



Transforming Domestic and
Family Violence Response and
Recovery Services

The Illawarra Domestic and Family Violence Trauma Recovery Centre Research Proposal

UNSW School of Public Health and Illawarra Women's Health Centre

Proposal Summary

The **Illawarra Women's Health Centre** is establishing a Domestic and Family Violence (DFV) Trauma Recovery Centre. This innovative Centre will be an evidence-based service that provides integrated multisectoral support to women recovering from DFV. The concept is community led, has extensive community and local political support, a high-level Consultative Working Group (Appendix 1), a Professional Advisory Group (Appendix 2), private sector support and the backing of the Royal Australian and New Zealand College of Psychiatry. **As a first of its kind in Australia**, it will transform DFV response and recovery services in the Illawarra. **It will be designed to be easily replicated across the country.**

On average, DFV and abuse occurs for at least 2.5 years after a woman has left a relationship. Left untreated the traumatic consequences of DFV can have a long-term debilitating physical and mental health impacts, including increased rates of drug and alcohol use, heart disease, acquired brain injury, chronic pain and serious consequences for the development and wellbeing of children [1-5]. The estimated cost to the Illawarra of DFV is \$269 million per year. Over the long-term, this model of community reinvestment will deliver a savings dividend to the NSW Government in terms of whole of government services, including Health and Department of Communities and Justice.

There is a chronic lack of long-term DFV services across the sector, particularly for non-housing related support. DFV impacts on all aspects of a woman's (and her children) lives, the most critical being health, legal and financial. There is an urgent need for a dedicated service to provide a coordinated and comprehensive response to DFV and to break the intergenerational cycle of trauma and violence.

The **Illawarra Women's Health Centre has established a research partnership with UNSW School of Public Health** to drive the research agenda and establish the Centre as a cutting-edge interface that will give community opportunities to co-design research and service innovations. The proposed research is the first step toward embedding robust evidence and systematic co-design within the Centre and establishing the framework for ongoing evaluation. The research will also generate new knowledge of an Australian first model of multisectoral DFV response and recovery that can be replicated to improve the health, well-being and lives of women and their families.

Budget: \$60,000

Background

In Australia, one in four women has experienced violence by an intimate partner since the age of 15 and one in five experience sexual violence across their lifetime [7]. Beyond physical injury, women who have experienced violence have increased rates of health service access, poorer physical health, increased rates of mental health disorders including anxiety, depression, post-traumatic stress and substance use, and are over-represented in prison [2, 3, 8-10].

In 2018-19, almost 800 women came to the Illawarra Women's Health Centre seeking support for DFV. Up to five women a day 'drop in' seeking therapeutic services, referral advice or general support. This may be due to current abuse, or previous experiences that continue to impact their lives. The Fourth Action Plan acknowledges that progress toward ending violence against women and children is complex and will take sustained long-term action [11]. At the state and national level, there is increasing recognition of the need to go beyond the crisis intervention model and address the long-term impact of trauma, particularly in terms of the complex psychosocial needs of women and their families [11, 12]. **In response, the Illawarra Women's Health Centre is proposing to establish an evidence-based service that provides comprehensive and long-term support to women recovering from the trauma of DFV.**

This initiative will transform services by focusing on the psychosocial, physical and mental impacts of complex trauma, including breaking the cycles of ongoing exposure to violence and intergenerational trauma. It will be a 'one stop shop' providing wrap around services with medical and health care (including non-clinical support such as group therapy and peer support), with legal support, financial counselling and ongoing individual casework and advocacy. Strongly aligned with priorities in both the National Plan [11] and the NSW Blueprint for Reform [12], the Centre will address the trauma arising from DFV to improve long-term health and psychosocial outcomes for women and families. **The Centre will be the first of its kind in Australia and is designed to be easily replicated across the country.**

Research Objective

The proposed research represents the first crucial step in establishing the community-led Illawarra DFV Trauma Recovery Centre. To ensure that the development and implementation of the initiative is informed by high quality evidence and in response to national, state and local priorities we propose to initiate and embed systematic evidence-based co-design processes throughout the establishment of the Centre. The research will:

- 1) Identify effective interventions that are trauma-informed and recovery-oriented, including emerging technologies and innovations that the DFV Trauma Recovery Centre will be designed around.

2) Engage consumers with a diversity of lived experience in co-design to develop the DFV Trauma Recovery Centre model of care.

3) Establish a framework for evaluating the impact of the DFV Trauma Recovery Centre.

The model of care will form the core service component from which the Centre's Business Plan will be developed.

Research Approach

It is well established that high quality health care must be designed for and with consumers (clients, carers) and other end-users (e.g. clinicians, managers, policy actors) [13-15]. This means involving consumers from the outset of service design by incorporating the experiences of clients and carers who are experts by experience to ensure that services are accessible, effective and equitable. To achieve this, experience-based co-design has emerged as an interdisciplinary approach to engaging vulnerable consumers and end-users in the development and enhancement of health services. Aligned with this approach, the proposed research is informed by co-design guidelines developed by the Agency for Clinical Innovation (ACI) NSW Health [16] and according to international best practice for experience-based co-design [14].

The co-design process will generate rich evidence for how this community-led model can deliver comprehensive trauma recovery that addresses the long-term needs of women and their families. We will take an intersectional approach to ensure that all women's voices and experiences are heard, including women from LGBTQI communities, Aboriginal and Torres Strait Islander women, women with a disability and women from culturally and linguistically diverse communities.

A key output will be the development of a program logic model and a framework for ongoing evaluation [17]. The findings from this research will inform DFV policy development, service planning and implementation of the DFV Trauma Recovery Centre, including scale-up and replicability for similar contexts and settings. This proposal brings together a number of research opportunities that have been costed and presented below. The proposed research will run for one year and is subject to UNSW and Illawarra Shoalhaven Local Health District Ethics Approval.

Proposed Project Summary

SCOPE	Mixed methods research across three phases Participants in this research will include (approx. 30-40 people): - Consultative Working Group (Appendix 1) - Professional Advisory Group (Appendix 2) - Experts by experience (Women and carers) - Additional key stakeholders (e.g. clinicians, peak body representatives)
--------------	---

PROGRAM & METHOD	Phase 1	Overview: Synthesis of evidence to determine effective interventions that are trauma-informed and recovery-oriented, which could be integrated within the community-led DFV Trauma Recovery Centre and link in with existing programs and services. Method: A systematic review of the international literature and synthesis of evidence will document effective approaches to recovery, including provisions for culturally safe care for First Nations peoples and responding to intersectional experiences of health and wellbeing. This synthesis will explore how interventions/models of care are responsive to specific vulnerabilities that can present barriers to equitable care, which may include women who: identify as culturally and linguistically diverse and/or First Nations peoples, are experiencing housing insecurity, are living with a disability or chronic illness, identify as sexuality and/or gender diverse, have been or are in custody.
	Phase 2	Overview: Engage consumers and end-users to understand lived experience, needs and perspectives around DFV trauma recovery and systematically map this to local context, priorities and resources. Method: In-depth interviews and focus groups with key informants including survivors, carers and workforce from health as well as specialist mental health, family violence and legal services. Interviews will explore recovery experiences, service integration, trauma-informed responses and workforce training, as well as identifying priorities, resources and challenges for implementation.
	Phase 3	Overview: Co-design workshops will be facilitated in partnership with the Consultative Working Group and the Professional Advisory Group to develop the DFV Trauma Recovery Centre model of care and evaluation framework. Method: The results from Phase 1 and 2 will be presented to participants across a series of three facilitated co-design workshops, using a modified Delphi process to reach consensus on what is feasible and acceptable. Co-design workshops will incorporate innovative multi-methods of participation designed to be used with vulnerable groups to address power differentials and ensure that the process is a safe and productive experience for all [14].

RESOURCES	- UNSW Research Associate (Level A/B) - UNSW Professional staff administration - Illawarra Women's Health Centre management and administration	
COST		
	Personnel Costs	
	UNSW Research Associate	
	Non-Personnel Costs	
	Reimbursement for consumer participation in interviews	
	Research costs (transcription, printing, consumables)	
	Co-design workshops (facilitation, honorariums, catering, travel)	
	Management and administration fee (@15%)	
	Non-Personnel Sub-Total	
	Total (excl GST)	
OUTPUT	The outputs will be published in peer-reviewed journals and the knowledge generated will be policy relevant to provide decision makers valuable evidence that can inform DFV policy and service improvements. Additional outputs will include: - Periodic findings reported to the Consultative Working Group - Detailed report that outlines findings and recommendations including: - DFV Trauma Recovery Centre model of care, program logic and evaluation framework - Principles for trauma-informed approach to co-design	

Support for this Proposal

This initiative has been driven by the community and has **extraordinary support** in the Illawarra, across all sectors impacted by DFV: business, community, legal, medical, research, cultural and linguistically diverse and Aboriginal and Torres Strait Islander communities. This was evident when the Illawarra Women's Health Centre launch for the DFV Trauma Recovery Centre was attended by over 70 regional leaders. From this event, the Consultative Working Group was established. Members include the Lord Mayor of Wollongong City Council and the Mayor of Shellharbour City Council, the Chief Executive of the Illawarra Shoalhaven Local Health District, the Regional Community Service Manager, Department of Communities and Justice, the Area Commander, Lake Illawarra Police Station and the Communications and Community Manager BlueScope. The Consultative Working Group has met monthly for the last six months and is guiding and actively supporting the advocacy and background research for the project. This

demonstrates, alongside the significant resources and time invested by the Illawarra Women's Health Centre, the community commitment – and investment to date.

The Centre has formed working partnerships with **King & Wood Mallesons (pro bono)**, **Blue Knot Foundation**, the **Illawarra Legal Centre** and **Lifeline Southcoast**.

It is supported by:

- **Domestic Violence NSW**
- **Women's Health NSW**
- **Waminda - South Coast Women's Health and Welfare Aboriginal Corporation**
- **Illawarra Women's Domestic Violence Court Advocacy Services**
- **Supported Accommodation & Homelessness Services Shoalhaven Illawarra**
- **Doctors Against Violence towards Women**
- **Royal Australian and New Zealand College of Psychiatry**

About the Illawarra Women's Health Centre

Nationally accredited, the Illawarra Women's Health Centre has a focus on mental health, women experiencing domestic and family violence and sexual assault, and sexual and reproductive health. The community-based Centre sees over 6,000 women a year and has an exceptional reputation, providing integrated care and social support to women with complex needs using a social model of health and a community development approach to service delivery.

The Centre is a women's only space, and its doctors, nurses, psychologists, counsellors and social workers are all female, experienced and trauma informed. The Centre has a dedicated Domestic Violence Manager and offers specialised domestic violence programs for young women, and women with intellectual disabilities.

The Centre also runs a wide range of health and wellbeing programs and group activities. These include community led group activities, as well as structured programs on healthy relationships and self-esteem. The groups are critical to reducing social isolation (a risk factor and symptom of domestic violence) and building community cohesion and capacity.

Key Illawarra Women's Health Centre personnel

Sally Stevenson AM, BComm, M.Litt, MPH.
General Manager

Sally Stevenson is responsible for developing the strategic direction and managing all operational aspects of the Centre, which provides health and wellbeing services and support to women in marginalised and vulnerable circumstances. She is the Principal Investigator on two joint UOW and Illawarra Women's Health Centre research projects on DFV, and Chief Investigator on a UNSW project investigating persistent pain and trauma with Dr Cullen. Ms Stevenson is a board

member of Women's Health NSW, the peak body for NSW women's health centres and has been on the board of Supported Accommodation & Homelessness Services Shoalhaven Illawarra (SASSHI) which is the region's specialist service for homelessness. She has worked for Médecins sans Frontiers, the World Health Organisation and the World Bank, and has been a member of the Independent Review Committee of the Global Alliance for Vaccines and Immunisation, the International Advisory Committee for Sexual Health and Family Planning Australia and the Human Research Ethics Committee of the University of Wollongong.

About the UNSW School of Public Health

As one of the leading research-intensive universities in the Asia Pacific region, the School of Public Health at UNSW brings world class expertise, facilities and infrastructure. Our research is undertaken maintaining the highest levels of research ethics and compliance standards and we have a long and successful track record of collaborative research. Researchers in the School of Public Health at UNSW bring interdisciplinary expertise from psychology, epidemiology, health promotion, health systems, data science, social science, implementation science and health economics.

We have a robust history of genuine partnerships with health services and communities, including Aboriginal and Torres Strait Islander communities and people with diverse lived experience. The research team has significant experience engaging with communities and organisations to deliver community led programs of research, using decolonising and participatory methods that seek to address power differentials and intersecting experiences of health.

We have well established collaborations with leading researchers in Australia and globally. The research team will include Dr Marlene Longbottom from Ngarruwan Ngadju, Australian Health Services Research Institute, University of Wollongong, who with Dr Cullen, has co-led the *First Response* project, which centres on integrating trauma-informed care in services for Aboriginal and Torres Strait Islander women experiencing violence.

Our research informs policy, is used in health economic modelling, has led to the development of models of care, innovative social enterprises and practical online toolkits to improve access to care. We work closely with health services, NGOs, clinicians and policy makers to ensure that our research achieves translation and has impact to improve the lives of people in Australia, the Asia Pacific region and globally.

Key UNSW personnel

Dr Patricia Cullen

Research Fellow, Public Health UNSW

National Health and Medical Research Council Early Career Fellow

Honorary Research Fellow at Ngarruwan Ngadju, University of Wollongong

<https://research.unsw.edu.au/people/dr-patricia-cullen>

Professor Rebecca Ivers

Head of School, Public Health UNSW

National Health and Medical Research Council Senior Research Fellow

Co-director, WHO Collaborating Centre for Injury Prevention and Trauma Care

<https://research.unsw.edu.au/people/professor-rebecca-ivers>

Dr Patricia Cullen is a National Health and Medical Research Council Early Career Fellow with extensive experience in co-design of community led programs and innovative approaches to evaluation. Her research centres on building key partnerships to deliver high quality research aligned with community priorities that is policy relevant and achieves translation to improve health pathways and outcomes for people experiencing violence and trauma, particularly women and young people. Demonstrating commitment to translational research, Dr Cullen was awarded the 2017 Sax Institute Research Action Award in recognition of research that has significant impact on policy and practice.

Head of School, **Professor Rebecca Ivers**, is an internationally recognised leading epidemiologist and public health researcher. She leads a large team of researchers and with her extensive network of collaborators, she provides a fertile and well supported research environment demonstrably able to generate high impact research. The research team has a proven track record of funding attainment, project completion and research translation. The team is well supported to undertake this research, with full access to infrastructure, research assistants, operational staff and world class facilities at UNSW.

Appendix 1: Domestic and Family Violence Trauma Recovery Centre

Consultative Working Group Membership

Gordon Bradbury AM	Lord Mayor, Wollongong City Council
Marianne Saliba	Mayor, Shellharbour City Council
Margot Mains	Chief Executive, Illawarra Shoalhaven Local Health District
Nicky Sloan	CEO, Illawarra Community Industry Group, representative Regional Development Australia, Illawarra
Dean Smith	Superintendent, Commander Lake Illawarra Local Area Command
Kim McMullan	Director, Community Services, FACs
Truda Gray	Centre Coordinator, Illawarra Legal Centre
Rebecca Sng	Primary Mental Health Manager, Grand Pacific Health
Arunima Gupta	Managing Director, Wollongong Diagnostics
Craig Nealon	Communications and Community Manager, BlueScope
Vicki Tiegs	Marketing Group Director, Waples
Helen Simpson	Lived Experience. PhD Candidate, UOW
Emma Rodriguez	Lived Experience
Advisor:	Libby Lloyd AM

Illawarra Women's Health Centre

Judy Daunt: Chairwoman
Sally Stevenson AM: General Manager

Appendix 2: Domestic and Family Violence Trauma Recovery Centre

Professional Advisory Group Membership

Margherita Basile: Manager, Sydney Womens Counselling Centre, Chair, WHNSW

Margherita is the Manager at Sydney Women's Counselling Centre, a specialist counselling service to marginalised women presenting with complex trauma. She has a background in organizational management and clinical service provision as a PACFA registered counsellor and qualified clinical supervisor. Her corporate management background has supported her roles in nearly 20 years employment in the community health sector where she has held the dual responsibilities of operational manager in both, organisational and clinical programs as well as direct clinical service provision to clients, including in her current position at Sydney Women's Counselling Centre. Margherita has a firm commitment in promoting holistic and trauma informed care practice and integrated collaboration with both Health and Community health services. An active networker, she is currently a member on numerous interagency committees and the Chair of Women's Health NSW.

Dr Loyola McLean, Associate Professor, Brain & Mind Research Institute, Sydney Medical School

Loyola McLean is a Consultation-Liaison Psychiatrist, Psychotherapist and Psychotherapy Educator in public, private and academic practice. She holds appointments as: an Associate Professor with the BMRI, University of Sydney; a Psychotherapy Educator and the Psychotherapy Coordinator for the Sydney West and Greater Southern Psychiatry Training Network (WSLHD); a Faculty member of the Westmead Psychotherapy Program for Complex Traumatic Disorders, Discipline of Psychiatry, Sydney Medical School; an Honorary Consultation-Liaison Psychiatrist with Royal North Shore Hospital. She is a certified Adult Attachment Interview (AAI) Coder.

Loyola applies an interdisciplinary biopsychosocial model to her research and clinical work, informed by attachment, neuroscience and the modern conceptions of the Self and Trauma in the Conversational Model. She is researching integrative body-mind medicine, psychotherapy, and spirituality to explore dis/organizing responses of self and systems to stress and illness and the emergence of recovery, resilience and post-traumatic growth. She is exploring how attachment can be integrated with other models to open up opportunities for better collaborative research, formulation and multimodal treatments. Her projects include the development of and recovery

from chronic complex trauma and its various sequelae including psychosomatic disorders and personality Disorders; novel applications of the Conversational Model to psychiatry; process research in psychotherapy; psychotherapy education.

Jackie Bourke: Registered Consultant Psychologist

Jackie has worked for the last 12 years researching and assisting individuals and organisations to effectively manage vicarious trauma. She is a fully registered psychologist, Psychology Board of Australia approved supervisor, Victims Services approved counsellor, fellow of the ANZ Mental Health Association, adjunct fellow at Western Sydney University and scientific committee member of the International Society for the Study of Trauma and Dissociation.

Dr Cathy Kezelman AM: Medical practitioner, mental health consumer advocate, President of Blue Knot Foundation National Centre of Excellence for Complex Trauma

Cathy is a current member of NSW Child Safety Standing Committee for Survivor and Faith Groups, member of the Advisory Panel of Tzedek, member of the NSW Jewish Board of Deputies Task Force on Child Protection. She is past director of the Mental Health Coordinating Council (MHCC), past member of the Mental Health Community Advisory Council (NSW) foundation member of the national Trauma Informed Care and Practice Advisory working Group, member of Independent Advisory Council on Redress.

Cathy worked in medical practice for 20 years, mostly as a GP. Under her stewardship Blue Knot Foundation has grown from a peer support organisation to a national Centre of Excellence combining a prominent consumer voice with that of researchers, academics and clinicians advocating for socio-political trauma-informed change and informed responsiveness to complex trauma. She is a prominent voice in the media and at conferences, as well as author of a memoir chronicling her journey of recovery from child sexual abuse: *Innocence Revisited- a tale in parts*. She is co-author of multiple seminal Blue Knot Foundation documents - Practice Guidelines for Treatment of Complex trauma and Trauma Informed Care and Service Delivery.

Associate Professor Rowena Ivers: Academic GP and public health physician

Rowena has worked in Aboriginal health in the NT and in the Illawarra for over 25 years. Her practice and research interests include substance misuse issues, and sexual assault. She is employed by UOW, and continues clinical practice at the Illawarra AMS, and at ISLHD as a forensic medical officer.

Rowena is the Illawarra Shoalhaven representative on the RACGP NSW Council, and a member of the Clinical Council of Coordinare, the Primary Health Network, where she has been involved in developing and reviewing Health Pathways.

Dr Karen Williams: Psychiatrist South Coast Private Hospital

Karen has a special interest in trauma and trauma focused therapy. She has a passion for working with patients who are experiencing complex Post Traumatic Stress Disorder. In 2016 she was awarded a fellowship from the NSW Institute of Psychiatry where she completed extensive training in PTSD.

Roberta Allen: Senior Associate Lawyer at Foye Legal, specialises in Family Law

Having practiced in the Illawarra, Shoalhaven and Southern Sydney, Roberta has seen first hand the nuanced, far reaching and devastating impact of Family Violence on Women and their children. Roberta is currently enrolled in the College of Law Graduate Certificate in Family Law Dispute Resolution Practice which, once completed will enable her to become a Nationally Accredited Mediator and Family Law Dispute Resolution Practitioner registered with Commonwealth Attorney Generals Department. She is also working towards further training to become an Independent Children's Lawyer to assist the court in the most difficult parenting cases.

Roberta has been a member of the Management Committees of Shoalhaven Community Legal Centre and the Wollongong Women's Information Service. Prior to moving to the Illawarra she volunteered for many years with Redfern Legal Centre and University of Sydney Refugee English program.

Sue Dignan: DFV caseworker

Sue has worked in the Community sector for 38 years. She started working in DFV 30 years ago, and has had a variety of roles. She has worked for NGO's and Government departments. Sue has implemented new services throughout NSW, and provided best practiced training to workers.

Sue managed the Domestic and Family Violence Intervention service in the MacArthur area for 5 years. This was a pilot programme which supported women through the court process until the completion of their legal issues. All stakeholders including Magistrates, police, legal aid and community corrections received specialist training.

Her last role was as Senior Practitioner with Barnardos Family Referral Service. A high percentage of families had experienced domestic violence, and as a result complex trauma was common for women and their children. Barnardos is a leading child protection agency in Australia, is a centre of excellence. Sue received ongoing training around trauma and brain development. She brings a solid skill set having worked in several roles within the field. She has recently retired.

Grace Jennings: Social worker, Illawarra Women's Health Centre DFV Manager

Grace is a social worker who has worked in not for profit and community organisations for the past six years. She has worked extensively with young people, developing and facilitating outreach programs for multiple organisations. Grace currently develops primary prevention programs as well as provides crisis support to women and girls experiencing family violence.

Denika Thomas: Social worker, Illawarra Women's Health Centre Counsellor

Denika has 15 years experience working in the community sector and graduated from UNE five years ago with her Social Work degree. Since then she has completed a Graduate certificate in Loss, Grief and Trauma counselling. For the past five years she has been employed at the Illawarra Women's Health Centre, initially to develop and run the Young Women's Program and currently as the generalist counsellor for the Centre.

Denika identifies as a strong Aboriginal and Maori woman who feel deeply connected to her culture. She is a unit Co-ordinator within the Social Work team at the University of Wollongong teaching within the undergraduate degree and masters qualifying units based on practice with Aboriginal and Torres Strait Islander communities.

References

1. Campbell, J.C., *Health consequences of intimate partner violence*. The Lancet, 2002. **359**(9314): p. 1331-1336.
2. Hegarty, K.L., et al., *Effect of Type and Severity of Intimate Partner Violence on Women's Health and Service Use: Findings From a Primary Care Trial of Women Afraid of Their Partners*. Journal of Interpersonal Violence, 2012. **28**(2): p. 273-294.
3. Loxton, D., et al., *Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study*. PLoS ONE, 2017. **12**(6): p. e0178138.
4. May-Ling, J.L., D. Loxton, and D. McLaughlin, *Trauma exposure and the subsequent risk of coronary heart disease among mid-aged women*. J Behav Med, 2015. **38**(1): p. 57-65.
5. Holt, S., H. Buckley, and S. Whelan, *The impact of exposure to domestic violence on children and young people: A review of the literature*. Child Abuse & Neglect, 2008. **32**(8): p. 797-810.
6. KPMG, *The cost of violence against women and their children in Australia*. 2016: Department of Social Services.
7. Australian Bureau of Statistics, *4906.0 - Personal Safety, Australia, 2016* 2017.
8. Weissbecker, I. and C. Clark, *The impact of violence and abuse on women's physical health: Can trauma-informed treatment make a difference?* Journal of Community Psychology, 2007. **35**(7): p. 909-923.
9. Lagdon, S., C. Armour, and M. Stringer, *Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review*. European Journal of Psychotraumatology, 2014. **5**: p. 1-12.
10. Ellsberg, M., et al., *Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study*. The Lancet, 2008. **371**(9619): p. 1165-1172.
11. Commonwealth of Australia, *Fourth Action Plan 2019-2022: National Plan to Reduce Violence against Women and their Children 2010-2022*, The National Council to Reduce Violence against Women and their Children, Editor. 2019.
12. NSW Ministry of Health, *NSW domestic and family violence blueprint for reform 2016-2021: Safer lives for women, men and children*. 2016: NSW Ministry of Health, North Sydney.
13. Bate, P. and G. Robert, *Experience-based design: from redesigning the system around the patient to co-designing services with the patient*. Qual Saf Health Care, 2006. **15**(5): p. 307-10.
14. Mulvale, A., et al., *Applying experience-based co-design with vulnerable populations: Lessons from a systematic review of methods to involve patients, families and service providers in child and youth mental health service improvement*. Patient Experience Journal, 2016. **3**(1).
15. National Health and Medical Research Council, *Statement on Consumer and Community involvement in Health and Medical Research*. 2016: Consumers Health Forum of Australia.
16. Agency for Clinical Innovation, *A Guide to Build Co-design Capability*. 2019: Agency for Clinical Innovation, Chatswood.
17. Cullen, P., et al., *The importance of context in logic model construction for a multi-site community-based Aboriginal driver licensing program*. Evaluation and Program Planning, 2016. **57**: p. 8-15.