex comes, I am not going to have time to type in the password in my phone, call police, wait for them answer and get connected to police and discuss what is going on. My ex if he is going to come, he is going to come fast, all I get is about 10 seconds before this morning smashing through my window. So, having the watch, meaning I can just press the alarm and other people can get into contact with the police for me, so this is very reassuring. I feel a lot more secure having the watch now.

Participant 11 noted that the device had assisted her with regard to her violent son, and could also assist people who had medical needs or disabilities:

Yes, they are good. It is just as good as for people having a medical reason. You can use it wherever you are. You don't have to get into your bag like another device, like you have to go searching in your bag. This is just around your wrist and so I charge it before going to bed so I sleep it with it even ... They are a really good tracking mechanism as we don't have to go looking for it, it is right just there in your hand, with just two buttons like boom, boom, and then someone can hear. So, yeah, other people even know what it is, so like when I had my phone, he smashed my phone so, yeah, as long as he does not know what it is, it is a most safe mechanism.

Better Connection to Others

One of the important benefits for these women's safety and well-being was that the device made their connections with their personal Safety Network, which was primarily their family and friends, considerably stronger in their 'hour of need'. The device was the catalyst for strengthening these connections, which did not just provide increased safety, but also sources of social support that were fundamental to the well-being of the women participants. Participant 6 also noted the safety and connection aspects:

Umm, I guess the main overall is the feeling of feeling safe and, umm, connected with my family and supported ... Absolutely, I think all women that is going through something like this, this would be excellent for everyone and also the kids, just to feel safe and that people believe you, and this is really happening.

Participant 6 also highlighted the links between her increased sense of safety and the improved connection with her family Safety Network:

Yes, definitely much safer ... that I was able to access my support straight away, and immediately, emotionally I felt better ... Umm, yeah like I just feel, umm, less stressed, umm, and not as anxious and, yeah, that is what I get from having my network, just there on the watch ... that makes sense. Now my parents, my sisters, we all live in the same area. I think I definitely feel that it has made us all closer because it has made us talk about these and, you know, work out what is going to happen. So, it definitely has been good for our family and they are really understanding and supportive ... Umm, yeah like I just feel, umm, less stressed, umm, and not as anxious and, yeah, that is what I get from having my network, just there on the watch ... that makes sense. Now my parents, my sisters, we all live in the same area. I think I definitely feel that it has made us all closer because it has made us talk about these and, you know, work out what is going to happen. So, it definitely has been good for our family and they are really understanding and supportive and believe, you know, per say.

Participant 15 was one with family and friends as her Safety Network and remarked that:

My mom and my best friends think it is the best thing ever because I have pretty much them receiving that, with my friend and my mom knowing that they get notified and I think it is matter of not even two minutes.

Participant 19 valued the social support she was receiving from her Safety Network members:

So, the first person in the list is my mother who lives in the town few kilometres away, and then I have three other friends who live within the same time or within the surrounding regions so and they have all being very supportive during this whole time and they have been really amazing and really on board. Yes I do feel safe. Previously I thought there is no way to get help and with this recent movement of him literally he is few hundred meters away, I was really concerned. And now I have this I feel I got a safety net and you know a support network and help is just in reach of a button and so it is really quite amazing.

Participant 25 had used the Safety Planning process to build a web of care around her thus:

My parents and my brother and my stepson as well on the list ... Umm, just that the instant connection to my family or people in reach right away, and the fact that it connects them all on a group call because I have got simultaneous settings on it. I think it is really good thing to discuss between them you know who is closest and who is able to help most in whatever the situation might occur.

Enhanced Personal Agency for Women

In their assessments of the benefits of the device it emerged that many women felt that the device and Safety Plan had empowered them and made them more confident of their own agency. In our view this was a very important finding because one of the impacts of family and domestic violence is the erosion of personal agency, often as a result of controlling behaviour of others and the escalation of fear of 'doing something wrong'. For example, participant 18 remarked how she had changed as a result of having the device:

So, for me having the watch is sort of more, has given me lots of strength. I know that there is somebody else there, it gives me little bit more strength to say I am safe, I am leaving, I am getting out of here, trying to diffuse it ... The watch has improved and even it has sort of made me feel safer and I feel a lot calmer. And I am much happier as I know that I have got this gear to protect me. Yes, I feel empowered. It is sort of getting my life back.

Participant 17 was clear in her assessment:

I think just it has given me freedom and more safety; it is like great. It should be used by women in similar situations.

Participant 16 remarked thus about her children finding their voices:

Umm, the safety, and security. Also, not to let the children feel lonely and powerless because there has been lots of judicial process. They feel that their voices haven't been heard. My eldest is 11 so technically he can't say what he feels, and nobody is listening to him. He tells me why I don't tell people what is happening, but at least with these watches, I don't have to speak for, they just hear it themselves. He has some kind of power because he can invite people to listen and they can speak for him now.

Participant 19 remarked as follows about her increased choices:

I am not concerned about staying the whole day at home anymore. Yeah, it kind of works both the ways of staying in and being able to move out. It just gives me my freedom back to freely choose what I want to do, where I want to go. My family feel much better about my safety and my children's safety.

For participant 21 the benefits were greater personal confidence:

So, it is definitely comforting, confidence building. It just gives me more confidence to go out. It makes you feel safer because you can push a button and someone is going to hear what is going on and make a call or not. Yeah, it is good.

Participant 24 who had experienced domestic violence and also had a mobility disability there was a sense of being able to break out of her isolated existence:

Well things are quite different now after I got this watch. Before, everything was on isolation. I am in complete isolation, not going out at all. But when I was using the watch and when I was going out, to me, personally, it is fabulous because being in the wheel chair as I am, the watch is very, very good for safety. I got my three family members on that, and there were couple of occasions where I needed to call them so it was exceptionally good. Yeah, it is very helpful. My parents are very grateful that I have got the watch. I feel more confident to make direct contact, comfort.

Participant 1 linked the device to their increased choice about what the family could do:

It has given us more freedom, and it has given us more safety out.

Participant 2 noted the positive impacts for different family members:

Yeah I see improvement from my sisters and my mother, umm, probably not completely due to the watch but definitely the watch did help my mother because she was especially, umm, you know, I guess afraid, especially afraid and with the watch she was certainly able to get her part of confidence back.

Challenges and Barriers

While ICTs can provide benefits to the ways in which we live, they are not panaceas, and in some instances, they can be hindrances to the lifestyles people seek. For example, the increased access to and use of social media through ICTs has been associated with greater levels of stress and anxiety in some people. Hence, an important part of the evaluation study is to ascertain the challenges and barriers that result from the use of the device.

What was apparent in these initial interviews for the 27 women participants was that their responses identified few issues other than the battery life in the Safety Watch being shorter than they anticipated and that some would like to have the device's other capabilities available.

Participant 1 remarked about the battery life:

Only the battery life. That is what I think. We were told not to touch other features, we can't do any of those but just for help, or it might distort the settings.

Participant 2 agreed:

Umm, the battery usage probably. The battery usage does go down pretty quickly for my watch and it was same thing for my mother's watch as well. However, we have been provided with a new watch for my mom and her battery life has much improved since then. Mine is still a little bit, you know, hairy ferry ... and with the charging as well. Charging on

my watch sometimes works, sometimes does not work, so battery usage of my watch is so so.

Participant 3 noted that charging was regularly undertaken:

The battery life? I did notice that. I have put it on the charger every night, yeah, I don't like to go through other apps, I do go through the heart rate.

Participant 5 concurred:

No, but the battery gets flat pretty quick and that's it, yeah the battery thing. I charge them every night in a bedroom beside us, each of us has it in the bedroom.

Participant 10 stated:

Charging is not good on it to be honest; it needs to be charged every night to wear every day. And, umm, if forget to do that and you don't have a charger, like the battery goes down fast without doing anything. I think for that thing, for safety feature, should be more than that.

Participant 12 advised that:

I would suggest a challenge is the battery. Because when I take my children, sometimes it is long day, but the watch wouldn't last that long. I always fully charge before I go but it lasts up to 3-4 o'clock in the evening and that is on the condition, I did not make any phone call. Imagine if I do need to make a phone call, that would cut down the battery life even more. I think the watch is great, only thing is the battery life needs to be improved to last longer. The battery takes 2-2.5 hours to get fully charged.

Participant 20 noted:

It would be good to have longer battery life, I worry about if I am wearing it and get stuck somewhere it won't keep recording.

The remaining 20 participants did not advise of any issues apart from two who advised that on occasions the mobile phone network reception was poor in some areas, and two others who mentioned that they would like to use the other apps available for the device. Participant 24 who had a mobility issue advised that:

The only thing I am experiencing is when I push my wheel chair, for transfer like when I had to move in and out of the chair, because I have to use my arms a lot, when I press up the arm that I am wearing the watch, the buttons go off to reach out, the false alarm. That has been quite an issue. It happened quite frequently, oops sorry and all. It is very sensitive and bit of a panic causing a false alarm.

By way of explanation, the Safety Watch is a small ICT and the battery does not have the capacity that a personal device like a mobile phone has. Battery life is dependent on usage and because the device keeps in constant connection with the mobile phone signals for GPS location updates, it uses up energy which necessitates that it be charged regularly. Battery life generally ranges between 16-20 hours and it only takes about an hour to be fully charged.

As outlined earlier, most participants found the device to be uncomplicated and easy to use.

Enthusiastic Support for Expanding the Device Program

Many participants were very enthusiastic about the device and highly supportive of expanding its use for others who were experiencing family and domestic violence. For example, participant 1 said:

If they could, I don't know how they will do it. If the government help supply those watches, it would give a lot of women in the same situation, a lot of feeling of a lot more safety.

Participant 2 had a similar view:

I think it would be wonderful if it is available for everyone ...

Similarly, was this comment from participant 3:

Yes, I think if there is an opportunity to set up for every woman in such a situation. It would be amazing definitely.

Participant 4 concurred:

I think everyone who is in that sort of situation, they should have one of it.

And participant 6 agreed:

Absolutely, I think all women that is going through something like this, this would be excellent for everyone and also the kids, just to feel safe and that people believe you, and this is really happening.

Participant 8 also agreed:

Yes, women in my circumstances should definitely use this device. I think every woman, as this device is good and it makes you feel much safer.

Participant 15 favoured expanding the use of the device:

Not only women but men who are in the same position as myself. Everybody does need it, especially someone who has a DVO on somebody and if it breaches, because I have a friend who is going through that. I honestly think if she had one of these watches, things would be so much easier for her. I just think it is fabulous invention to have and I would recommend it to anyone.

Participant 18 was also supportive of other women using the device:

Definitely, I feel 100% this can be offered to women and to be honest, it can be offered to men ... But it is good device something that is definitely needed.

As was participant 26:

It is good thing, good for people that have, especially in domestic violence among women.

Participant 9 was particularly supportive:

Absolutely, I think it should be used by any women. I am surprised it hasn't been for a long time, you know ... so absolutely I recommend it for other women 1000 percent ... but I am just so glad that I have this opportunity to be able to participate in this as well, because it has been a game changer for me in terms of feeling safe so highly recommend it.

Participant 17 highlighted her increased freedom and safety for other women:

I think just it has given me freedom and more safety; it is like great. It should be used by women in similar situations.

Participant 12 was very appreciative of the program:

I think I wanted to thank you for generously providing this device for us to use and I really appreciate this high-tech device to provide me extra safety protection. I think it has definitely given me more sense of security and safety support.

Participant 14 found the device very helpful:

It is a great device, I never knew something so small could you help you in heaps of ways, is a great value.

The enthusiasm of participant 19 was evident:

I can't sing its praises enough; I think it is an amazing piece of technology and I feel so grateful and privileged that I have been fortunate enough to be granted one. And I just wish that every woman who was in a DV situation could have access. It is indeed life changing.

As was participant 25:

Yes, absolutely. I think it is a great idea ... So, I think it is just wonderful.

And participant 27 who was in a high-risk situation gave this sobering advice:

It is a great device but still more needs to be done with high risk offenders. I should not have to live in fear. Like I said, with Hannah and kids ...

Alternative Device Applications

In their enthusiastic support for the device, some participants saw broader applications for increasing people's safety and well-being. For example, some participants saw its benefits for those people who had disabilities or health issues, such as participant 4:

Yes I do feel anyone in a situation where they need help with physical, psychological or any kind of violence, if they have a physical disability, are bound by a wheel chair and if they fall off, their phone is in a back pack, so at least with the watch they have access for help, especially people who live on their own ... or people who are depressed ... I hope it will be widely used for people in situations of violence, health issues or other sociological issues, but I think the scope of where it could be used could be widened ... for women, kids who are bullied in schools etc, umm, those situations or it is endless where it could be used, even in

work place situations, the employer wants it for their employees. Anyone who are in that situation, trouble, high risk group, being abused ... yeah, so any kind of situation.

Its potential for people with disabilities was emphasised by participant 24 who had a mobility disability:

This watch currently exceptionally good for disability, the disability centre, I feel my friends use it and get more benefits from it for safety. This is a great device for the disability sector and for the domestic violence. The watch is very useful for disability.

Participant 11 saw other medical possibilities:

Yes, they are good. It is just as good as for people having a medical reason. You can use it wherever you are. You don't have to get into your bag like another device, like you have to go searching in your bag. This is just around your wrist and so I charge it before going to bed so I sleep it with it even.

And participant 23 saw benefits from other medical uses:

It is fantastic, like I haven't had to, but circumstances change all the time. So as far as the device goes for safety, it is brilliant ... I was told it is not for other apps but I would like to use the heart one. I would like to be able to use that. That has to do with my circumstances at the moment. When he arrives my blood pressure goes up, my heart rate goes up, and those such things. So, yeah, bit more of lessons on using a couple of features, you know, that are applicable. Sort of what I need.

Factors that Impeded Participants Sense of Safety

Notwithstanding a general view of helpfulness in accessing support, a number of women expressed their dissatisfaction with family and domestic violence services and the police and saw the difficulties they faced as negatively affecting their sense of safety and well-being. Some examples include participant 10 who stated:

I contacted the police quite a few times throughout in past few years. Unfortunately, I don't have high regard for the police because I think they are too lazy, he he. The police have not spoken to him though he's got breaches on current DVO, that was back in June this year but, apparently, they were busy.

Participant 11 shared the following anecdote:

I called the police twice, but they didn't come for three hours afterwards, it was waste of time, only I got protection order out of him that he can't be violent in the house Infront of the other girls.

Participant 16 felt unhappy with the police response, which she perceived as disbelieving her experiences:

The police were not so helpful, which they don't really listen. I have been referred to as 'women like you' all the time. I maybe feel very much like I was making their job hard or overreacting to them, um yeah so now I have DVO in place. And I am supposed to be reporting any breaches or incidents to the police. I have been twice to report, 'this is what is going on', but they haven't been listening. So, I stopped completely reporting, which I should be. That feeling of not believing, I can't take it.

Participant 20 explained how slow police responses affected how much she was believed:

Nothing happened. The police never helped because there is no evidence ... it was only when it was too late I was able to speak to them, and there is no more bruising or, you know, things like that, so there was no evidence for them to see and they just didn't believe me.

Participant 21 advised about service supports:

Yeah, I have been to the women's centre on the other couple of occasions where I was just out. Umm, we tried counselling together but that was just a joke because I was told to tell, before going there, what I couldn't say because he would say he would sell the house. So, yeah. The police have been called to where I used to live on couple of occasions, yeah.

Participant 22 also expressed some dissatisfaction with support services:

I feel that some of them like the phone call. Like the Womens Helpline, when I called, they asked me to go to psychologist like but I don't feel safe.

And participant 27 expressed her frustrations thus:

I have had a bit of support before, but there is not really much support people can give though. And I have heard people when they say women have lots of DV support. There is not really much anyone can really do, it was a run and hide, stay, fight and have someone validate your feelings and counselling, that is really about all that is available. I have had the team put extra security in my house. I am now at the process of helping me get the security cameras so that should be organised this week as well, so I have had some practical support as well. I have had to prove I am at extremely high level of risk to get that level of support, which upsets me, for other women that don't have sort of proof that I have.

Follow-up Interviews with Women Participants

While 6 women participants agreed to be interviewed again after 6 months of wearing the device, because of logistical reasons 4 women actually undertook the post interview. Figure 13 shows the results of their responses to the Likert-type questions on their perceptions of their Safety Planning, use of the device, and their own and their family's safety and well-being. Overall, they were very positive in their assessments.

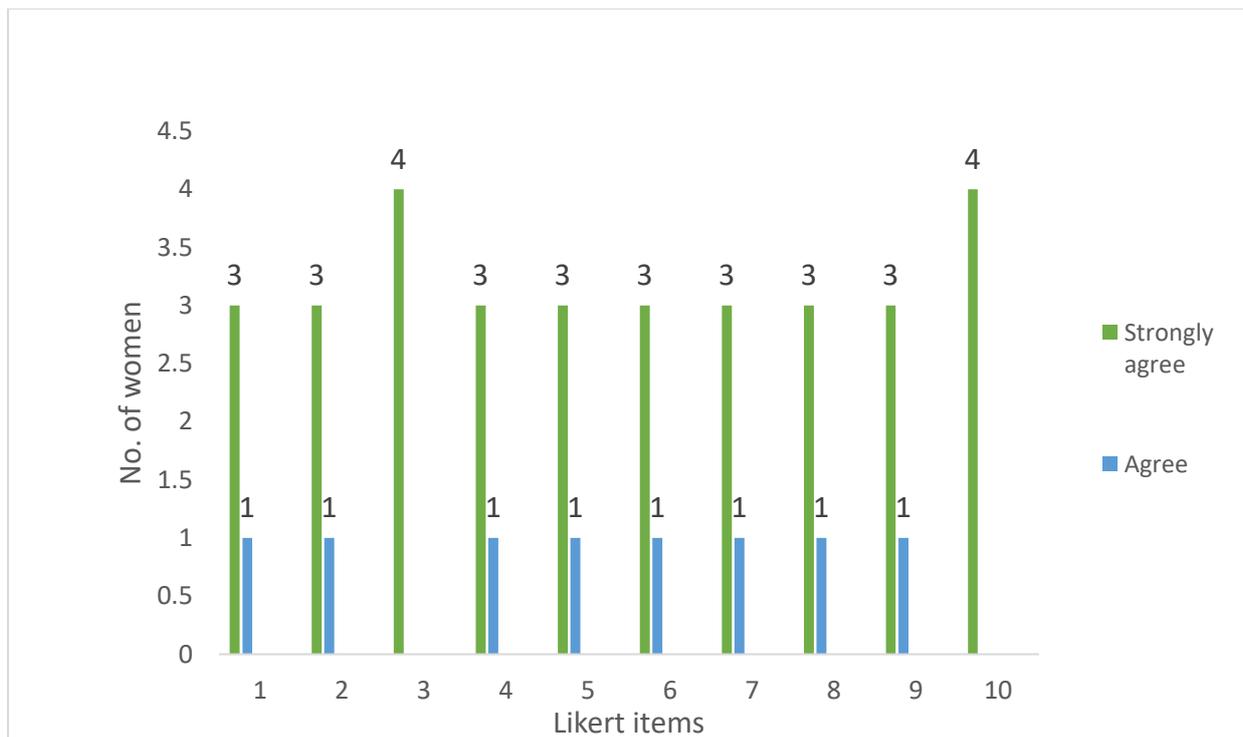


Figure 13. Post interview Likert-scale Responses of Women Participants

All post-interview women (100%) strongly agreed that use of safety device has significantly improved the timeliness of safety response and highly recommended that it should be used by other women who are vulnerable or experiencing violence. A majority of the women (75%) strongly agreed that the device Safety Plan is easy to complete, has given reassurance that help and support was available whenever required, and had significantly improved their safety, sense of well being, their engagement in Safety Planning, and increased their Safety Network.

The same themes found in the initial interviews were evident in these post interview qualitative data, including increased safety and well-being through:

- Their increased ability and willingness to go outside of their home and connect with others in their community;
- Increased connection with others including family and neighbours who were part of their Safety Networks;
- That their Safety Network provided timely and assured responses that they could depend on;
- Better and swifter communication with authorities, especially the police, when risk incidents arose, although one participant raised a matter where this did not occur well;
- That having DVOs were “worth nothing”; and

- The issue of the device's battery life.

One participant's matter was different, namely, that she was now able to provide assistance and support to others who were experiencing family and domestic violence, as follows:

We could hear what was happening, talking to her and trying to calm her down. By the time someone else got there, things got sorted out, police were not involved at that time.

Key Themes Identified for the Women Participants

There were important themes found in the initial findings for these women who had often experienced significant histories of family and domestic violence (physical, psychological and sexual violence), re-enforced by the post interview results, which had led to many adverse impacts including trauma to them and their children. There was identifiable diversity among the participant women regarding age and culture, disability and their circumstances and levels of immediate risk. While former partners were the largest group of those responsible for the violence, some women experienced family violence from their sons or partner's sons.

The key themes from the quantitative and qualitative data included the following:

- The devices had been adopted by these women primarily for personal safety issues for them and their family members. They saw the device as increasing their safety as it gave them the opportunity to respond effectively to the threats they faced;
- The Safety Plans were perceived to be an important aspect of wearing the device and the process of Safety Planning linked them to their accessible informal support network as well as to the formal systems including the police;
- The development of their Safety Network which averaged 4.2 members for all women, but fewer for the 27 participants interviewed, usually involved family, friends and neighbours, and some women perceived this to be critical to the effectiveness of timely responses to alerts;
- Use of the devices increased substantially following set up and then plateaued at a high level;
- The women participants perceived that the safety and well-being of themselves and their family members had also markedly improved following their decision to join the project, including
 - When the women were at home;

- That they were more likely to feel safe enough to go outside the home and connect with their broader community; and
- In high-risk situations they perceived that their formal and informal supports could provide immediate aid and presence;
- They expected to feel safer with the device and outlined that this had happened because they perceived that they could now effectively get timely help from others;
- The women felt that the device enabled them to have a degree of positive agency in their ability to function with more autonomy and the watch assisted them to feel more empowered to handle the threats they faced and to live their lives the way they wished;
- Some women felt more emotionally and relationally connected with their family members and others as a result of the Safety Planning and wearing the device;
- Overall, these women participants spoke positively about the impacts of the Safety Watches, including
 - They provided practical, preventative help in de-escalating incidents when support network members showed up;
 - While some saw the 'hidden' or unobtrusive nature of the devices as a positive for their safety, others found that when those responsible for the violence knew the device was able to be activated, they behaved themselves;
 - The device was very easy to use and activate, especially when they were under pressure to respond quickly in high-risk situations and during incidents;
 - Its location identification capacity enabled authorities to quickly locate them;
 - It captured conversations and could then be used as evidence of what was actually occurring, thereby helping these women to be believed;
- Many felt relieved and a peace of mind due to the increased safety they experienced;
- Some participants identified the limited battery life as a shortcoming;
- Limitations accessing existing support services and timely police interventions were voiced by some participants;
- Because of their experiences, some of the women suggested that the program should be expanded to enable more women and others who were threatened;
- There were useful suggestions provided for some alternative options and apps for the device being available for use, including for disability and health matters, thereby increasing its utility to the women.

Act for Kids Staff - Identified Themes

By end of June 7 Act for Kids staff who were directly involved in the project had been telephone interviewed, and 17 participated in an online focus groups (practising social distancing). The interviewed staff were aged 34-66 years old. Four of them had worked in the family and domestic violence sector for more than 10 years, and three of them had experience between 5-10 years. So, overall, they were very experienced. During the trial period they had each distributed from 2 to 20 Safety Watches to their women clients who were experiencing or at risk of experiencing family and domestic violence. The participants of the focus group included the Specialist Domestic and Family Violence Practitioners, Program Managers and Supervisors, Cultural Liaison Officer, Case Managers and Family Support Workers.

Likert Scale Responses

As part of the evaluation initial interview they also completed ten Likert-scale questions. Some staff felt unable to respond to some questions due to them having insufficient information because when they completed the survey and interview the project was still in its infancy. Hence, some questions total less than five responses. The results are as follows:

1. The device Safety Plan was very easy to complete.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	2	2	3

2. Upon completing the device Safety Plan, I felt completely reassured that help and support would be available when needed.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	1	2	4

3. Wearing a device with the Safety Plan programmed into it has significantly improved the timeliness of the safety response.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	1	2	4

4. Wearing a device with the Safety Plan programmed into it has significantly improved the women's safety.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	2	5

5. Wearing a device with the Safety Plan programmed into it has significantly improved the women's sense of well-being.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree

Number of Responses	0	0	0	2	5
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6. Wearing a device with the Safety Plan programmed into it has significantly improved the family's well-being.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	4	3

7. Having a device with the Safety Plan programmed into it has significantly increased the women's Safety Network.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	5	2

8. Having a device with the Safety Plan programmed into it has significantly increased the women's engagement in Safety Planning.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	1	1	5

9. Having a device with the Safety Plan programmed into it has significantly increased the family's engagement in Safety Planning.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	1	2	4

10. Overall, I would recommend the use of this device for other women.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Number of Responses	0	0	0	1	6

Taken overall, a large majority of the service providers (85.7%) strongly agreed that the safety device ought to be recommended to be used by other women. Furthermore, 71.4% strongly agreed that wearing the device had significantly improved the women participant’s safety, their sense of well-being and their engagement in Safety Planning. Similarly, 71.4% of the service providers agreed that the safety device had significantly increased women’s safety network.

Figure 14 provides a graphical depiction of their responses to the seven questions and shows their overall strongly positive assessments of the impact of the device for the women who were provided devices as part of the trial.

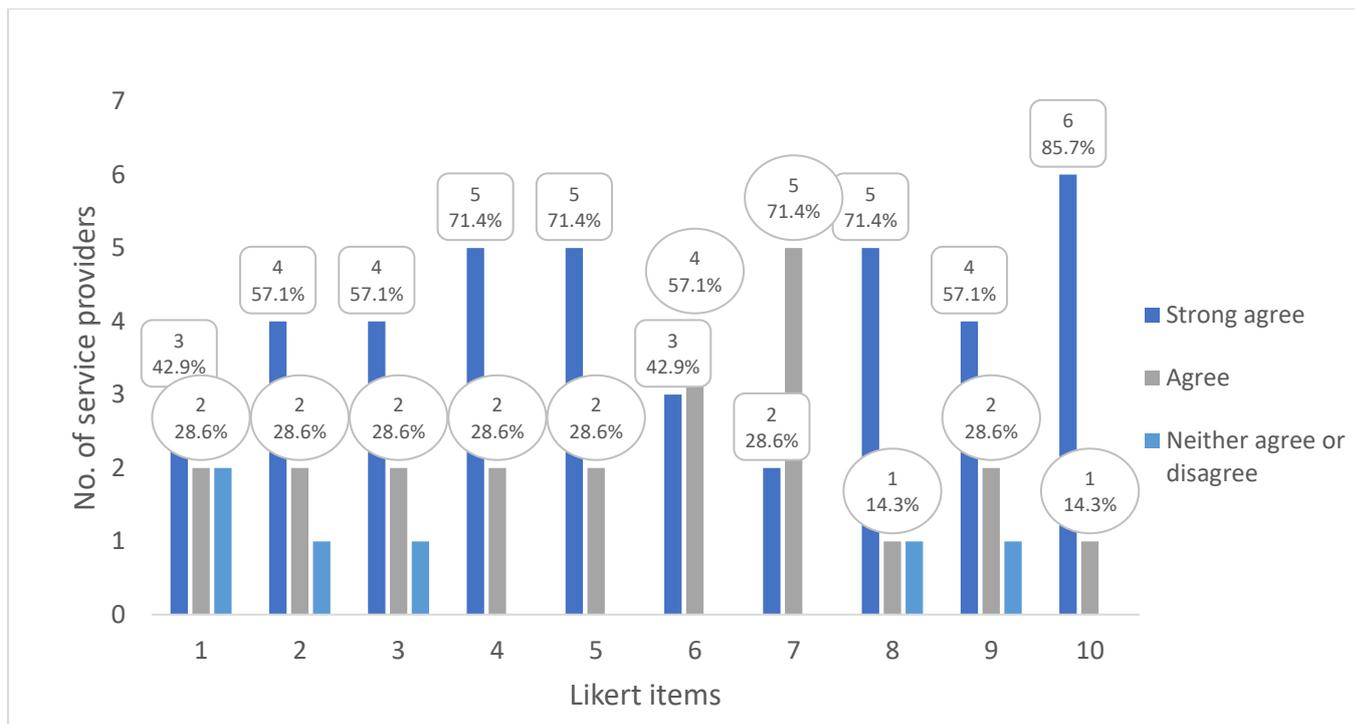


Figure 14. Service Provider Participants' Responses to the Ten Likert-Scale Questions

Factors for Choosing the Device for their Clients

There were a range of reasons outlined by these Act for Kids staff for considering the Safety Watch for their women clients, and these primarily concerned the safety and well-being of the women.

Participant 1 described the following:

... it was the significant domestic and family violence and there were a number of lethality factors present, umm, actually in the situation, both the first and second one, we kind of triaged it on the basis that both we had risk assessed and they were at very high risk of harm from their perpetrators. So that's why we picked them for the watches. Both of them didn't have the perpetrators at home as well, which is another reason why we felt safe in giving them a new watch and, umm, knowing that it would be good to use.

Participant 2 highlighted some of their high-risk cases, such as:

We gave it to her because she was really scared that over the track of time he would track her, abscond with the child due to the numerous threats he had made.

(in) another one, there were lots of physical abuse. He had even done home raids on her new home where she lives with her new partner and has children with him. He has been seen with multiple drug people around, he has multiple connections so we gave her a Safety Watch, which is good because we gave it to her week before he was released from prison.

She was given a watch during the Christmas period because of his drug deals, because lots of time when he drugs, he then escalates using violence against his mum, and because they

are not in Rockhampton region but in small regional town, it takes a long time for the police to respond to that area.

And then the fourth one, she has recently relocated to a new place, she has relocated twice because of her ex finding her ... We recently relocated her again, gave her the Safety Watch in case he attempts to find her again.

Participant 3 emphasised the increased connection to a woman's Safety Network:

... to add a level of security for them, so it would inbuilt a Safety Plan for the women ... Umm, when in the case of the teenager, actually the parent and the teenager that received the watch because there was that family violence, adolescent to parent violence, and so it was a try to act as a circuit breaker for the family to use where a support person was identified. The identified support person was linked in to that watch so that one has the monitoring service and that support person was there to talk to either the parent or the child, whoever was to activate their watch and, umm, and come and try and diffuse the situation, act and find different ways to manage the situation.

Participant 4 noted that:

... the women we have chosen were particularly around the fear of the perpetrator returning home unannounced, so the women we are choosing are people who are less likely to call, or those who don't have a big social circle, but the perpetrator is still around, and a lot of the time children are involved.

Finally, participant 5 described a particular case as:

... the risk that the father presented to children particularly during contact ... and the individual parents were separated from the partner but he was still using the cohesive control, attending the home and I tried to do best in this regard.

Participant 6 staff member explained their reasoning for distributing the device for one woman thus:

Mother was experiencing violence from father, and the boy was feeling unsafe as father was very manipulative ... she immediately reported that she felt so much more secure and happier just having the ability to contact someone just at the press of the button.

Participant 7 staff member made the following comments about the device being a facilitator for improving services:

I guess the thing that I feel very, very confident and comfortable in distributing the watches, having the discussions with the families, pulling in and exploring how we can utilise their social support network to support them as opposed to being a monitoring centre response. I think because we have got better in unpacking those things with families and, you know, when we have families, I guess who were saying I don't have anybody being able to really explore that, and not just kind of go 'ok' and just go to a monitoring centre to respond. So, trying to get staff on board with that and getting them skilled ... I have distributed about roughly 30 watches to children age between 5 years to teens, and parents in their early 20's to 40's ... because I am working with quite a number of families where we have got watches for the entire family: mom and all of the children.

She emphasised women's diverse experiences of family and domestic violence, and how the critical issue was their safety and ensuring the accessibility of support:

Though high-level violence is always worrying, but I guess in most of the domestic violence homicides, there hasn't been physical violence and that the physical violence has been the homicide itself. And that is sometimes the first and only time there is physical violence so for me it is less about that physical violence and more about emotional, psychological safety and well-being. And I think that is what the watches provide and I think they also help bring in informal support in as a targeted purposely way for the family. Umm, it is about women feeling unsafe. We have also got some situations where children are unsafe, like in shared care arrangements. We have got children who go into the violent person's home with no safe adult around at that point in time. So, when I think about those little people, that we have been distributing watches to, obviously it is not necessary for them to come to me and say they don't feel safe. But in conversation with their mom, children and talking to them about how would this device have made them feel or would it contribute to safety and well-being and open up other options to support which we might not otherwise thought of.

Furthermore, she explained the straightforward approach taken to distribution by saying the following concerning the ease of accessible support and the benefits that followed:

I guess what I really love and feel passionate about this particular process and trial and the way which these watches are distributed is women don't have to qualify for them. It is enough for the women to say 'I don't feel safe'. That is all she has to say and we can give her a watch and I have seen such profound changes for number of these women and children who for lots of them, they actually have achieved physical safety but they don't feel safe and it can sometimes take years and years for that feeling safety to catch up with actual safety. And I feel that the watches really meet that need of women around giving them a sense of immediate safety and helping them increase their sense of feeling safe.

The focus group members (non-identified) put forward the following viewpoints concerning the distribution of the devices to Act for Kids women and emphasised the multiple benefits they provided in providing accessible help for addressing risk and helping women to feel improved emotional safety and reassurance:

Different focus group member: I am thinking of one family in particular where they weren't a huge risk, but a risk from their father, though the family has been relocated and he is not aware of it, certainly we had to liaise with the school as the perpetrator was trying to utilise school to find the whereabouts of the family ... to follow up providing the safety to both mother and her daughter, the relief for that family was quite great. It took away the fear that they had everyday, that they could be located. I think for having Dayle not only to discuss and help with Safety Planning but also to help support us with stakeholders and helping them to understand the danger and risk to our families and then be able to follow through and provide that level of safety and reassurance has been really remarkable.

Different focus group member: I just agree with ... initially when you explained to a mom on how the watches work, gives that immediate relief, that something like this will address this, and its more than just a device in case that it gives them confidence so yes, it is a real support.

Different focus group member: Absolutely to see the look on children's faces and eyes, the way that they respond when they know that they are being heard and believed, is just mind blowing. Like the mind of the children goes, oh my god these people are hearing me and I don't have to say what is going on, and wanting to put something in place to help them feel safer.

Different focus group member: Yeah I can concur with everything, I think what has result due to safety watch, some of the discussion I had with the children, young people, some of the conversation that just by having the device and having the conversation about it, the types of conversation that then has generated with these little people around some of their worries, some of their concerns. I am also thinking of another family where we set the watches up, this family move in a pack, they are so traumatised I have never seen in my 20 years, they move in a pack, they have a companion dog for youngest child because she is so traumatised, I remember sitting and having the conversation with the family and talking about the safety watches and feeling safe. Quite often people have reached physical safety, in a given moment they may be actually physically safe but they don't feel safe.

Different focus group member: Could I resonate, from the fact perspective, we are going out and managing risk. Often when we talk about Safety Planning, of course we look into referring to services which can attend to that need and identify, but often what we hear from some moms is there is something tangible that they need ... I can't express how pointing is for mom for a word to be able say 'hey look, that is what we can do about your safety, but right now for your safety, how about exploring this'. This is tangible and we can get this work right now, we can put the wheels in motion, start conversations about safety and put in place. You know as a practitioner, the value of that is incredible and I really believe that it adds whole dimension to the work that we do in terms of what we can do in the ground practically when we have that brief window of engagement with the family.

Act for Kids Staff Benefits and Effects of Using the Device

The Act for Kids staff described their perceptions of the benefits for their clients, those women who had taken up the offer of a Safety Watch for themselves and in some cases their offspring. Their descriptions of these women's experiences were diverse and captured a range of situations where there were real threats posed to the safety and well-being of their clients and their family members. Participant staff member 1 described the following:

... for the first woman she was saying "I feel good now but if something happens to me and I am severely injured or die as a result of the perpetrator," she said, "I know that someone would know what happened to me because of the watch" ... She also said that it is just giving her an increased sense of safety and being able to leave her home, which she was always very nervous in doing ... but she just thought that it just gave her that additional layer of protection and she had a good Safety Network which she identified ... she felt confident that they would respond quickly, so she had lots of confidence and faith in watch.

The second one, umm ... I know she was really grateful and appreciative of the watch because it gave her another layer of protection umm and having a baby as well being pregnant, she just felt safer.

In regard to another woman, the participant 1 staff member said:

I actually saw her relaxed, umm, which was an amazing thing because when I first started working with her before giving the watch, before starting the Safety Planning, she was very anxious, umm, very shaky, very teary most of the time, always on edge, hyper-vigilant, umm. But, umm, as time went on and we gave the watch and she just became a much more relaxed, confident person who won't be shaking any more ... I could really see the physical effect change in her, which was really lovely to see, and then she got to the point where she would contact us very frequently but then she got confident. She had less kind of need to contact services because she felt independent again and I think that was a really good thing.

Participant 2 staff member stated:

Yup, I have conversations with all of them, and they said their own feelings of safety has increased. That sense of safety, you know that kind of comfort blanket in their mind, and having that watch gives a sense of peace that no matter where I am I can have help straight away ... Yup, that mum who won't do shopping in this area has been shopping in this area for the past four weeks. She hasn't seen him thank goodness. But it has gone through that sense of comfort that she can actually shop in an open town and doesn't have to page ... But the women's engagement levels, like they are engaging with our services a lot better, umm, I can see they are engaged with lots of activities, it may be coinciding with school holidays, umm, but they are definitely going out with their kids a lot, enhances child well-being too.

Participant 3 staff member observed:

You see the change that they feel more empowered. They have taken the safety in their own hands essentially so, umm, so I think that is one of the biggest things of it. It feels like an extra shield for them for having that because I know lots of moms have found safer having it ... There was a vast improvement in their relationship and the way that they managed their situation using the device, so they moved from using the device to using other plans. And so, they found different ways to manage their risk and safety so that was fantastic. So, they have been taking all that in their own hands than having services coming and do plans for them so, yeah, that was fantastic.

Participant 4 staff member commented about the connections women had developed:

Yeah, I think the answer is twofold. Back to what I said earlier. Even them just saying I am going to be able to sleep at night, that sense of security, but also the other aspect of it is building up that social circle so that they are not having to rely on the monitoring centre, but people in their own lives and a family ... so it is not only her own well-being, but it is also building those relationships as well.

Participant 5 staff member talked about the relief the women experienced with the device:

Ohh, it is like a silver bullet. It is the answer which the parent had really been looking for ... the ability of their children to manage their safety when they are out of the primary caregiver's home. And so, the initial feedback we received from the parents was immense gratitude for the ability to enhance the children's safety ... I think air of relief knowing that, as Chris says, a speed camera being in place in the offending parent's home, umm, operating as really doing a check and balance for that parent. So yeah, as for me, gratitude and relief were really the initial responses that we received.

And further advised that a mother had reported that:

... inside the family they were house bound, isolated from the community, horrified to leave the home, and anecdotally my colleague was at a community festival at the Gold Coast and saw the entire family out with their safety watches and their support docs as well. So, the message for her was 'oh my, they feel safe enough now that they can all leave home as a family'.

Participant staff member 6 saw the device as helping women's emotional/psychological well-being and stated the following:

And yes, I would definitely say she was more relaxed and, umm, definitely has more confidence in it. Her contact was a friend of hers who lived out of state and she was just happy that he would be able to psychologically support her in case of any incidents. So yes, I definitely saw, umm, there was a change in the mother ... I have seen improvements in her psychological well-being, and her reporting and her general manner, she did have more confidence. Her PTSD was more severe and the time when we met, she was in tears and, umm, very, very challenging mental health. Yeah, so I think by having the watch and what it can do, she is very enthusiastic and it is really heartening to see it.

Participant staff member 7 outlined multi-faceted benefits that stemmed from the use of the device across a number of families:

I have seen in a number of families that we have distributed the watches to, there has been changes in level of well-being and level of tensions, anxiety at home. It has improved. In fact we are working with a family where mom had a watch. She had five children. We gave a watch to two of the children because they were being intercepted by their father who was quite violent when they were getting to school ... I have seen confidence in children increased in terms of having these watches, in terms of knowing that they actually got that device that they can just press and be able to access safe person on the other end

... And recently we also had a situation in which we had watches set up for the children who were in contact with their very violent father, who was also trying to locate where their mom's home was. And the boys actually had their watches on in the car with their father, their father was actually driving past them their mother's house saying is that her house, is that her car? And they were able to activate the watches because they were worried in the car that their dad was going to find out where their mom is living. So, they were able to very covertly activate their watch while they were in the car and that is now data which can be used for breaching this man for stalking his family. So, you know these are the ways which I am seeing these watches useful as well.

And we actually had one family that described not feeling safe and we were sitting there and saying 'right here, right now, we are actually feeling safe, but do you feel safe?'. And she said 'no'. So, in addition to doing a Safety Plan, we deployed a watch for her and her children, and this was for the one of the children we geo fenced in and that family actually got to a point where 'we feel so good now, we are really happy with our Safety Plan'.

I have talked to a couple of family members who feel so much better and less worried about their family member or friend because they have the device.

The focus group staff members also outlined a variety of benefits to women and their families from having the device, which mirrored much of what the women participants had highlighted.

Different focus group member: Umm, I worked with a mum, and I think for her it was the first time she felt like she wasn't just being as ... was saying, being passed from one service to the next service providers to get that support. That tangible thing gave her to rest immediately. It gave her opportunity to feel safe and be able to link in with other support. I think for her, it gave her sense of relief - 'okay this immediate safety stuff is reduced enough that now my brain can work to be able to follow through other support services'. So, I think for her it was whoa, something happened and now what do I need to do next. She had family members and a neighbour linked to her watch, so for them it was not just I have to listen her out, but if she needs me, she will call me. So, it was a relief.

Different focus group member: I think relief for me as a DV practitioner, it gives me huge sense of relief when I know that we have got not just the device with the family because it is about so much more than the device, but is about what it actually provides with the family, that immediate access to support and the response that they can rely on, and they haven't had to qualify for ... Because it takes such a long time ordinarily to catch up with actual practical physical safety. It is such good thing to see there is no lag between these two.

Different focus group member: So, it is not the relief that the family felt, but it is also the freedom that relief gives them to be able to re-engage with the level of normality in their life.

Different focus group member: It has been so many people who have been relieved with the safety watch. Mom of course, and children have been taken without their consent from the paternal side. Kids were refusing to go to school because of worry of the paternal side visiting the school, so we have been able to reduce that anxiety. But there also malicious reports to Child Safety regarding the family I worked for, so who were able to use the watches to capture in mom's home as well in regards to Child Safety to prove that these things aren't happening at mom's home and care. And it is also a massive relief for mom to be able to record if needed and capture movements of her children if they were been taken from home in that sense.

Different focus group member: I was thinking in regards to Safety Planning, it moves around all the things the mom is doing and other support services that is actually part of that Safety Plan. So, whether it may be your mom, your sister, friend, and that you are no longer looking after your safety on your own. But you have a network of people that are part of that Safety Plan.

Different focus group member: When we have a written Safety Plan, it involves someone within the household mum or one of the children having to go and find the Safety Plan, whilst particularly not frightening or whatever, try to maintain their safety. So in really chaotic circumstances it relies on them having a level of cognition where they have to find the Safety Plan, re-look what they need to do and often it is not practical to do that, whereas with the safety watch I kind of visualise the family being held in a big palm of services and people around them who can keep them safe at that moment when they may not be thinking clearly as being able to go and get what they need to do.

Different focus group member: I think it does really well in setting them up. It actually opens up that conversation with the kids when we are setting up, particularly the kids about those gut feelings, of being terrified, feeling unsafe and connecting those feelings with the body, what that actually looks like for that individual child ... So that is really bringing into conversation, so through that big conversation in the whole process was powerful.

Different focus group member: I have a mom I am getting a safety watch to on Friday, and she has a lot of fear around contacting with police, and that is part coming from DV

experience, lots of manipulation from his behalf saying that police are not trustworthy. Although she said she will call police if she needs to, she needs to feel so, so at risk to call the police. Whereas this gives opportunity before she gets that stage because she is going to be far more likely to want to talk to her mom in, or her dad in, or friend in, so it means action will happen before something awful has occurred.

Different focus group member: I think the other thing is that it does mean that moms and kids are accessing support and connections with, you know, their family members, their responders and their support network. I think much more likely to do than call police or any other statutory body. I think what also gives them a sense of relief is to know that their responders can conference call the police and it is their decision, it is not her decision at that point. And I think that allows a lot of relief from mom as well in that moment that she doesn't also have to think about 'do I need to call the police' and what are the consequences of that. Someone else is actually going to make that call ...

Different focus group member: Well I would recommend the watches definitely. I know I have given out one and I have got one spare here looking out for family at the moment. What I have noticed in the client that I have issued is that they are confident, improved, confident to leave the home and she has that strength to keep moving forward.

Overall Perception of the Safety Watch

In their summations, these Act for Kids staff were strongly positive about the Safety Watch and its impacts on the women they work with who are experiencing, or at risk of experiencing, family and domestic violence.

Participant staff member 1 concluded:

I think overall it is brilliant. I highly recommend it ... umm, but i think it incredibly increases the safety for these women. It's incredibly valuable. I can't speak how enough about it, but I just think we just don't have enough ... The use of it should be absolutely continued and I wish it is more readily available to lots of different services as well.

Participant staff member 2 spoke similarly:

Enhancing safety. If a woman says her personal safety has enhanced due to the Safety Watch. That is the perfect outcome for me because it is all about making them feel re-safe, reconnected to community, or even if it is a new community, it is about feeling safe. And everything from there flows out, flows on to your children, flows on to you, preventing you from doing normal activities that actually keeps you isolated. But if you feel safe, you start to reconnect with the community. So I definitely feel it should be continued, I love them he, he, he.

Participant staff member 3 was succinct:

Umm, it is quite valuable. I suppose it gives us another option to provide a family when they are looking for safety and probably strengthen their Safety Plans to certain degree as well.

Participant staff member 4 highlighted the following aspects:

I can see that in one of the cases, in particular, that it's become an active part of the case plan to expand, so to have the device and technology and use that to, umm, build the social network for mum. So actually, it has assisted in that sense. But that is only one that I have been able to look at ... However, yeah so it is kicking the goals ... we know it increases the feelings and perceptions of safety which I suppose is more than half of what we want. The actual device itself is fantastic. We use it ourselves so there are no issues with the actual device ... But in terms of increasing safety for women, it is definitely doing that. And, yeah, it should be continued, more of it.

Participant staff member 5 spoke about the positive impacts for children:

... There is no comparison to make, there is absolutely no comparison to make ... To be frank about it, they are revolutionary to me. They are absolutely revolutionary in the respect for our ability to help kids feel safer, their parents feel safer in the contexts where the coercion is taking place. So, there is really no comparisons to be made, they are revolutionary in my professional opinion. The absolute bomb line in all of these is child safety for me, umm enhancing child safety and well-being is the cornerstone of all of this. It is keeping these children visible when they are at the homes of the perpetrators who by definition of their behaviours are invisible. And so, I don't feel that there is a dollar value that you could place on the benefits to enhancing the child's sense of safety when they are in the environment where they feel unsafe.

Participant staff member 6 identified the benefits for children:

Oh goodness that is incredible I think the fact that it can be used by a child, as well as an adult, and the options that you have. It can go to police, it can go to friends, it can go silent or email or texts, is incredible. I think it is just an incredible device and valuable.

Participant staff member 7 noted the opportunities that the device presented for family and domestic violence and the related program areas:

I would like this device to be available to as much women and children as possible because I can just see such benefit, not just in safety and domestic violence but, you know, when we got a family with substance abuse issues or mental health issues, and we have got little 'living' in those homes. I can just see so many other uses of these devices, but certainly within the child protection and DV, I am just a strong supporter of these watches and what they can provide to families and to women and to children.

A staff member participant in the focus group contributed to the discussion with the following observation about the positives the device offered to policy and practice in the family and domestic violence sector:

Our women's services are very interested in this product. We forwarded the email you sent through to all. They have got lots of women because they are not 24 hours services and that is happening a lot in lots of places, so that security after hours they would like the people in the home. They are contemplating whether they get some when you arrive at the home, and when you leave they take them, so just for the home itself for contact management. It is something they are looking at it because they definitely see the benefit.

Positive Impacts for Act for Kids Program

In her Letter of Support (Appendix 9), Dr Katrina Lines, Executive Director of Services, outlined the significant benefits the StandbyU Foundation Trial had for their staff and clients. What was clear from data collected from the service provider interviews and the focus group discussion was that the device initiative had a number of positives that flowed from it for the program generally, but also for the development of a number of staff. In particular, it was clear that this was largely unexpected by staff who had anticipated results for women and their families but did not necessarily expect positive benefits for their own and the agency's practice model for family and domestic violence.

For example, participant staff member 7 highlighted a range of benefits for Act for Kids practitioners concerning the ways in which they developed their approaches to the management of complex cases, and thereby developed their practice model. She said:

I don't think it hindered the management of cases at all. In fact, I think it is a really beautiful addition to the Safety Planning that we already do with these families. So, for me it is not just a watch, it is what sits underneath the watch. I feel like it is kind of assisted staff to really look at unpacking things perhaps a little bit more. Maybe they would have previously with the usual kind of Safety Plan model that people are gonna go with. I don't feel it actually hindered but it is totally the opposite and enhanced the case management and the work we do with the family ... And I just love that we can do things differently in the family support space. I feel like we are giving women and children more options and more choices about their own safety and how they wanted to manage that rather than having to qualify for things and then being dictated to about how it actually works for them. Continued? Most definitely, super passionate about that.

Different focus group member: ... the process of engaging in very effective immediate Safety Planning by the use of tool like the watch I think really changes the lens in how we engage in that aspect ... I can lean into a tool like watches ... and explore safety and have opportunity to have new dialogue around safety. As I mentioned before, we are not talking about an A4 sheet paper with some bullet points written on it, we are talking about a tangible device which is really effective tool for doing that safety work. This is doing the work.

Different focus group member: ... but for me I always put the watch with the safe and together perpetrator mapping so often when family or women is given something which they actually can hold and use it instantly, and which actually makes people feel listened to.

Different focus group member: So, what I guess it really facilitates that partnership with mom because you come to acknowledge that you have actually been doing a lot and how can I add to that and validate what you have been doing up to this stage. It is now about what she has been doing informally and now what we can do formally to ensure everything for this family, for these moms, for these kids.

Different focus group member: Absolutely, it definitely changed the way we look at safety ... we are no longer just looking at what mom is doing to keep the kids safe, but what we are adding to keep these kids and mom safe. And it has changed the way that we have those

conversations that it is not about what she has done in the past and what she continues to do, but it is really around asking really focussed questions around who else knows, who knows about these, like anyone in this world knows, do you trust anyone with this information? And I think looking at the safety from community perspective rather than service perspective has really changed with the use of these watches in my work anyway.

Different focus group member: It's been for me the success of that the women and children have not had to qualify, they have not had to go through a length of assessment process just to see whether they are deemed high enough risk to receive a watch.

Different focus group member: But it also leads to communication around like we understand, we understand there would be times when you won't feel at risk, you do at other times, but that does not give you a reason not to have a watch, it doesn't give you reason not to have access to this device.

Different focus group member: I would like to echo, that I think the success of the program has been is the fact that there is no robust sort of criteria that someone needs to meet to get access to these watches and I feel that breaks down barriers for women. That breaks down barriers for workers. It is some parts of assessment where workers get caught in the start, pulling information just to jump through the hoop and I don't think that is a good basis for assessing. I feel that the fact that there hasn't been that criteria, that has been really open to, it has broken down those barriers for those workers, but also those families that in order to access it, they don't need to qualify for anything. I think it beautifully sits in alignment with safety

Different focus group member: I guess It really highlights, really helps us work with and partner with survivors. I think that has been a massive thing for me, that partnership with survivors, and also bringing other stakeholders in highlighting the importance of partnership with survivors and believing what they saying and supporting that as well instead of putting that something like they need to change or they need to fix the problem.

Different focus group member: I think they are getting just the choice to reach out too, it is really empowering. I think every single step that they had taken the system around them has completely disempowered mom so she was actually able to choose who she wanted to be those support people, and I think that has been a big conversation we started to have is what does mom want.

Different focus group member: In regards to why it is awesome that watches sitting with the Act for Kids and intensive family support as well as a fact service, like as a fact we get referrals from non-consenting families so actually that family hasn't reached out to a service, we are reaching to them. And though sometimes we get told that they are not interested, and that's fine, and that is their, it is their decision-making process, but for lots of families it means there is an extra point of entry getting access to support. So, having to wait until that family feel need to get support from DFV support services.

Different focus group member: I think adding on to that the safe and together model which gives us space to be able to have conversations with the foundation of source of risk is why the watches has been deployed as well ... So, I think this model safe and together opens up to using these watches as a tool within this model as well.

Different focus group member: Like I could not be prouder of the fact that Act for Kids really have been pioneering this with StandbyU, and I just feel so strongly to have these conversations all the time with whole bunch of different stakeholders and networks. I really hope that at some point they might be some shift in that space where they could adopt this same kind of way of deploying these devices, but I feel so proud of the work so done in Act

for Kids and in family support services around the DV work and around deploying these watches.

Different focus group member: ... so the reason I felt that these watches and how they function sits much better in the family support space is because we are providing case management support to the families and we are able to. The family support practitioners do so beautifully here is actually how they go out to extend on to people social support networks and re-engaging in community life and I actually feel that these watches sit so beautifully alongside that because they have the ability to be able to unpack, explore over the period of time of support. Someone might come to the service with absolutely no social network and by the time they have actually left our service, there will be lot of work done with that family around engaging them in their community and actual support system.

Different focus group member: I think the other point I would like to make is that DV impacts the whole family and that's why I believe that it makes real sense of sorts within a family support services. That is, actually the perspectives of all family members are considered, that needs and worries, goals and hopes and dreams are considered of all family members. That's really unique within a family support space not just DV space.

Different focus group member: That is what we often find in general and generalised family support services we are seeing a whole bunch of invisible families that are not going to DV services. Some of the families we are working with are the same families but a lot of them are not. Quite frequently families won't go directly to DV services, they will go to more generalised services and DV is disclosed through that support. They are the families we want to work with, the invisible families that no one else is seeing.

Different focus group member: I think it aligns beautifully because there is lot of distrust with Aboriginal and Torres Strait Islander people with the services, so if they can be linking with that family which comes so ingrained in that culture. I think it just really supports. They do things anyway, putting a set arrangement, obviously there is lot of fear within Aboriginal and Torres Strait Islander families accessing support services, especially because they are over represented in the legal system as well as the child protection system. And if we can avoid making contact with them, and relying on community and family I think it is a beautiful thing. So that is being a really strong point for this family being identified, wonderful benefit linking with family so that is being great, that is the biggest point.

Challenges and Barriers

The Act for Kids staff were also asked about potential challenges and barriers for the project and for the participating women. Some reported that there were no drawbacks other than administrative teething thus far. For example, participant staff member 2 advised:

Definitely not, they are very easy and handy, and StandbyU is always there to help. I know I have had to ring them a couple of times.

Similarly, participant staff member 3 stated:

Umm, I don't think so, no, no, there isn't any other challenges. The watch helped not hindered in case management.

Whereas participant staff member 1 advised:

I think the only thing for us was because it is new thing and I struggled a little bit with initial set up and paperwork, umm, because it has only been explained to us but Chris was just a fabulous person ... and we had actually got him over the phone and he kind of walked us through that initial kind of set up and paperwork phase together and that was great ... but the booklet does take us through quite well but yeah that was the only thing I felt was a little difficult.

And participant staff member 4 also noted these issues:

Each staff member has to come and check every single time they are doing the paperwork right, and I guess there is a fair bit of paperwork involved. So there is a challenge for the organisation, but I suppose its teething problems.

Participant staff member 5 spoke about managing client anxieties:

... fears and worries about not having a community of people to aid in managing the safety ... so i guess a lot of anxiety stems from a lot of assumptions from the clients ... who is going to be collaborating with the young persons and the parent in this watch? I find that conversation and going through the documentation alleviates the anxiety.

Similarly, participant staff member 4 described the following issue:

And I suppose one of the challenges for the children is that when they want to name people who the phone call goes to, they automatically want to name their mum, whereas mum is the one who is not safe. So, it is a tricky conversation ... You wouldn't want to keep on going to the monitoring centre. You don't want the kids to go to their parents who are either perpetrator or the victims so, umm, yeah.

Key Themes Identified for the Act for Kids Staff

These Act for Kids staff were, overall, very positive regarding the Safety Watch and its impacts upon their client women and families. They viewed the rollout as entailing Safety Planning combined with the device as enabling clients to do work they hitherto had not been able to engage in. The women they selected for inclusion in the project had significant safety issues present in their living arrangements and social environments. The key themes from the participant Act for Kids staff qualitative data were:

- They noticed real changes in the psychological states of the women and children - they were less stressed and anxious, and more relaxed and therefore able to better engage in Safety Planning;

- The women appeared to be feeling more in control of their living situations, and were feeling much safer than had previously been seen by their case workers;
- There was an air of increased confidence noticed with regard to their client's involvement with Act for Kids and the other support agencies;
- The women were much more engaged and connected within their community, and more prepared to go out and do regular activities such as shopping and meeting with others;
- Most staff thought the operationalisation of the project was unproblematic, although some spoke about administrative teething problems but also noted that the support provided by StandbyU staff was timely and purposeful;
- The staff recognised that their client women and families were feeling safer and that this was leading to a range of other positive outcomes for them; and
- Staff broadly advocated for the project and Safety Watches to be more available to those who could benefit in other communities and with other agencies.

There were also impacts and developments for the Act for Kids IFS services policy and practice that were recognised as resulting from the introduction of the device into their work with women and children experiencing family and domestic violence. In some senses these benefits were unanticipated by many staff whose focus was more upon the outcomes for their clients. Nonetheless, the Trial of the devices led to tangible improvements in the ways that this work was done, and enabled innovation and creativity.

The device became a tangible aid and a facilitator for some of the improvements that included:

- Relationships with clients altered to become more partnership oriented;
- Client agency and empowerment became more evident;
- Processes for engagement with traumatised women and children improved;
- Safety Planning and case management practice developed;
- Program and practice feedback loops about efficacy were enhanced; and
- Linkages with the broader service networks expanded.

So, overall, rather than being an impost upon the workload of staff the Trial outcomes were substantial improvements in their policy and practice frameworks, as well as the earlier identified benefits for women and their families. As the evaluation study shows, the Trial has been highly successful on many fronts.

Key Learning and Issues

The aim of this Safety Watch Trial was to improve the safety and well-being of women experiencing family and domestic violence. This would be achieved through realigning the support interventions for women and families by increasing their access to, and utilisation of, portable digital technologies which connected them to their personal Safety Network. Working with Act for Kids as the key partner and stakeholder, StandbyU assisted the women to obtain the device and develop their Safety Plan, and then connect with people who the women chose to be their critical sources of social support and safety assistance. This Trial sought to improve safety by facilitating closer connection with their personal Safety Network members.

Guidance was provided for women concerning operating the device and also for the Safety Network members about roles and responsibilities for safety interventions. Importantly, the project enabled participants to have increased control over their lives by linking them to an assured communication system that provided security and help when they needed it. There was a diversity evident in the women participant's situations concerning their age, cultures, family characteristics and their experiences of family and domestic violence, although overall it was evident that many were facing real ongoing threats to their safety, and their experiences had significant impacts on their health and well-being.

This evaluation research study sought to ascertain the extent to which the device and the associated Safety Planning achieved these aims. The exploratory and explanatory research design used mixed methods and collected data from the women participants who agreed to be part of the study as well as from relevant Act for Kids staff members. Their perceptions of the device and Safety Planning impact upon the women and their family member's safety and well-being were the primary focus, and the intended and unintended outcomes of the use of the device for all study participants.

Taken overall, the quantitative and qualitative data collected from the participant women and the Act for Kids staff demonstrated high levels of agreement about the positive results from using the device. The different types of data demonstrated triangulation and this enables greater

confidence in their reliability and validity. While there are limitations to the study design and methods there are nonetheless clear results and knowledge about the benefits of the device for these women and their families.

There were six primary questions that drove the evaluation research into the project. The study findings relevant to each of these questions will now be examined and summarised.

1. *How did the device affect participants' perceptions of their personal safety and well-being?*

The quantitative and qualitative data showed that the 27 participants were highly positive regarding the device and indicated that they felt safer and more at ease within themselves as a result of having it. Many stated that the device provided them “peace of mind”. It was described by participant 9 as a “game changer”. They rated the device very highly for increasing their safety and well-being, and this included when they were at home and when they were out – many finding that because of the increased safety that they were enabled to go out and re-connect with their community.

In essence, the device increased their personal safety because it provided them timely and easy access to their group of mostly informal Safety Network members as well as the Monitoring Centre and the police. Many felt empowered by the Safety Planning processes and use of the device because they were able to develop their personal agency and decision making to develop a Safety Plan that would be there when they needed it. Many felt that they were now able to live the sort of life that they wished to have and thereby break the shackles of being an ongoing victim of violence. In this sense the device had been personally liberating for some.

They found that when they activated the device that their Safety Network which mostly consisted of family, friends and neighbours, sprang into action and intervened to provide effective interventions and support. The device provided practical, preventative help in de-escalating incidents. It also provided a recording capability that could assist them with evidence that would help them to feel believed by others. The device capability of providing their location was also spoken about favourably. Some spoke about how well the device had worked in high-risk situations by providing them with a recording device that allowed their Safety Network and the police to hear what was actually happening and to then spring into protective action. The device, they believed, helped them to connect immediately to helpers.

Feeling safer was a catalyst for many women to then be able to relax and decrease the hyper-vigilance that they had hitherto had to activate in order to keep alert to avoid ongoing violence. This was no small change in their lives and provides an insight to why they were overwhelmingly enthusiastic about the device.

Despite the limitations of qualitative methods, the data collected so far has been illuminating regarding the participants' changed circumstances. Essentially, they are feeling safer, more confident and less impacted by the stress of the situations they face. Being more closely and regularly connected with their families, Safety Network members, and the community has been very positive for them.

2. What were the device's impacts upon participants' overall situation and circumstances?

Because the device enabled connection with a web of care and support from their Safety Network members, the women participants spoke very positively about improved relationships with others and that this aided their well-being by providing readily accessible social support. They were no longer having to carry all the burden themselves but, rather, were able to share their situations with others who were close and cared about them. The participant women found that they could depend on the security and support their Safety Network provided them. This was especially important as some participants had previously experienced inadequate responses from police and support services.

Moreover, many women participants spoke about how their family members and supports were also very positive about the device's outcomes for the women participants. Their dependent children were also very pleased with the changed environment they found they now lived within. The increased safety for the women helped others to also improve their own safety and security and there were flow-on benefits. For example, families who had previously felt imprisoned within their own home found that the device-related safety allowed them to go out and enjoy time in the broader community.

3. In which ways did participants use the device?

Some used it as a hidden device while others were open about its use and capabilities with those who were a threat to them. Many examples were provided by the participant women regarding how they could fashion the ways in which they used the device to increase their safety. Those who

hid it found that their safety increased because those who threatened them were unaware that others could hear and then proactively intervene quickly. Those who had disclosed it to those who were a threat to their safety were aware that they could no longer be violent and go undetected by others. They then changed and controlled their violent behaviour.

Many spoke very favourably about the how easy to operate they found the device to be. With only one button to push they believed that this provided far greater utility than a phone, particularly when they were panicked or stressed due to a violent incident being in process. They could quickly activate the alert and access the security and aid they required.

Given the multiple benefits they experienced it is understandable why many of these women participants were highly satisfied with the device. Many were strongly advocating for the device to be provided for all other women experiencing family and domestic violence. Furthermore, there were suggestions provided for using the device with people who had disabilities or health issues.

4. *What were the challenges and barriers that arose for participants in using the device?*

The matter raised by a number of participants was that the device battery had a life of around 12 hours and that they therefore had to remember to recharge it regularly. A participant who had a mobility disability also advised that when she was getting in and out of her wheel chair she needed to be careful that she did not accidentally trigger the alert button. No other issues were raised by the women participants.

5. *What were Act for Kids staff' perceptions of the intended and unintended impacts of the device upon these women participants and their family's safety and well-being?*

The results indicated that the Act for Kids staff provided strong support for the findings provided by the women participants. The staff members stated clearly that the device provided a significantly improved level of safety for the women and children who were experiencing family and domestic violence. They also identified how these women and their families were functioning much better emotionally and behaviourally. They were in a far different place than they had been in. Staff perceived the women involved in the Trial to have greater agency and to be more in control of their living situations. Staff saw that the women and their families were more confident in their demeanours.

In addition, they found the women and their families enhanced well-being also led to other improvements and positive outcomes. This included them being more emotionally and relationally connected with others and their communities. There were flow-on benefits noted for the psychological and emotional health and well-being of their clients.

Most staff found the operationalisation of the Trial project to be unproblematic, despite some initial teething issues, and they appreciated that there was an easy process for determining which women could be offered the device and to participate in the Trial. They found that this enhanced the assessment and case management processes by streamlining the provision of a practical intervention that increased women and their family's safety and security, as well as their well-being.

6. *What were Act for Kids staff' perceptions of the intended and unintended impacts of the device upon their own work with these women participants and their families?*

The focus group, in particular, provided findings about a range of positive outcomes and benefits for the Act for Kids agency, and its IFS service. Participant staff noted that there were improvements in the policy and practice model for work with women and children who had experienced family and domestic violence. For example, the women were found to be more engaged with the development of their Safety Planning than is usually the case. Staff shared that their own practice with traumatised women was improved by being able to better engage with them about the development of their personal Safety Network.

There were improved partnership and sharing of power and decision making evident and this was viewed very positively. Greater agency and empowerment by the women participants were noted and this helped in the provision of ongoing services and supports, as well as helping the women to engage with other community support agencies. Moreover, some staff highlighted how Act for Kids was being approached by a number of other support agencies for access for their clients to the device and the Safety Planning and support processes. Staff found that Act for Kids program and practice feedback loops had improved with regard to the efficacy of their practice approaches. Better inter-agency linkages resulted.

No adverse outcomes were identified by staff for their clients or Act for Kids. Indeed, a letter of support for expanding the Safety Watch program has been provided by the agency.

Overall, staff recognised that the device had been a catalyst for improvements in case management and it enabled innovation and creativity in working with women who were in situations that often entailed significant risk of serious violence. It was unsurprising that many staff believed that the program should be expanded and advocated for others to also be given the device.

Conclusion

This Trial has provided an encouraging initial evidence base for increasing the safety and well-being for women and children who are experiencing domestic and family violence. There were a range of flow-on effects from the use of the device such as greater relational and emotional connection with others and the broader community. Women were more engaged with their supportive Safety Network as well as staff at Act for Kids. Importantly, the participant women recognised greater agency and confidence in their living situations.

Act for Kids also observed this range of positive outcomes as well as improvements in their practice framework and services for women and children experiencing domestic and family violence. The staff identified multiple positive outcomes for their IFS service and the ways in which Safety Planning and case management occurred.

It was unsurprising therefore that the study participants advocated strongly for its expansion in the family and domestic violence sector, as well as the broader application in the disability and health sectors. As a group they concluded that this device had made tangible improvements to their situations and circumstances.

The study, despite some methodological limitations, has provided a reliable and valid evidence base to justify continued use of the device, and for ongoing, more robust evaluation of the impacts of these sorts of digital technologies in social programs. This evaluation report has presented a range of encouraging results about the positive outcomes for the participants. No women or staff participants identified negative outcomes for themselves or others as a result of using the Safety Planning and device. Taken overall, there is sufficient evidence provided to support the expansion of the program and its continued evaluation.

Appendix 1: Women focussed questionnaire

DEMOGRAPHIC DETAILS

Date:

Agency Name:

to discuss your experience of using the Safety Watch

Your participation in this research project is entirely voluntary. If you decide to withdraw, you can do it anytime without prejudice or having to give a reason. If you withdraw within a few months on request, any information that has been collected from you will be destroyed

The findings will be used by Act for Kids staff, StandbyU Foundation, prepare a report regarding the use of the Safety Watch and how it affected you and your family's well-being

The Device User

Age	Cultural Background	Suburb	Postcode
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Device User's Household Members

Gender	Age	Cultural Background	Relationship to User
Male			
Female			

Male

Female

Male

Female

Male

Female

Male

Female

Experience of DV

a. Can you tell us about your early life

b. Can you tell us about your experience of DV

Presenting issues outlined in the assessment and/or case plan *(Select all that apply)*

Types of Domestic violence (DV)/Intimate partner violence (IPV) experienced	Yes/No
---	--------

Physical violence

(For e.g. pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon etc.)

How often (frequency):.....

Psychological violence

(For e.g. intimidation, constant humiliation; various controlling behaviors, such as isolation from family and friends, monitoring movements, financial control, and restricting access to services etc.)

How often (frequency):.....

Sexual violence

(For e.g. forced or alcohol/ drug facilitated penetration of a victim; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature; unwanted sexual advances or sexual harassment, including demanding sex in return for favours; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases etc.)

How often (frequency):.....

Which type of violence was most serious from your experience?

Impact (s) of DV/IPV

Physical health

Physical injury Yes/No

Physical illness (pain, hypertension, stroke, gastrointestinal symptoms, concentration difficulties etc.) Yes/No

Disability Yes/No

Reproductive health (pregnancy outcomes, unintended pregnancy etc.) Yes/No

Other: please specify.....

Psychological health

Suicidal thoughts Yes/No

Alcohol and other substance abuse Yes/No

Mental illness (depression, PTSD etc.) Yes/No

Others: please specify.....

Any other impacts not addressed above:

Please specify

Have you approached for help from different existing support sources- how are your experience (the response, help) from police, health, community service agencies?

OVERARCHING EXPLORATORY INTERVIEW QUESTIONS

Women's knowledge on the use of device

1. From your perspective, what is the main purpose of this Safety Watch device?
2. What did you hope/expectations to gain/achieve through the use of this device?
3. Has the device met your expectations and/or needs? Please explain.

Women's use of the device

4. Can you please tell us how and when did you use this device? Please explain.

Outcomes of using the device

5. In what way(s) do you think the device has affected you?

How has the device affected your safety?

Did you feel safer after receiving the device, how?

How has the device affected your well-being (physical, psychological, social)?

Do you think your well-being has improved? Explain

Do you think your well-being has decreased after using the device? Explain.

Has the use of device helped you connect with people around you? If so please describe.

In what ways do you think the device has affected your family's well-being?

Did other family members say or behave in ways that you thought showed that their well-being improved? Explain.

Did other family members say or behave in ways that you thought showed that their well-being decreased? Explain.

Were there unexpected changes in the family's overall well-being after you received the device? Explain.

6. Have there been any other effects of using this device from your experience? If yes, what sorts?

7. In your opinion, what are the most important benefits that have resulted from the use of this device?

Women's experience of challenges/consequences

8. Did you experience any challenges, barriers or unintended consequences that kept you from using this device?

Prompt, as necessary:

Were you able to use the device as you needed? If so, how so? If not, why not?

9. What can be done to address these challenges or barriers?

10. Overall, do you think the device has impacted greatly in your daily life? If so, please explain.

Taken overall, what is the ultimate worth, merit or value of this device?

Will/should the use of device by women be continued or curtailed? Please explain.

Attitudes towards use of device

Likert Scale Questions – Circle your response concerning your level of agreement with the statement.

The Safety Watch device Safety Plan was very easy to complete.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Upon completing the device Safety Plan, I felt completely reassured that help and support would be available when needed.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Wearing a device with the Safety Plan programmed into it has significantly improved the timeliness of the safety response.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Wearing a device with the Safety Plan programmed into it has significantly improved my safety.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Wearing a device with the Safety Plan programmed into it has significantly improved my sense of well-being.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Wearing a device with the Safety Plan programmed into it has significantly improved the family's well-being.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Having a device with the Safety Plan programmed into it has significantly increased my Safety Network.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Having a device with the Safety Plan programmed into it has significantly increased my engagement in Safety Planning.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Having a device with the Safety Plan programmed into it has significantly increased the family's engagement in Safety Planning.

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Overall, I would recommend the use of this device for other women (vulnerable to violence and/or experiencing violence).

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Appendix 2: Staff focussed questionnaire

Date:

Agency Name:

The Staff Member Details

Gender	Age	Your Professional Qualifications
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Male

Female

How long have you been working in the child and family (FADV) support sector?

< 6 months	Between 6-12mths	13 months up to 2yrs	2yrs up to 3yrs
3 years up to 5 years	More than 5 years to 10 years	More than 10 years	

How long have you been working overall in the Health and Human Services Industry?

< 6 months	Between 6-12mths	13 months up to 2yrs	2yrs up to 3yrs
3 years up to 5 years	More than 5 years to 10 years	More than 10 years	

Details of the Household Members of the device users

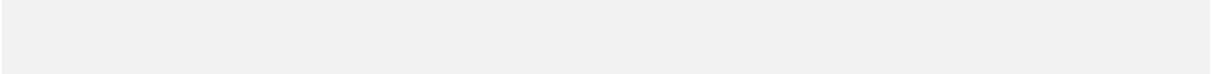
Gender	Age	Cultural Background	Relationship to User
---------------	------------	----------------------------	-----------------------------

Male

Female

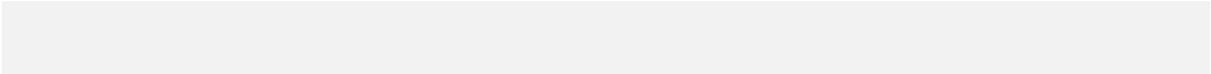
Male

Female



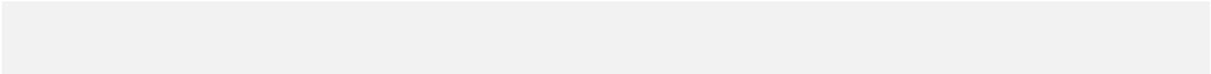
Male

Female



Male

Female



Male

Female

Presenting issues for the device user outlined in the assessment and/or case plan *(Select all that apply)*

Device users experience of type of domestic violence/intimate partner violence	Yes/No
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Physical violence

(For e.g. pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon etc.)

Psychological violence

(For e.g. intimidation, constant humiliation; various controlling behaviours, such as isolation from family and friends, monitoring movements, financial control, and restricting access to services etc.)

Sexual violence

(For e.g. forced or alcohol/ drug facilitated penetration of a victim; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature; unwanted sexual advances or sexual harassment, including demanding sex in return for favours; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases etc.)

Impact of DV/IPV on the device users (circle)

Physical health

Physical injury	Yes/No
Physical illness (pain, hypertension, stroke, gastrointestinal symptoms, concentration difficulties etc.)	Yes/No
Disability	Yes/No
Reproductive health (pregnancy outcomes, unintended pregnancy etc.)	Yes/No

Other: please specify.....

Psychological health

Suicidal thoughts Yes/No

Alcohol and other substance abuse Yes/No

Mental illness (depression, anxiety, PTSD etc.) Yes/No

Others: please specify.....

Any other impacts not addressed above:

Please specify

Which of the above presenting issues worry you the most about the Device user's safety?

Exploratory Questions

Service provider's perceptions

What were your considerations (factors) in choosing the Safety Watch device for this woman?

What benefits do you anticipate the device will offer to the woman, and overall case management of the case?

Did you anticipate any potential issues/concerns stemming from using the device that may arise for the woman and overall management of the case?

Service provider's experience: women focussed

In your opinion through your observation/experience:

How has the device affected the women's safety?

Did the woman behave in ways that you thought showed they felt safer after they received the device? Explain.

Did the woman behave in ways that you thought showed they felt less safe after they received the device? Explain.

Did other people express opinions about how the device affected the woman's safety? Explain

How has the device affected the woman's well-being (physical, psychological, social)?

Did the woman say or behave in ways that you thought showed that their well-being improved after they received the device? Explain.

Did the woman say or behave in ways that you thought showed that their well-being decreased after they received the device? Explain.

Did other people express opinions about how the device affected the woman's overall well-being? Explain.

How has the device affected the family's well-being?

Did other family members say or behave in ways that you thought showed that their well-being improved after the woman received the device? Explain.

Did other family members say or behave in ways that you thought showed that their well-being decreased after the woman received the device? Explain.

Were there unexpected changes in the families overall well-being after the woman received the device?
Explain.

4. Overall, in your opinion, how has the device affected woman's situation after they have received the device?

What are the positive changes/outcomes in woman's situations?

What are the negative changes/outcomes in woman's situations?

Service provider's experience: service focussed

5. Did you experience any challenges, barriers, or unintended consequences in managing the case using the Safety Watch device? Explain

Were you able to manage the woman's situation as needed? If not, why?

6. What can be done to address these challenges, barriers, or unintended consequences?

7. Overall, how has the use of this technology aided or hindered the management of the case? Please explain.

8. What is overall impact of this device in managing the case?

What is the ultimate worth, merit or value of this device? Explain.

Should the use of device be continued or curtailed? Explain.

Service provider's attitude towards the women's use of safety device

Likert Scale Questions – Circle your response concerning your level of agreement with the statement.

The device Safety Plan was very easy to complete

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Upon completing the device Safety Plan, I felt completely reassured that help and support would be available when needed.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Wearing a device with the Safety Plan programmed into it has significantly improved the timeliness of the safety response.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Wearing a device with the Safety Plan programmed into it has significantly improved the women's safety.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Wearing a device with the Safety Plan programmed into it has significantly improved the women's sense of well-being.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Wearing a device with the Safety Plan programmed into it has significantly improved the family's well-being

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Having a device with the Safety Plan programmed into it has significantly increased the women's Safety Network.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Having a device with the Safety Plan programmed into it has significantly increased the women's engagement in Safety Planning.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Having a device with the Safety Plan programmed into it has significantly increased the family's engagement in Safety Planning.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Overall, I would recommend the use of this device for other women.

Strongly Disagree **Disagree** **Neither Disagree or Agree** **Agree** **Strongly Agree**

Appendix 3: Participant Information Sheet (women)

Participant Information Sheet

What does Act for Kids want my consent for?

At Act for Kids we are privileged to be entrusted by our clients and their families to share in their personal journey, and we're committed to making sure the supports and services we provide make a positive difference to the safety and wellbeing of children, young people and families.

As part of this commitment, Act for Kids, StandbyU Foundation and the Department of Social Services are conducting an evaluation of the use of the Safety Watches with you. In this evaluation, StandbyU have engaged independent researchers to assess the use of the Safety Watches and the impact that this has had on your safety and wellbeing, and that of your family.

What kind of information will Act for Kids share about me?

In accordance with legislation, Act for Kids is not allowed to publish or share any information which identifies or is likely to identify you or a member of your family. This means that information that

we gather will be treated as confidential and any identifying information will not be published or shared with anyone else.

The researcher and/or research assistant will be provided with your contact details in order to contact you to discuss your experience of using the Safety Watch. The researchers will not be provided with any additional information in relation to you or your family and will conduct all interviews via a phone. There will be a baseline interview at the start and a follow up interview after 6 months.

When the evaluation is published, to meet our obligation under relevant legislation, we will not use any information that could identify, or is likely to identify you or a member of your family.

Who will see my information?

Research information will be accessed by Act for Kids staff, StandbyU Foundation, the researcher team and the Department of Social Services. If the research is published it will only use aggregated and de-identified data from the study participants. Your personal details will not be published, only the data collected from you in relation to your experience in using the Safety Watch and some general demographic data.

Can I decline to participate or withdraw from the study?

Your participation in this research project is voluntary and entirely your own choice. If you decide to participate, you can withdraw at any time without prejudice or having to give a reason. If you decide not to participate, or to withdraw from the research, your decision will not disadvantage you in any way.

Do I get anything for participating?

Aside from keeping the StandbyU Safety Watch, as a sign of gratitude and acknowledgement of your time, participants who complete the baseline (beginning) AND 6-month interviews, will receive a \$25 Woolworths Gift Card (or similar) for each interview. The card will be posted directly to you upon advice of completion. **Please note, the feedback provided will not advantage/disadvantage you in any way.**

Appendix 4: Participant Consent Form (women)

What am I consenting to by signing this form?

By signing this form, you are stating that you acknowledge and agree with the following statements:

1. I hereby authorise Act for Kids to make use of my information only for the purposes of researching the effectiveness of the StandbyU Safety Watch. My contact information will be shared with the researcher and/or research assistant so that they are able to contact me to complete a questionnaire. This questionnaire will contain basic demographic information as well as information about my/my children's experience of using the StandbyU Safety Watch.
2. I have read (or have had explained to me) and have been provided with a copy of the Act for Kids Client Privacy Statement. I understand my rights and how Act for Kids will manage my/our information and protect my/our privacy in accordance with the Privacy Act and Child Protection Act.
3. I understand that Act for Kids are not permitted to publish or disclose my/our personal information to any third party and that it will only be used by Act for Kids as agreed to above.
4. I understand that in providing my consent it will apply until I withdraw my consent and that I can withdraw at any time without any disadvantage or consequences to me.
5. I understand that the research project will include an audio recording during the interview upon my consent and

I agree for the interview to be audio recorded.

I do not agree for the interview to be audio recorded.

Name	
Address	
Contact Phone Number	

Email Address	
Signature	
Date	

Appendix 5: Supporter privacy policy

Supporter privacy policy

Act for Kids (ACN 142 986 767) is dedicated to protecting the privacy of your personal information. We comply with the Privacy Act 1988 (Cth). This Policy sets out the types of personal information we collect, the purposes for which we collect it and how we hold, use and disclose personal information. By donating, fundraising, volunteering or providing your personal information to us, you agree to the terms of this Policy.

Privacy Officer
Act for Kids
PO Box 1844
Milton QLD 4064
privacy@actforkids.com.au
1300 228 000

Collection of information

We collect your personal information to allow us to perform our charitable functions and activities. These may include:

- processing your donations
- processing your purchases from us (for example, art union tickets or merchandise)
- registering your fundraising activities;
- registering you as a volunteer
- responding to your queries.

We may also use your personal information to provide you with updates about our work, fundraising activities and events, or to conduct research about your opinion of us and our activities. You can opt-out of receiving these communications by using the unsubscribe facility available in each communication or by contacting our Privacy Officer directly to cancel future communications. The types of personal information we collect and record include:

- contact information, such as your name, address, phone number and email address
- financial information, such as bank account numbers and credit card details
- any additional information legally required for things like Blue Card applications for volunteers.

Occasionally, we may ask you for additional personal information such as your gender, your age or your occupation. This type of information is only collected directly from you and you can always decline to provide the information.

Disclosure

In order to provide you with the products or services you request, we may disclose your personal information to our consultants, contractors and service providers performing services for us including (but not limited to) mail-house, email distribution, art union administration, Commission for Children and Young People and Child Guardian, legal and accounting.

We will not disclose your personal information to third parties unless we have reasonable grounds to believe:

- you have authorised us to do so
- your safety, or the safety of others in the community, is at risk
- we are required or permitted by law to do so.

If we provide your personal information to a third party, we generally require the third party to protect your personal information in the same way we do.

Storage

Any information we collect from you is kept securely. Personal information is only retained for as long as is necessary for the purposes identified above or as required by law.

Access and correction

You can request access the personal information we hold about you. You may do so at any time by contacting our Privacy Officer. We can only refuse your request if permitted by law. If your request is refused, we will provide you with a written explanation for that refusal. If you discover your information is incorrect, incomplete or out-dated please notify our Privacy Officer and we will endeavour to correct or add to the information as soon as possible.

Sensitive information

We will only collect sensitive information about you with your consent (unless we are otherwise allowed or required by law to collect that information). Sensitive information includes information about your health, racial or ethnic origin, religious beliefs and criminal record. We collect sensitive information about the children and families that we help. This information is held with the utmost security guided by our client privacy policy and we do not disclose it unless the grounds for disclosure above are satisfied.

Changes to Policy

We reserve the right to change this Policy from time to time. If this happens, we will post an updated copy on our website and your continued relationship with us following that posting will constitute your acceptance of the terms of the updated policy.

Complaints

If you have a complaint regarding information collection or privacy please contact our Privacy Officer on 1300 228 000, privacy@actforkids.com.au or PO Box 1844, Milton, Qld, 4064. We will endeavour to respond to your complain within five business days.

Appendix 6: Participant Information Sheet (Staff)

Participant Information Sheet

What does Act for Kids want my consent for?

As Act for Kids are committed to making sure the supports and services we provide make a positive difference to the safety and well-being of children, young people and families.

As part of this commitment, Act for Kids and StandbyU Foundation are conducting this research project to evaluate the use the Safety Watches for women experiencing domestic violence who access our services.. A report with de-identified information will be prepared for the Department of Social Services who are interested in seeing how useful the Safety Watches are in improving women's safety and your views as staff are important. In this evaluation project, StandbyU have engaged independent researchers to assess the use of the Safety Watches and the impact that this has had on you as a practitioner and the women and their family's safety and well-being.

What kind of information will Act for Kids share about me?

In accordance with legislation, Act for Kids is not allowed to publish or share any information which identifies or is likely to identify you or the families you work with. This means that information that we gather will be treated as confidential and any identifying

information will not be published or shared with anyone else. Your privacy will be protected.

When the research project is published in order to meet our obligation under relevant legislation, we will not use any information that could identify, or is likely to identify you or a member of your family.

How will the information be collected?

The researcher and/or research assistant will be provided with your contact details in order to contact you to discuss your experience of using the Safety Watch. The researchers will not be provided with any additional information in relation to you and will conduct all interviews via a phone. There will be a baseline interview and a follow up interview after 6 months. The phone interview will take approximately 15-20 minutes and it will be audio recorded upon your consent. If you prefer not to be audio-recorded the researcher will take notes, and the interview will take approximately 15 minutes longer to complete.

Can I decline to participate or withdraw from the research?

Your participation in this research project is entirely voluntary, although is supported and encouraged by Act for Kids. Your decision to participate, not to participate, or withdraw in between will in no way impact or disadvantage you or the women and families you work with.

Do I get anything for participating?

No, staff will not receive anything for participation. Act for Kids is committed to best practice and the information you share will be important in shaping future service delivery and safety for women and their children.

Who will see my information?

Research information will be accessed by Act for Kids staff, StandbyU Foundation, and the research team members who will analyse the information and prepare a report on the findings regarding the use of the Safety Watch and how it affected you and your family's well-being. The report will not contain any identifying information about you and will

instead describe overall, general results based on aggregated data about use of the Safety Watches. The final report will be provided to the Department of Social Services and will only contain generalised findings – no identifying information about the women who participated and their families will be provided. The audio recording will be destroyed after the research has ended. If the research is published it will only use aggregated data and any personal identifying information will be de-identified. Your personal details will not be published, and will include only the data collected from you in relation to your experience in using the Safety Watch and some general demographic data.

Whom should I contact if I have any questions or queries about the research project?

If you have any questions or require additional information about this research, please feel free to contact one of the listed researchers:

Name	Email	Phone
Professor Bob Lonne	[REDACTED]	[REDACTED]
Phuntsho Choden	[REDACTED]	[REDACTED]

Appendix 7: Participant Consent Form (STAFF)

Participant Consent Form (Staff)

What am I consenting to by signing this form?

By signing this form, you are stating that you acknowledge and agree with the following statements:

1. I hereby authorise Act for Kids to make use of my information only for the purposes of researching the effectiveness of the StandbyU Safety Watch. My contact information will be shared with the researcher and/or research assistant so that

they are able to contact me to complete a questionnaire and/or participate in a short telephone interview about my experiences with the Safety Watch.

2. I have read (or have had explained to me) and have been provided with a copy of the Act for Kids Client Privacy Statement. I understand my rights and how Act for Kids will manage my/our information and protect my/our privacy in accordance with the Privacy Act and Child Protection Act.
3. I understand that Act for Kids are not permitted to publish or disclose my/our personal information to any third party and that it will only be used by Act for Kids as agreed to above.
4. I understand that in providing my consent it will apply until I withdraw my consent and that I can withdraw at any time without any disadvantage or consequences to me.
5. I understand that the research project will include an audio recording during the interview upon my consent and
 - I agree for the interview to be audio recorded.
 - I do not agree for the interview to be audio recorded.

Name	
Contact Phone Number	
Email Address	
Signature	
Date	

Appendix 8: Device workflow form

DEVICE WORKFLOW FORM

Support Agency Details

Agency Name

Case Worker

Email

Phone Number

Postal Address

Device User's Details

Is this a New Plan or Amended Plan: New Plan Amended Plan

Name

Phone Number

Email

Postal Address

**Any known phone
coverage issues?**

Advise of any safety concerns or instructions when contacting you

(a message will always be sent prior to calling)

Preferred method of communication

Phone

Email

Device ID (if known)

(A 6-digit code is written on the box eg - XYZ-123)

Support Plan

Please select the best suited solution from the options below:

SAFETY NETWORK SUPPORT PLAN

Personalised plan

One-way communication with device wearer

The responders are placed into a conference call between themselves and the watch wearer (no noise received through the watch)

The responders can press 5 on their phone to directly dial in:

000 (police, ambulance and fire)

Independent third party (eg. elder, supervisor) who will join the conference call.

The watch will call all responders (up to 5 times or until one person accepts the call).

Once call is accepted, calls to remaining responders will cease.

Location of device details sent via text and email to responders

Safety Network Support Plan - Complete Page 3 & 4

OR

MONITORING CENTRE SUPPORT PLAN

Calls a 24-hour monitoring call centre

Location of device details sent to monitoring centre.

Monitoring centre are provided details of who to call (friends family, emergency services) when an alert has taken place.

Monitoring Centre Support Plan - Complete Page 5

Contact Information

Safety Network Support Plan

Nominate your responders who will get a call and SMS/Email with location

Enter up to 5 people (location will also be sent via SMS or email)

	Full Name	Phone Number	Email
Contact 1			
Contact 2			
Contact 3			
Contact 4			
Contact 5			

Would you like these responders to be contacted:

- Concurrent – All contacts will be contacted at the same time - (recommended)
- Sequentially – Contact 1 will be contacted first, then Contact 2 if Contact 1 does not answer etc

In the instance that no one answers the call, there will be a default to 5 call loops in total. Are you satisfied with this solution?

- Yes - (move on to the next field)

No – consider changing or adding to the list of responders

Would you like in-call escalation? - (Responders dial 5 to escalate to this party during call)

No - I do not want in-call escalation

Yes - 000 (emergency services)

Yes - Enter the contact to be called in the event of an escalation:

	Full Name	Phone Number
Contact 1		

Contact Information

Safety Network Support Plan (cont.)

Non-call responder notifications

List anyone who should know of the alert and can follow up afterwards with you but won't get the call at the time of alert. List up to 5 different responders. (Alert notification and location sent through via email and SMS only).

	Full Name	Phone Number	Email

Contact 1			
Contact 2			
Contact 3			
Contact 4			
Contact 5			

Would you like the alert call to be recorded?

Yes (default)

No – Please initial to confirm: _____

Complete Declaration on Page 6

Contact Information

Monitoring Centre Support Plan

Physical Address of Device User:

Name of Device User :

Nominate your responders who will get a call from the Monitoring Centre – (must include at least one person)

Each responder will need to nominate a password that will be required to confirm identity when communicating with the Monitoring Centre (e.g. – name of pet, nickname)

	Full Name	Phone Number	Password
Contact 1			
Contact 2			
Contact 3			
Contact 4			
Contact 5			

Additional Support Notes – such as pertinent safety history/situational violence (dot points)

Complete Declaration on Page 6

Declaration –

The above information to the best of my knowledge is true and correct.

Signed: _____ Date: _

Print Name: _____

Please email completed forms to: workflows@commsync.com.au

Office Use Only	
Mono Code	<input type="text"/>
Device Phone Number	<input type="text"/>
Device ID:	<input type="text"/>

Appendix 9 – Letter of Support for StandbyU Foundation



CORPORATE OFFICE

Level 1, 8 Gardner Close MILTON QLD 4064
PO Box 1844 MILTON QLD 4064

P: 1300 228 000 | **F:** 07 3850 3222 | **E:** mail@actforkids.com.au

Act for Kids Limited ABN 99 142 996 767

10 June 2020

The Hon Anne Ruston
Senator for South Australia
Minister for Families and Social Services

Dear Minister Ruston

Letter of Support for StandbyU Foundation

At Act for Kids, we acknowledge the significant impact that domestic violence has on the community and the safety and wellbeing of children and their families. Staff from our 28 services across Australia help over 41,000 people every year to prevent the abuse and neglect of children by supporting vulnerable families. Approximately 75% of our Intensive Family Support Services cases identify domestic violence as a significant risk factor. The correlation between child abuse and domestic violence is well known and therefore, Act for Kids has employed Specialist Domestic and Family Violence Practitioners across our services.

Having a long-standing relationship with StandbyU Foundation's Founder, Mr Chris Boyle, we were excited to be invited by StandbyU to participate in the Department of Social Services Technology Trial to Keep Women Safe from Domestic Violence to deploy 100 watches for women at risk. We strongly believe in the need to act 'upstream' and provide necessary supports and services to vulnerable families that diverts them from tertiary system responses. As we have witnessed throughout the Trial, the StandbyU safety solution that connects women at risk to family and friends who care, is an investment that Governments need to prioritise and Act for Kids is a willing partner to support this important initiative.

Feedback from our staff is incredibly positive regarding the Trial and its impacts upon the families they case manage. The women they selected for inclusion in the project had significant safety issues in their living arrangements and social environments, not just through the presence of domestic violence, but also poverty, mental ill-health, trauma and social isolation. The key significant outcomes staff identified from participants in the Trial include:

- Noticeable changes in the psychological states of the women and children - they were less stressed and anxious, and more relaxed;
- The women appeared to be feeling more in control of their living situations, and were feeling much safer than had previously been seen by their case workers;
- There was an air of increased confidence noticed about their client's involvement with Act for Kids and the other support agencies;
- The women were much more engaged and connected within their community, and more prepared to go out and do regular activities such as shopping and meeting with others;
- The staff recognised that their client women and families were feeling safer and that this was leading to a range of other positive outcomes for them; and

- Our key staff have advocated for the Trial and StandbyU Foundation Safety Watches as an innovation that supports best practice and for more funding to be available to those who could benefit in other communities and with other agencies. Our Specialist Domestic and Family Violence Practitioners stated:

"There is no comparison to make, there is absolutely no comparison to make. To be frank about it, they are revolutionary to me in the respect for our ability to help kids feel safer, their parents feel safer in the contexts where the coercion is taking place."

"I feel like we are giving women and children more options and more choices about their own safety and how they wanted to manage that rather than having to qualify for things and then being dictated to about how it actually works for them."

I would like this device to be available to as many women and children as possible because I can just see such benefit, not just in safety and domestic violence but also in families with substance abuse issues or mental health issues and we have little children living in those homes. I can just see so many other uses for these devices, I am just a strong supporter of these watches and what they can provide to families, women and children."

There is no doubt that the uncertainties and threats posed in the COVID19 environment will require a significant shift in thinking to ensure vulnerable women and their children are able to access the support they require to stay safe in their homes. Social isolation has once again highlighted the important role of families and communities in keeping our most vulnerable safe.

On behalf of Act for Kids, I offer our full support to the StandbyU Foundation to receive continued funding to support vulnerable children, women and families to address the scourge of child abuse and domestic violence across our communities.

Please feel free to contact me at any time to discuss further.

Yours sincerely



Dr Katrina Lines
Executive Director of Services