Family and Domestic Violence Priority Setting Partnership Project Report

Acknowledgements

The Family and Domestic Violence Priority Setting Partnership Project Team would like to sincerely thank all of the people who contributed to this project: the people who took the time to complete the survey; attend the workshop and share valuable experiences and insights; and our two community members who willingly provided their perspectives and experiences to the development and implementation of the project. Your contributions really made a difference to the project.

TABLE OF CONTENTS

I just wanted to say a very big thank you for the opportunity to participate in the Consensus Workshop. It is the first time I have had an opportunity to participate in a workshop of this kind and it was so rewarding for me to be able to contribute.

- Consensus Workshop Participant

1 OVERVIEW

This report describes the Family and Domestic Violence Priority Setting Partnership Project (Priority Setting Partnership Project) and processes for establishing a list of priorities for future research into family and domestic violence in Australia.

Family and domestic violence refers to acts of violence that occur between two people who have, or have had, an intimate relationship in a domestic setting[1]. The central element of domestic violence is that of an ongoing pattern of behaviour aimed at controlling one's partner through fear and a range of tactics to exercise power and control and can be both criminal and non-criminal in nature[2].

In 2015 there were almost 60,000 reported cases of assault relating to family and domestic violence in Australia, with almost 20,000 reported cases in Western Australia alone[3]. There has been considerable debate, policy development and provision of services for people affected by family and domestic violence. However, it is well acknowledged that there is much more to do and that what is done should be based on the best available evidence and research. With limited research funds, it seems sensible to find out what really matters to people who experience family and domestic violence as well as service providers and researchers.

Western Australia's Family and Domestic Violence Prevention Strategy to 2022[4], identifies a clear evidence base for change as one of the critical foundations for reform. Understanding the research priorities of different stakeholders in the area of family and domestic violence will ensure research undertaken is community relevant, which will in turn, facilitate interventions and policies that are appropriate and effective.

Commonwealth Government priorities have previously been set through the National Plan to Reduce Violence against Women and their Children (2010-2022)[5] and grants relevant to the themes identified in the National Plan have been administered through Australia's National Research on Women's Safety (ANROWS). However these high-level priorities may not reflect the research priorities of Australian community members affected by family and domestic violence, and relevant service providers. In ANROWS Research Priorities Report, five strategic research themes were identified for which projects undertaken in 2014-16 are categorised[6] below:

1. Experience and impacts
2. Gender inequality and primary prevention
3. Service responses and interventions
4. Systems
5. Research translation and evaluation

The aim of the Priority Setting Partnership Project was to help focus future research funding on the questions that matter to people experiencing family and domestic violence, people who provide unpaid support and service providers. The process used in the Priority Setting Partnership Project was based on the James Lind Alliance in the UK, an organisation established and funded by the National Institute of Health Research to provide an infrastructure and process to help people agree on the most important research, questions or uncertainties in their area of interest.

The Priority Setting Partnership Project team was established in 2016 and consisted of representatives from The University of Western Australia's School of Population Health, Telethon Kids Institute, Kulunga Aboriginal Research Development Unit, the WA Health Translation Network's Consumer and Community Health Research Network, Anglicare WA, Crowe Associates (UK) and most importantly, two community members who had experienced family and domestic violence.

The Consumer and Community Health Research Network, which has a key aim of bringing together researchers and community members to make decisions about research priorities, practice and policy; has long-held associations with similar organisations in the UK who have established priority setting partnerships. In early 2016, an independent UK based consultant, was approached to provide support and guidance for the Priority Setting Partnership Project. As a 'first of kind' exercise in Western Australia, it was agreed that the UK consultant would also facilitate the workshop and provide support and training to staff of the Consumer and Community Health Research Network on the process. This will enable further priority setting partnerships to be conducted in other research areas in the future.

The objectives of the Priority Setting Partnership Project were to:

1. Conduct a survey to identify themes and topics of interest for future research considered important by community members who are/have been affected by family and domestic violence and service providers

2. Use information from the survey to develop an initial list of research priorities to be discussed at a consensus workshop

3. Hold a one-day consensus workshop, informed by the above-mentioned list, with community members with lived experience and providers of family and domestic violence services to develop ten community priorities that will be used to inform future research

4. Publicise the results of the Priority Setting Partnership Project and it's process

5. Take the results to relevant research groups to be considered for funding

My involvement in the day was a challenging but fulfilling day. I was able to express some of my stories as we looked at the themes. I thought we'll never bring 22 themes down to 10. I felt valued, I felt heard as I was given a voice in an important project to decide what areas need to be researched..

- Consensus Workshop Participant

The top ten priorities established for future research in family and domestic violence:

1. Law, courts and violence restraining orders
- *What are the barriers to victims in the legal and court process? (Including adequate representation, court processes, attitudes of magistrates and lawyers, time limitations, relevance of laws, professional silos, review processes)*
- *What support is available in the court process for victims of family and domestic violence and how could this be improved?*

2. Police
- *How can police better respond to the needs of victims? (E.g. violence restraining orders, responses and breaches, training, incident reports, collaboration with human services, handover issues)*

3. Non-physical abuse
- *How do we educate frontline service providers about non-physical abuse and best support clients? (Not exposed to physical/sexual violence)*
- *How do we educate the community to recognise non-physical violence as a form of family and domestic violence?*
- *How do women experiencing non-physical violence recognise this as a form of family and domestic violence and access support?*

4. Prevention and early intervention*
- *Are there warning signs that a relationship could result in family and domestic violence?*
- *Are there warning signs that a potential partner could become a perpetrator of family and domestic violence?*
- *What educational strategies could be used to reduce family and domestic violence?*
- *What policies could be implemented to reduce the issues associated with the perpetration of family and domestic violence?*

5. Impact on children
- *What are the long-term psychological effects for children who have been exposed to family and domestic violence?*
- *How do we support children to overcome the effects of exposure to family and domestic violence?*

6. Mental health issues/outcomes
- *What are the psychological health effects for adults who have experienced family and domestic violence?*
- *How can we support recovery after family and domestic violence?*

7. Service delivery
- *How can services be more accessible, relevant, innovative and culturally appropriate to support a diverse range of victims?*
- *How is the development of services informed by the lived experience?*

8. Financial issues
- *How can we support victims to overcome financial issues associated with family and domestic violence? (E.g. Legal Aid/ legal fees, ongoing financial support, relocation costs, living costs, access to ongoing psychological services, work restrictions)*
- *How can we support victims to overcome financial barriers to leaving a family and domestic violence situation?*

9. Intergenerational impact and outcomes in family and domestic violence
- *New theme*

10. Perpetrators
- *What factors are associated with perpetrators of family and domestic violence and how can these be reduced?*
- *Aboriginal family and domestic violence research priorities:*

* Theme expanded at the workshop's final session to include 'early intervention'

Aboriginal family and domestic violence research priorities:

1. Intergenerational impact and outcomes in family and domestic violence
- *New theme*

2. Service delivery
- *How can services be more accessible, relevant, innovative and culturally appropriate to support a diverse range of victims?*
- *How is the development of services informed by the lived experience?*

3. Regional and rural issues
- *What are the specific regional and remote issues that create barriers for victims of family and domestic violence?*

4. Prevention and early intervention*
- *Are there warning signs that a relationship could result in family and domestic violence?*
- *Are there warning signs that a potential partner could become a perpetrator of family and domestic violence?*
- *What educational strategies could be used to reduce family and domestic violence?*
- *What policies could be implemented to reduce the issues associated with the perpetration of family and domestic violence?*

5. Impact on children
- *What are the long-term psychological effects for children who have been exposed to family and domestic violence?*
- *How do we support children to overcome the effects of exposure to family and domestic violence?*

6. Mental health issues/outcomes
- *What are the psychological health effects for adults who have experienced family and domestic violence?*
- *How can we support recovery after family and domestic violence?*

7. Perpetrators
- *What factors are associated with perpetrators of family and domestic violence and how can these be reduced?*

8. Interagency support
- *How can agencies work together more effectively to address the needs of family and domestic violence victims?*

9. Safety
- *How can we improve the safety of victims in the process of leaving a violent relationship?*
- *How can we improve the safety of those who choose to remain with the perpetrator of family and domestic violence?*

10. Refuges
- *How can we improve refuge services for victims of family and domestic violence?*
- *Is there scope for expanding residential services for perpetrators?*

Note: the Aboriginal community members who attended the workshop discussed the research questions developed for each of the priorities listed above. To ensure the questions reflect the views of a wider group of Aboriginal community members they will be further discussed at a workshop planned for early 2017.

* Theme expanded at the workshop's final session to include 'early intervention'

FAMILY AND DOMESTIC VIOLENCE PROJECT TIMELINE

ONLINE SURVEY

150 RESPONSES

22 THEMES

EMAIL WORKSHOP INVITE

26 RSVPS

2 PRE-WORKSHOP BRIEFINGS

WORKSHOP

10 PRIORITIES

REPORT

2 PROJECT TEAM

Professor Colleen Fisher is a Professor at The UWA School of Population Health and her research area is family and domestic violence, including health implications for women and children; support services for women and children; early intervention and prevention; and community and policy responses with a focus on qualitative methodologies

Anne McKenze AM has worked as a Consumer Advocate at the UWA School of Population Health and Telethon Kids Institute since 2004 and is now the Head of WA Health Translation's Consumer and Community Health Research Network. She has organised and facilitated 144 events, forums and training workshops for researchers, consumers and community members since 2004 across WA and other Australian states and territories.

Professor David Preen is the Chair in Public Health and past Director of the Centre for Health Services Research at the UWA School of Population Health. His key research areas include the health of disadvantaged populations and he was awarded the 2015 Community and Consumer Participation Award in recognition of good practice initiatives for consumer participation in research.

Sally Crowe is an international expert and is a contributor to, and facilitator of patient and public involvement in health and social care research and services development in the UK. She has published Patient and Public Involvement Toolkit (BMJ Wiley Blackwell) and co-chaired the James Lind Alliance (a national UK coalition tackling treatment uncertainties in health care) 2007 – 2013. Sally is a representative on the UK NIHR Systematic Review Programme Board and the Medical Research Council Ethics Regulation and Public Involvement Committee.

Victoria Cooke is Anglicare WA's Family and Domestic Violence Consultant where her key role provides guidance to Anglicare WA staff across Western Australia as well as providing broader advocacy contribution to state and federal policy planning and initiatives.

Dr Rebecca Glauret is the Head of Data Linkage and Social Policy and the Program Manager of the Developmental Pathways Project at Telethon Kids Institute. Rebecca oversees projects that link non-health data to investigate children's outcomes across a range of areas, such as mental health, education, disability, justice and domestic violence.

Dr Melissa O'Donnell is an NHMRC Research Fellow whose research focus is child abuse and neglect, the characteristics of children, families and communities which increase or reduce vulnerability to it, and the outcomes for children involved in the child protection system.

Isabelle Adams has over 20 years employment experience in the WA public sector progressing to managerial positions and 15 years in the business sector as a consultant, researcher and trainer in a diversity of areas in Indigenous Affairs including community and environmental health. She was awarded a Rotary International Paul Harris Fellow for Services to the Community.

Mara West has extensive experience working in the public sector in education and training at Aboriginal Affairs developing policies and programs. She has over 15 years experience working in the private sector as a consultant, trainer and researcher operating in various locations and environments in community engagement and building the capacities of communities. She was awarded the Murdoch University Medal for services to the University and the community.

Sally-Anne Smith is a community member who provided a community perspective on the development, facilitation and delivery of the Priority Setting Partnership Project.

Hayley Harrison (nee Haines) is a Project Officer for the Consumer and Community Health Research Network and is responsible for developing and implementing resources, systems and processes to support the aims of the Consumer and Community Health Research Network across the WA Health Translation Network's partner organisations

Rebecca Nguyen is a Research Officer for the Consumer and Community Health Research Network and a Research Officer at the Telethon Kids Institute and The University of WA. She has experience in coordinating and facilitating events and workshops and assisted in coordinating the Family and Domestic Violence Priority Setting Partnership Project.

Leigh Henning is a community member with an Early Childhood Education background and a registered nurse. Leigh has lived experience of family and domestic violence and is able to provide a perspective to the development, facilitation and delivery of the project.

Ngaire McNeil is an acting Project Officer and responsible for the communications functions of the Consumer and Community Health Research Network. These include, publication of the quarterly newsletter, advertising vacant positions and building a social media presence for the program. An important aspect of her role is the organisation of consumer and community events including forums, community conversations and training workshops.

Belinda Frank is a Research Officer for the Consumer and Community Health Research Network. Belinda provides support to researchers, consumers and community members to implement involvement in health research.

Thank you to the team members involved in this process. I want changes to make the road easier for a disadvantaged group. Their different difficult stories will hopefully bring changes for future people to not face the barriers and injustice we see today.

- Consensus Workshop Participant

3 THE SURVEY

An online survey was developed by the Priority Setting Partnership Project Team and consisted of a short "About You" section, followed by open-ended questions such as: "Please tell us what you would like to see researched?" (Appendix A).

Two team members who specialise in research in the field of family and domestic violence worked together to analyse and group the participant survey responses from the open-ended questions into themes. These themes were then reviewed by the Consumer and Community Health Research Network staff who provided modifications and additions to the themes. The list of themes was then circulated for review to the entire Project Team with no further changes being made.

The results formed 22 themes that were presented at the Consensus Workshop for participants to discuss and prioritise the top ten themes that are most important to inform future research.

The survey was distributed online to:

1. Professional family and domestic violence support networks of Anglicare WA and other project team members

2. Professional and community contacts of the Project Team

3. Family and domestic violence service providers

4. Government agencies, specifically WA Police Domestic Violence Victim Support Units and the Department for Child Protection Family and Domestic Violence Response Team

5. The Consumer and Community Health Research Network's Involvement Network

I felt empowered, validated that my voice, my story was important. I gained knowledge of other women's issues they faced and the frustrations, the fears, the unresolved issues and injustices they faced. I learnt the importance of research to change policy and legislation. I gained information from service people I met..
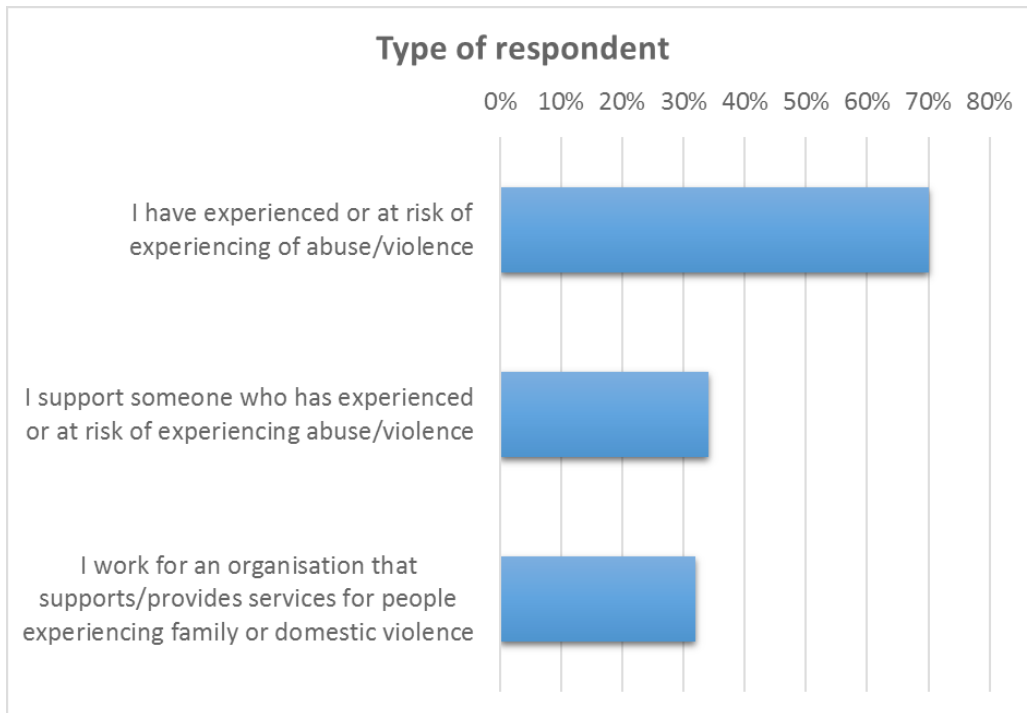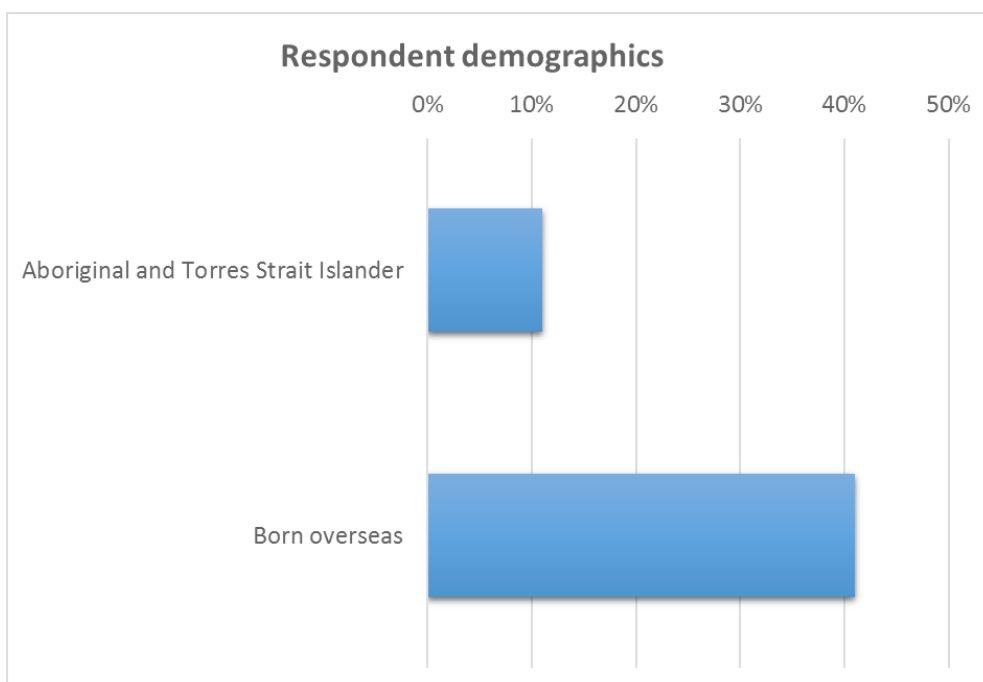
- Consensus Workshop Participant
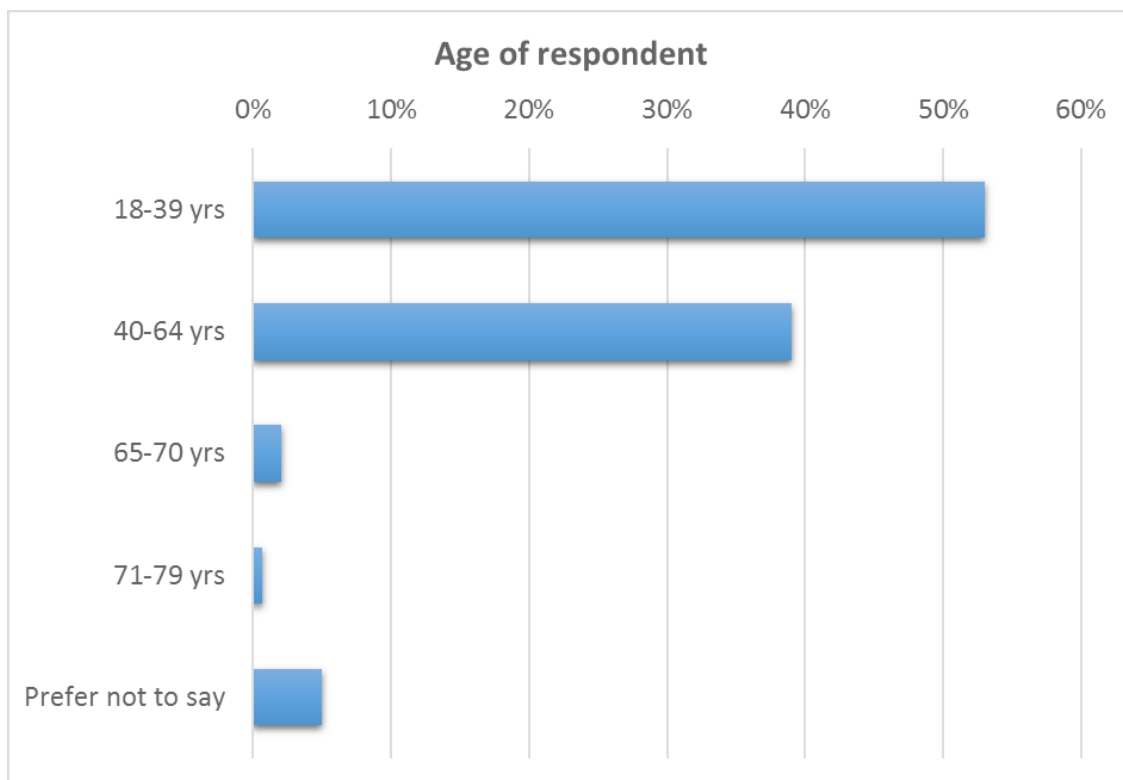
SURVEY RESULTS

Number of responses: 150

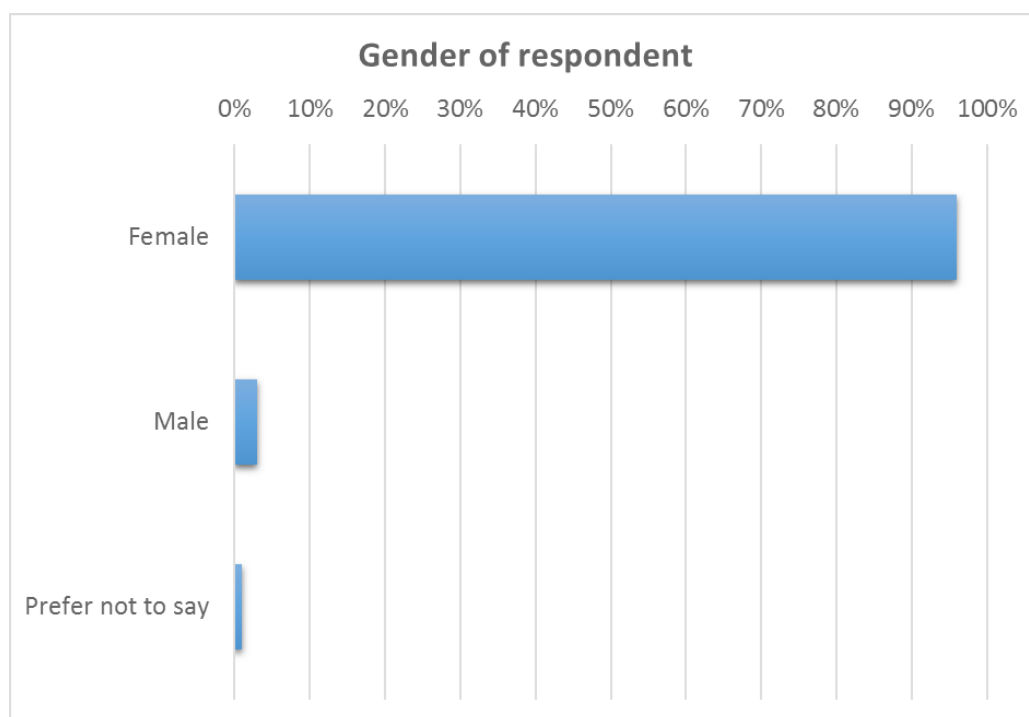## Type of respondent

Respondent demographics

Age of respondents

Gender of respondents

22 THEMES FROM THE SURVEY RESPONSES (in no particular order)

Non-physical abuse

- *How do we educate frontline service providers about non-physical abuse and best support clients (not exposed to physical/sexual violence)?*
- *How do we educate the community to recognise non-physical violence as a form of family and domestic violence?*
- *How do women experiencing non-physical violence recognise this as a form of family and domestic violence and access support?*

Law and court

- *What are the barriers to victims of family and domestic violence in the legal and court process? (Including adequate representation, court processes, attitudes of magistrates and lawyers, time limitations, relevance of laws, professional silos, and review processes)*
- *What support is available in the court process for victims of family and domestic violence and how could this be improved?*

Police

- *How can police better respond to the needs of family and domestic violence victims? (E.g. violence restraining orders, responses and breaches, training, incident reports, collaboration with human services, handover issues)*

Violence restraining orders

- *How can violence restraining orders and their enforcement result in better outcomes for victims?*

Service delivery

- *How can services be more accessible, relevant, innovative and culturally appropriate to support a diverse range of victims?*
- *How is the development of services informed by the lived experience?*

Regional and rural issues

- *What are the specific regional and remote issues that create barriers for victims of family and domestic violence?*

Housing/accommodation

- *How can we overcome the housing/accommodation issues for families experiencing family and domestic violence? (Policy, practice, accessibility, availability and tenancy issues)*
- *How can we support victims to remain safely in their homes and perpetrators removed?*

Financial issues

- *How can we support victims to overcome financial issues associated with family and domestic violence? (E.g. Legal Aid/legal fees, ongoing financial support, relocation costs, living costs, access to ongoing psychological services, work restrictions)*
- *How can we support victims to overcome financial barriers to leaving a family and domestic violence situation?*

Elder abuse

- *How is elder abuse understood, identified and addressed including violence perpetrated by children and partners?*

Male victims

- *What support is available for male victims of family and domestic violence?*

Interagency support

- *How can agencies work together more effectively to address the needs of family and domestic violence victims?*

High need clients

- *How can agencies better address the needs of complex high need families?*

Mental health issues/outcomes

- *What are the psychological health effects for adults who have experienced family and domestic violence?*
- *How can we support recovery after family and domestic violence?*

Physical issues/outcomes

- *What are the long-term physical effects for adults who have experienced family and domestic violence?*

Impact on children

- *What are the long-term psychological effects for children who have been exposed to family and domestic violence?*
- *How do we support children to overcome the effects of exposure to family and domestic violence?*

Children and legal issues

- *What is the impact on children who have been involved in court and legal processes related to family and domestic violence?*

Supporting others

- *How can we assist those who are supporting victims of family and domestic violence who may or may not want to leave?*

Perpetrators

- *What factors are associated with perpetrators of family and domestic violence and how can these be reduced?*

Prevention

- *Are there warning signs that a relationship could result in family and domestic violence?*
- *Are there warning signs that a potential partner could become a perpetrator of family and domestic violence?*
- *What educational strategies could be used to reduce family and domestic violence?*
- *What policies could be implemented to reduce the issues associated with the perpetration of family and domestic violence?*

Safety

- *How can we improve the safety of victims in the process of leaving a violent relationship?*
- *How can we improve the safety of those who choose to remain with the perpetrator of family and domestic violence?*

Refuges

- *How can we improve refuge services for victims of family and domestic violence?*
- *Is there scope for expanding residential services for perpetrators?*

Not accessing services

- *How can we support people to access services they need?*

New themes

The following two new themes were added as a result of discussions at the workshop.

- *Intergenerational impact and outcomes in family and domestic violence*
- *What works best for people (with lived experience) to navigate the whole family and domestic violence system?*

During the final whole group discussion 'early intervention' was incorporated into the existing Prevention theme.
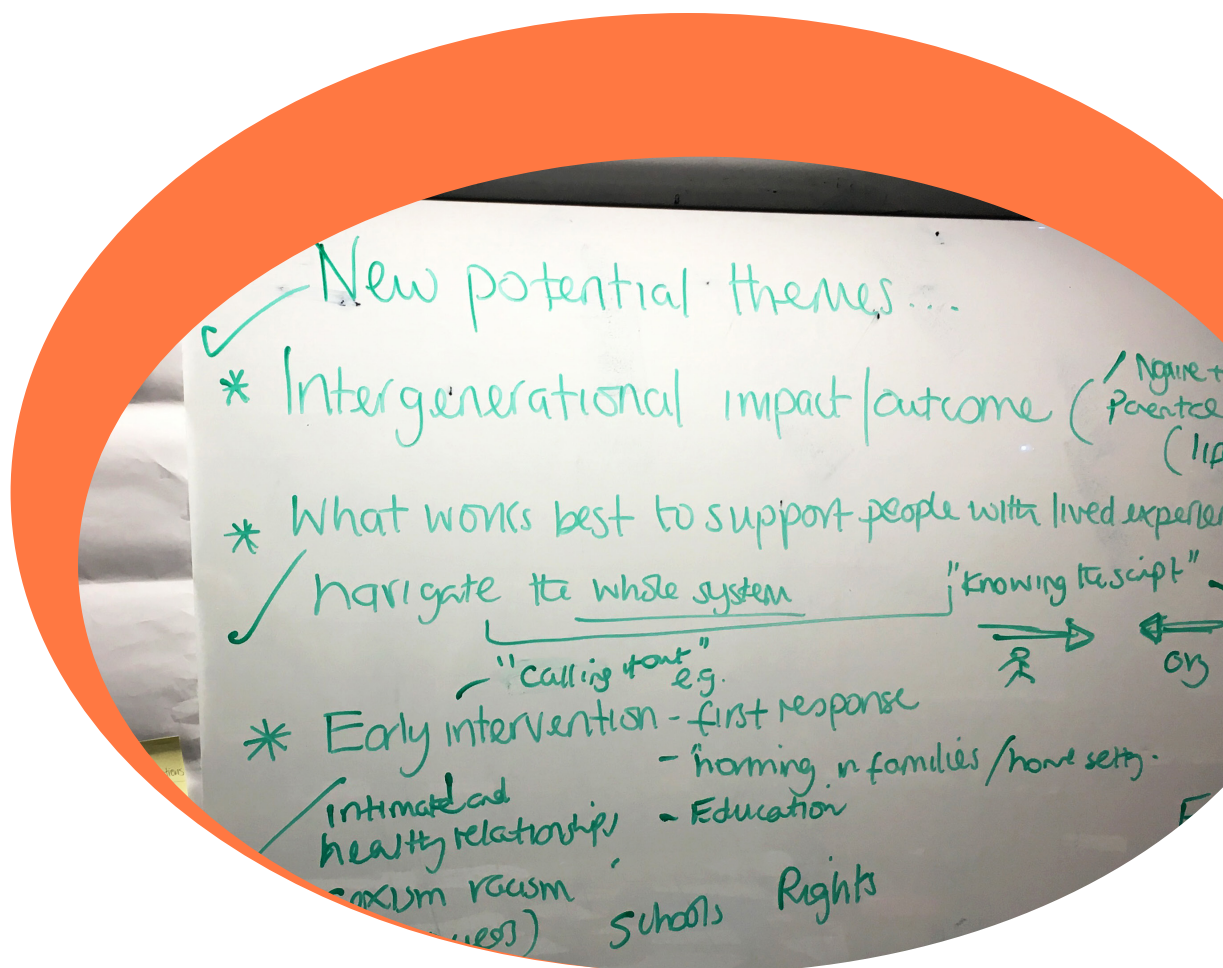
4 THE CONSENSUS WORKSHOP

Participants who completed the online survey were invited to register their interest in taking part in the Consensus Workshop planned for Tuesday 25th October 2016. People who registered an interest were then sent invitations for the workshop. The aim was to have approximately 30 participants with either:

- Lived experience of family and domestic violence;
- Supporting someone with lived experience; or
- A staff member of a service provider

Challenges

There were some challenges in trying to reach the desired number of workshop participants. Other than the sensitivity of the topic, feedback from some people who received invitations included whether there would be any support available, financially and mentally, for people attending the workshop.

A second email was then drafted and sent to survey participants inviting them to attend the workshop, highlighting that the purpose of the workshop was not to bring up personal issues, rather it was to set the priorities of research themes. In addition: all participants would be given an honorarium amount to cover out-of-pocket expenses for the day; cab charges were available if required; refreshments would be provided; and Anglicare WA support staff will be available for the duration of the day. Workshop registration increased to 26 people following the second email communication.

Pre-workshop planning

The relevant literature was accessed to research the methodology and practices of a priority setting workshop and whether one had been completed before in a family and domestic violence setting/project. There were numerous workshops held nationally and worldwide to identify research priorities in family and domestic violence, however participants of these workshops generally consisted of service providers, government organisations and researchers. To date, there has been no research in the area of family and domestic violence priority setting that have directly involved people with lived experience.

Anglicare WA, a not-for-profit service organisation that supports people, families and communities to cope with the challenges of life by building their resilience and capacity[7], was approached to be part of the Priority Setting Partnership Project Team to inform all aspects of the project. They provided vital links to service providers working in the area of family and domestic violence and community members associated with their organisation that had experience of family and domestic violence. These links were used to circulate

information about the survey and the Consensus Workshop. Anglicare WA provided the venue for the workshop, which included a facility room to ensure participants attending the workshop felt safe and secure if they needed 'quiet time'. Trained and specialised Anglicare WA staff were also in attendance to provide support to participants due to the sensitivity of the topic being discussed.

The Priority Setting Partnership Project Team held two conference Skype calls with a UK consultant (workshop facilitator) to discuss the initial stages of the project, survey questions and workshop format. Once the workshop facilitator arrived in Australia, the Project Team met with her twice for pre-workshop briefings (Appendix E) outlining the processes and timeline for the workshop (Appendix B). This included information for providing the appropriate support if participants were distressed. The roles of each team member were established as: table facilitators, researchers, or support staff. A 'Facilitator Pack' (Appendix C) was developed and distributed to the table facilitators, which included important information about how to assist with facilitating each phase of the workshop. Following the pre-workshop briefing meetings, the Facilitator Pack was amended to include 'Tips and Hints' to assist table facilitators to keep discussions flowing and on track.

The Consensus Workshop

Twenty-six people registered to attend the Consensus Workshop. On the day, fifteen community members and four service providers attended along with eight facilitating staff and researchers, four support staff from Anglicare WA and the UK consultant. The aim was to discuss the 22 themes produced from the survey to determine the top ten priorities to inform future research in family and domestic violence. A full description of the Consensus Workshop methods and approach is described below. In summary, the program of the day was:

- Introductions and scene setting
- Overview of the survey and the results
- Initial reactions and discussion to research themes in small groups, followed by a whole group reflection
- Small group ranking of the research themes. The rankings from each group were then combined to achieve an overall ranking of research themes
- Large group discussion and voting on final ranking including the top ten research themes
- Next steps for the outcomes of the workshop and workshop close

Aboriginal participants had a significantly different list of research priorities at the completion of the small group sessions and it was decided that this needed to be captured separately to ensure their priorities were given the appropriate consideration.

Chronological summary of the Consensus Workshop

Prior to the workshop, registered participants were grouped together to make up four groups of between six to seven people and assigned to a table which had been colour coded as the blue, green, pink and yellow tables. The table facilitators were experienced staff from the Consumer and Community Health Research Network.

Family and Domestic Violence Project Workshop Attendees

- ■ COMMUNITY PEOPLE x 16
- ■ PROFESSIONALS x 3
- ■ RESEARCHERS x 3
- ■ ANGLICARE WA SUPPORT STAFF x 4
- ■ CONSUMER & COMMUNITY HEALTH RESEARCH NETWORK x 5
- ■ JAMES LIND ALLIANCE (UK) FACILITATOR x 1
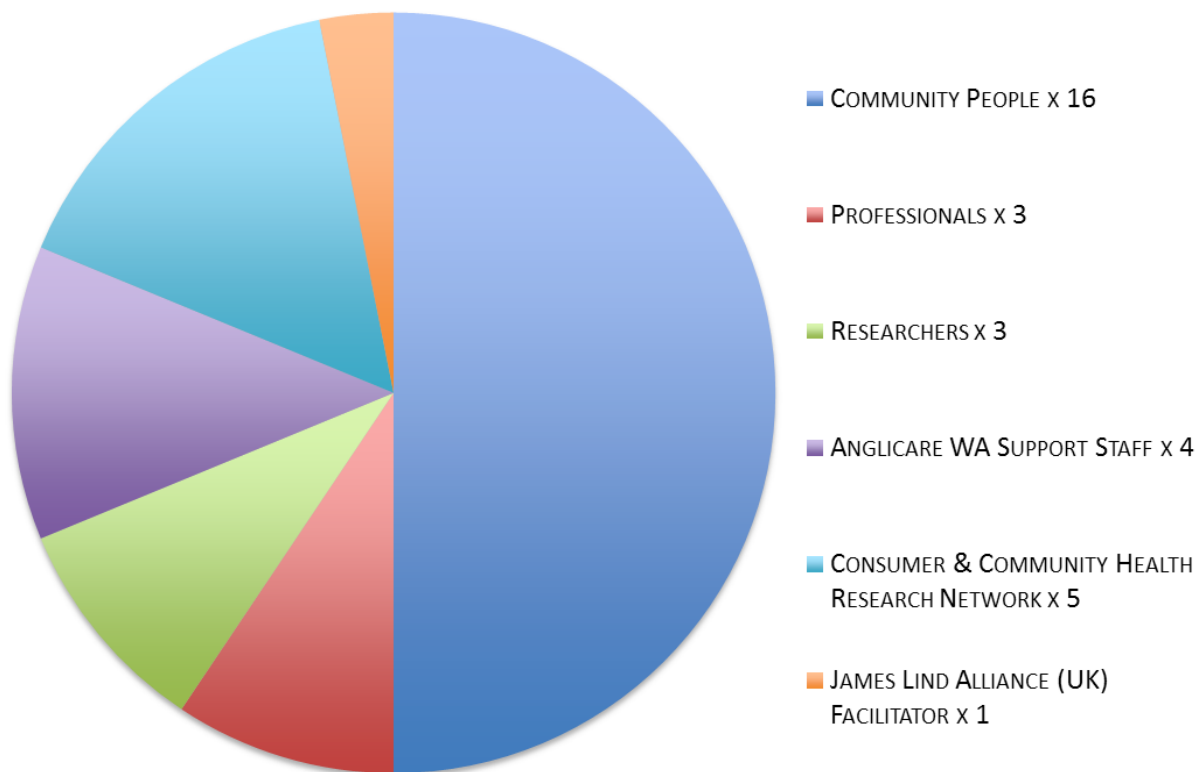
Participants were emailed the list of 22 research themes in preparation for the workshop and encouraged to read and list any comments for discussion on the day.

Each table included a table facilitator, a researcher, an Anglicare WA support staff and a combination of (Appendix D):

- Participants with lived experience of family and domestic violence
- Participants supporting someone with lived experience
- A staff member of a family and domestic violence service provider

Before the workshop commenced, an Anglicare WA manager suggested confirmation was needed about the most appropriate and preferred terminology for referring to people who had previously or were currently experiencing family and domestic violence. It was unanimous that the participants preferred to be referred to as people with 'lived experience of family and domestic violence' rather than 'victims' or 'survivors'. Participants were also asked to give a one-minute silence for those people who had recently fallen victim to family and domestic violence.

The workshop was conducted in five phases aligned with the standard James Lind Alliance workshop process, where literature suggests that a nominal group meeting should be structured as sequential steps of consensus building[8] .

Workshop phase 1: Small group discussions

- Participants were encouraged to discuss all 22 research themes and contribute their views they felt most and least strongly about. Table facilitators made a positive (+) or negative (-) note next to each theme in order to later determine an order in which to list the small group's priority of research themes
- Any themes discussed (that did not fit into any of the 22 research themes) were noted by the table facilitator to be discussed with the entire group in Phase 2
- The ordering of the themes was then discussed with the group and reviewed

Each table facilitator used various facilitation skills for their group as described below:

Blue table: The table facilitator opened the discussion with the group by firstly asking whether any participants had written any notes prior to the workshop to discuss. As there were none, participants were then encouraged to openly voice their opinions about any of the themes, in any order. Participants stayed relatively 'generic' when speaking about each theme, with no one disclosing any personal stories. There were no additional themes discussed that did not fall under the existing 22 themes for this group.

Green table: The group on this table consisted of Aboriginal women who had not taken part in the survey or had a chance to read the themed results prior to the workshop. The first part of this phase at the Green table was spent reading the themes. Once the group had a chance to read the themes they were then invited by the table facilitator to talk about what they felt was most important or stood out to them. Almost immediately it became evident that the group considered there were other issues that had not been identified in the survey. The group shared stories about their families and experiences. They identified the issue of '*intergenerational impact*' as a theme that was very important to them.

Pink table: The table facilitator asked the group members to review the themes and invited discussion about what priorities they felt were important. Many members of the group were vocal and strongly conveyed their opinions; opening up robust discussion very quickly and sharing of personal experiences guiding the process of ordering the themes that the majority of the members felt most strongly about. The table facilitator ensured that all members of the group were given the opportunity to share their opinions and experiences. There was a very strong sense that some of the themes were particularly important to some of the members whereas others were not even considered. Two new potential priorities were raised that the group did not feel had been adequately covered in the existing priorities.

Yellow table: The discussion began with the table facilitator ensuring that all group members had a copy of the priorities and invited comments about them, prompting for priorities that they thought were important. Some members had brought along written notes and were the ones who volunteered to begin talking. With each point raised, the table facilitator initially asked other members if they had had similar experiences. After fifteen minutes, discussion was free-flowing and all members were contributing equally. The table facilitator noted when priorities were discussed, and noted potential new priorities. Members only discussed those priorities that they considered to be important. After 30 minutes the table acilitator asked members if there were points that had not yet been discussed that they considered important. Fifteen minutes later the table facilitator raised the six potential new priorities; the group discussed them and decided if they were adequately covered in the existing priorities, or if they were in fact new priorities. Of the six discussed only one was put forward as a new priority.

Workshop phase 2: Whole group review

- Table facilitators passed three potential new themes discussed in Phase 1 to the workshop facilitator who presented an overview of these and invited questions, comments and concerns
- New themes were discussed and confirmed
- Two completely new themes were added:
    - 'Intergenerational impact and outcomes in family and domestic violence'
    - 'What works best for people (with lived experience) to navigate the whole family and domestic violence system?'
- One new theme of 'early intervention' was added to the existing theme of Prevention making a new total of 24 themes

Workshop phase 3: Small group ranking

- Based on the positive and negative notes taken in Phase 1, the table facilitator placed the twenty four themes (including the two new themes established in Phase 2) in the ranked order that was confirmed by the group: those which were thought to be most important themes at the very top to those thought to be least important at the bottom
- Participants were then invited to start discussing the ordering of the cards, with a view to ranking all of them in order from #1 to #24. These were then listed on a scoring table (Appendix F).
- Participants were also encouraged to consider the contextual information (supporting questions developed by researchers from the survey) on the back of the cards

Blue table: The table facilitator opened the discussion by concentrating on the top half of the themes and whether the group were unanimous in the current order or position of any of the themes. Participants' views varied greatly and attempts to rank the top five proved to be a challenge. Discussions around the bottom five themes were just as challenging so the group decided as a whole to use a voting system. Participants were each given five voting points and were asked to write down/memorise their top five themes. The table facilitator then went through each theme card and any card with a vote would be grouped depending on how many total votes that card had.

For example, theme cards were grouped by '5 votes', '4 votes', '3 votes', '2 votes', '1 vote' and 'no votes'

Once all cards were placed in each of the above groups, participants were then given one more vote to allocate. For example, if there were five cards in the '4 votes' group, then participants would cast their vote on the card they felt was most important. This would then develop the rank order of the card. This process continued through each of the groups of themes and repeated until they had ranked all 24 cards from most important to least important.

Once all twenty four cards were displayed in order, participants were then asked to discuss if there were any they would like to object to, with the table facilitator reminding them that the ranking order of this group will be combined with the other three tables and likely to be changed. With this in mind, all participants were happy to keep the ordering as it were.

Green table: During this phase, all but one community member had to leave the workshop. The group was then made up of the table facilitator, researcher, Anglicare WA support staff and an Aboriginal woman who identified with the professional group. As the other community members had left, it was up to those remaining to begin to order the cards. This section started with a few cards at the top of the grouping and the remainder of the cards at the bottom, as they were not discussed in the group. The remaining Aboriginal woman pointed out that the cards at the bottom were not discussed as being important to the table, as they are all a part of a service, e.g. courts, police, social services; and that these services, in her opinion, were not trusted by Aboriginal people.

Pink table: Many of the priorities were in similar groupings during this phase as there had been very strong opinions about some of the themes and little to no discussion about others. The group was exceptionally proactive again in taking ownership of the ranking of the themes. There was a lot of debate around the ordering of themes to reflect priorities that had a lot of overlapping; it was felt that if there were more research and change to some priorities then other priorities would also be improved due to better servicing, education, practice and policy. The group found difficulty at first in deciding on the top priorities as there were so many important themes included; the table facilitator then encouraged them to decide on the lower priorities and order them to start to get clarity on how they wanted the final ranking to be ordered. This assisted the process and the group quickly decided on the bottom twelve themes. The group then went back to the top and worked their way through the other twelve themes. It quickly became apparent to the group that two of the priorities should be joined to existing themes to increase research in that priority that they felt were complimentary; this left the final ten priorities for the group to agree on. In the final deliberation group members reflected on their very different personal experiences which bared weight to the way the final ranking was decided, reaching a consensus that they reflected on and all were in favour of.

Yellow table: When the table facilitator ordered the priorities, there were a number in tied positions; for example there were equal comments about priority one and two. Initial discussions focused on these grouped priorities to reach consensus with a final order. It became apparent early in the discussion that the group began to order the priorities in terms of the sequence of events using reasoning such as 'if we can have better education programs to stop the violence early then the issues of law and courts wouldn't be a problem'. At this point the table facilitator reminded the group that this did not reflect their discussions earlier in the day and asked for them to reflect on what they had discussed in the earlier session.

Reaching consensus about the exact order was difficult and so the table facilitator asked the group to decide what priorities should be in the top five, rather than the specific order of the top five. This helped the group to reach a consensus more quickly. The group then looked at the top ten and agreed which priorities should be in those, then a top fifteen. The bottom priorities the group looked at which were the least important to them. The group were then able to go back to the top ten and agree a final order with full consensus. With each decision the group were asked if they all agreed or at least could 'live with' the order.

Workshop phase 4: final whole group review

Three of the four group ranks were combined to achieve an overall rank order for the research themes. The research theme cards were then displayed on the floor in rank order and the whole group invited to reflect these shared priorities.
The scores from the group comprising Aboriginal participants was distinctly different from the other three, so their rank order was preserved and laid out alongside the larger group order.

- The ranking was discussed by the entire group, with the aim of agreeing the top ten by the end of the discussion session, and this was achieved
- The workshop facilitator chaired the discussion to ensure no individual participant dominated the decision-making. If consensus could not be reached by discussion, decisions were put to a vote.

As the Aboriginal participants had a significantly different list of research priorities, it was decided that this needed to be captured separately to ensure their priorities were given the appropriate consideration. For future planning the Priority Setting Partnership Project will hold another workshop for Aboriginal community members to evaluate and confirm the top ten priorities listed in this workshop.

There was a lot of open discussion where participants were actively engaged and each person was given the opportunity to contribute. There was a voting process on some of the themes as some participants felt there was an overlap that could be included within a priority that had already been captured.

- It was suggested that 'Violence Restraining Orders' should be combined in the theme of 'Law and court'. This was unanimously voted and accepted by the participants.
- There was a proposal that one of the newly created themes – 'What works best with people (with lived experience) to navigate the whole family and domestic violence system' be added in as a research question within the 'Service delivery' theme. This proposal was voted in favour with one participant abstaining.
- The group gave consideration to expanding the list of priorities from a top ten to either a top twelve or top fourteen; the vote was agreed that it would remain as a top ten.
- A proposal was made to consider bringing 'Children and legal issues' into the place of 'Financial issues' or 'Intergenerational impact and outcomes' on the list. Neither proposal was accepted.
- The suggestion was then made to bring 'Children and legal issues' up the list to the eleventh priority and this was accepted.

Consensus Workshop conclusion

At the conclusion of the workshop, participants were thanked and informed of 'what next'; how their contribution at the workshop would be collated and used to inform research partners and organisations of future research priorities for family and domestic violence. Participants were also invited to sign up to keep informed about the progress and outcomes of the Priority Setting Partnership Project (Appendix G).

Participants were also asked to complete an evaluation form for their feedback in regards to workshop (Appendix H).

In line with Anglicare WA's finishing exercise process, participants were also read a poem (Appendix I) to assist them and staff to reflect and 'move on' from the particularly heavy content of discussions for the day.

> *What a successful day today was! We had such a variety of people and it was good to see so many important issues making it to the top 10. Thank you for allowing me to be part of this important workshop and contributing my thoughts on Family and Domestic Violence.*
>
> **- Consensus Workshop Participant**

Family and domestic violence top ten research priorities:

1. Law, courts and violence restraining orders
2. Police
3. Non-physical abuse
4. Prevention and early intervention
5. Impact on children
6. Mental health issues/outcomes (victim)
7. Service delivery
8. Financial issues
9. Intergenerational impact and outcomes in family and domestic violence
10. Perpetrators

Aboriginal family and domestic violence research priorities:

1. Intergenerational impact and outcomes in family and domestic violence
2. Service delivery
3. Regional and rural issues
4. Prevention and early intervention
5. Impact on children
6. Mental health issues/outcomes (victim)
7. Perpetrators
8. Interagency support
9. Safety
10. Refuges

Out-of-scope comments and suggestions

Due to the nature of the workshop allowing a free discussion about themes for family and domestic violence, there were many topics and comments that were raised by participants that did not fall under the predetermined research themes. These comments were 'parked' (written on sticky notes) for post-workshop consideration.

Research needs to find a language that both those affected by family and domestic violence and those who research it are comfortable with. For the purposes of the workshop it was agreed 'lived experience of family and domestic violence' was the most appropriate term to use. It was also noted that there is a high use of acronyms in this area.

Research needs to address the interlinked nature of prevention and interventions in family and domestic violence. Many workshop participants experience the artificial boundaries that exist between services, and have to negotiate the whole system, even when it is disconnected.

Need to consider more long-term research with longer periods of follow up. Too much research short term, and workshop participants were interested in long-term effects of family and domestic violence and changes over time in families

Need to think carefully about outcomes (things that are measured in research) in family and domestic violence research. A balance of quantitative (numbers) measures and those that relate more to qualitative (experiences) measures, for example empathy of service providers. It was acknowledged in the workshop that experiences are sometimes more difficult to evaluate, but potentially make a big difference to those affected by, and living with, family and domestic violence

Many workshop participants wanted to see more involvement of those with lived experience of family and domestic violence in service design and research. The partners involved in this project: The UWA School of Population Health, Telethon Kids Institute, Anglicare WA, and the Consumer and Community Health Research Network could use the workshop experience to show the way in which meaningful involvement is productive and provides an enriched experience for all of those involved.

Researchers need to acknowledge those people with lived experience of family and domestic violence, who get involved in research, may be vulnerable and need extra support to contribute effectively to research

5 NEXT STEPS

A research advisory group consisting of researchers, the Consumer and Community Health Research Network, service providers and community members will be convened to discuss the results from the Consensus Workshop and develop a plan to identify targeted research opportunities according to the top ten research priority list.

It is important that researchers, community members and service providers are aware of the process undertaken to arrive at the list of research priorities. As such, a manuscript describing the process will be undertaken which will allow the replication of the process in other locales.

Exploration of future research opportunities using the broader survey data will also be undertaken. More specifically, the advisory group will formulate research questions, in conjunction with service providers and community input, with which to approach stakeholders and related organisations for funding and collaborative research. The projects developed will also be made available to students in The UWA School of Population Health and Telethon Kids Institute's Honours, Masters and PhD programs.

The Priority Setting Partnership Project's process and findings will be presented at a dedicated panel session on intimate partner violence at the 2016 Australian STOP Domestic Violence Conference in December 2016. Dissemination of findings will also be more broadly achieved through a range of community and research presentations to stakeholder groups.

The workshop was well run and our facilitator allowed each of us to give voice to our major concerns in our small groups, and helped us reach agreement on priorities. I for one felt respected, appreciated and 'heard' through the process

- Consensus Workshop Participant

6 APPENDICES

It was satisfying to see that we worked as a team initially in small groups and then a large group to come to a place of agreement, an outcome achieved by the end of the day. Ten themes chosen. I felt great satisfaction that my opinion mattered, my story mattered. That my traumatic experiences could improve another woman's experience and hopefully lessen the pain and suffering and barriers which I faced.

- Consensus Workshop Participant

Appendix A: Survey

Family and Domestic Violence Survey

PART ONE – ABOUT YOU

We would appreciate it if you could give us some non-identifying information about yourself by answering the questions in the box below. However, if you would prefer not to, then just leave this section blank. Please note that these details will NOT be published in association with your response.

QUESTION 1

Please select from options a, b or c that best describe you:

a) I have experienced, or am at risk of experiencing abuse and/or violence by my partner or ex-partner.

b) I support someone who has experienced or is at risk of experiencing family and domestic violence.

c) I work for an organisation that supports/provides services to people who experience family and domestic violence.

QUESTION 2

What is your age, or the age of the person you support?
(Please select the appropriate option)

- 18-39
- 40-64
- 65-70
- 71-79
- 80+
- Prefer not to say

Appendix A: Survey

QUESTION 3

What is your gender, or that of the person you support?

(Please select the appropriate option)

- Female
- Male
- Prefer not to say

QUESTION 4

What is your country of birth?

Do you identify as Aboriginal or Torres Strait Islander?

Yes   No

QUESTION 5

Do you currently access family and domestic violence support services, or have you accessed them in the past? For example this may include police and child protection workers, or assistance at a court to get a violence restraining order.

Yes   No

If yes please list the services that you have accessed:

If you haven't accessed any services can you please tell us why:

Appendix A: Survey

It is important that we understand what is important to you, and that our future research is driven by questions and issues that are important to: people who have experienced/are at risk of experiencing family and domestic violence, and people who support them; people who provide services to those who have experienced or are at risk or experiencing family and domestic violence.

Please tell us what areas you would like to see researched, or would like an answer to. This can be about any areas of family and domestic violence that concern you. Please write these in the box below. Your questions or ideas can be in any order of importance.

To help you, here are some examples of questions/issues that people have asked in other surveys not related to family and domestic violence:
 - Loneliness is an issue for older people
 - Does a drinking lot of water help with losing weight?
 - I am worried about my children's education
 - It's not easy to access dental services without a healthcare card

Your ideas

Appendix A: Survey

Do you have any other comments?

Thank you for completing this survey – we appreciate your support!

Appendix B: Running Sheet

WORKSHOP RUNNING SHEET

Time	Item	Who	Mins
08.00	**Set-up** • BF downstairs • Turn on urn	IPIR team HH / NM	
08.30	**Briefing session**	SC / BN	
09.30	**Refreshments, registration** • Man registration desk • All staff to welcome participants	 HH/NM All staff	30
10.00	**Welcome** • Acknowledgement of Country • Welcome	 IA AM / VC	15
10.15	**Workshop overview and getting to know each other**	SC	20
10.35	**Family and domestic violence presentation**	MO	10
10.45	**Discussion groups** • 11.15 catering arrives and set-up	Table facilitators / Anne	60
11.45	**Refreshment break**		
12.10	**Sharing feedback from small groups** • 12.30 catering arrives / set-up	SC / IPIR team	50
13.00	**Lunch break** • Sign up for future research	 Table facilitators	
13.45	**Priority setting - small group work**	Table facilitators	60
14.45	**Refreshments** • Finalise priorities and take sheets to Sally	 Table facilitators	
15.15	**Large group discussion about priorities - agreeing final list**	SC	45
16.00	**Research in this area**	MO	15
16.15	**Next steps for the project**	DP	10
16.25	**Workshop concludes** • Evaluation • Sign up to network	AM	5
16.30	**Pack up room and equipment**	Research / IPIR teams	

Appendix C: Facilitator Pack

Family and Domestic Violence
Community Priority Setting for Research - a workshop

Tuesday 25th October 2016 at Anglicare WA, East Perth, WA 6004

Facilitator pack

1

Appendix C: Facilitator Pack

1. Workshop purpose

Participants are going to discuss, explore and identify issues in family and domestic violence that are important for future research. We will use the results of a recent survey to help shape the discussion. We will be aiming for 10 - 14 research priorities.

Program overview

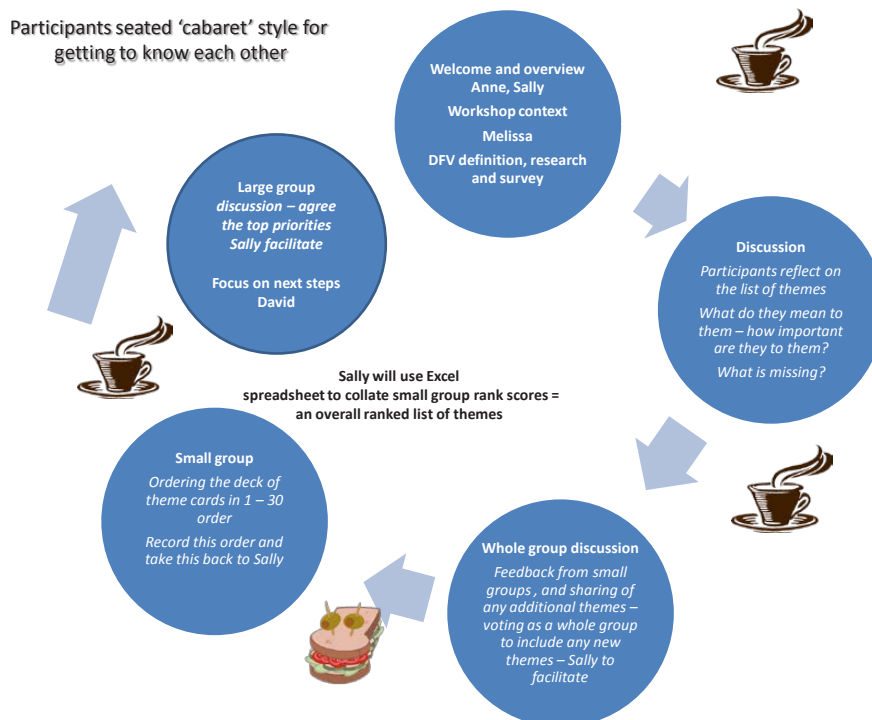|	
09.30	**Refreshments, registration**
10.00	**Welcome** • Welcome to Country • Welcome to the workshop - Anne McKenzie, Head, Consumer and Community Health Research Network
10.10	**Workshop overview and getting to know each other -** Sally Crowe, Workshop Facilitator
10.30	**Domestic Violence - an introduction from the project team - Melissa O'Donnell** • What do we mean by domestic violence? • Research in Domestic Violence - why research priorities matter • Survey methods and results that will be discussed today
10.45	**Discussion groups** • Consider the research results so far • Are there other items they want to include?
11.30	**Refreshment break**
12.00	**Sharing feedback from small groups** • General impressions of research results • Agreeing any additional research items to add
13.00	**Lunch break**
14.00	**Priority setting - small group work**
15.00	**Refreshments**
15.30	**Large group discussion about priorities - agreeing final list**
16.15	**Next steps for the project - project team members**
16.30	**Workshop concludes - thanks and final conclusions from David Preen**

Appendix C: Facilitator Pack

2. Facilitator teams and roles

Facilitator roles

Position	Names	Roles and responsibilities
Facilitator	Sally Crowe	• 'Holding the day' together, large group discussion, prioritization process and small group if needed •
Small Group Facilitators	Hayley, Ngaire, Belinda and Bec N, Sally to support	• Small group discussions (planning for 4) • Keeping the group on task (whether it is discussion or ranking the theme cards) • Ensuring maximum participation by the group members • Ensuring a fair and equitable discussion • Ensuring that signals of distress from participants are acted on
Research supporters	David, Melissa O, Anne, Bec G, Anne & Sally to support	• Helping to manage discussions when they focus on aspects of research - not allowing the debate to get too technical, clarifying and explaining where needed
Support roles	Team Anglicare representatives Tori, Mel B, Michelle P, Sally to support	• Managing reception duties • Care and support of participants

3. Process diagram

Participants seated 'cabaret' style for getting to know each other

Welcome and overview Anne, Sally
Workshop context Melissa
DFV definition, research and survey

Large group discussion – agree the top priorities *Sally facilitate*
Focus on next steps David

Discussion *Participants reflect on the list of themes* *What do they mean to them – how important are they to them?* *What is missing?*

Sally will use Excel spreadsheet to collate small group rank scores = an overall ranked list of themes

Small group *Ordering the deck of theme cards in 1 – 30 order* *Record this order and take this back to Sally*

Whole group discussion *Feedback from small groups, and sharing of any additional themes – voting as a whole group to include any new themes – Sally to facilitate*

3

Appendix C: Facilitator Pack

The facilitator's role is to:

- That everyone in your group is present (there will be colour coded group lists)
- Ensure that everyone understands the discussion and tasks
- That the environment is conducive to open dialogue, (ensuring that people don't talk over each other etc)
- Managing the more dominant group participants (asking them to wait to make their point, purposefully asking group members to contribute in turn etc)
- Keeping the discussion and debate focussed on the research themes or new ideas being proposed
- Clarifying and reflecting important statements, concepts and ideas back to the group and making a note of these on blank theme cards

Previous accounts of working with DFV are that those with some direct experience cite a number of issues that limit their desire to openly discuss their experience:

- A sense of shame felt about disclosing
- Fear of judgement
- Fear of appearing weak
- Fear of not being understood
- Lack of perceived support structures or awareness of these
- Fear of impact on future relationships

Please be aware to these issues and accommodate speakers as much as you can. Previous focus group work suggests the following guidance might be helpful;

- No right or wrong answers
- Permission to disagree
- We want to hear from all
- So.....we might have to interrupt due to time constraints

Detailed process

The plan is the same for each group. Groups to be mixed and pre selected beforehand.

10.45 First small group discussion

- Ask group members in turn to discuss the themes that they feel strongly about, or they recognise as part of the their own experience as a starting point, either positively or negatively
- Please ensure that everyone has said something about the list from their point of view
- Make a note of themes that are **coming up frequently in discussion either negatively or positively**, suggest that you put either a tick or a cross next to themes for example
- Ask the group to **reflect on any gaps, themes/issues that they think are missing** - try and get a clear a picture as possible and record on butcher paper - read back the question to be very sure you have captured these correctly, use the skills of your research partner to help with this – if this new suggestion actually fits with one of the existing themes make a note of the theme letter - keep to one side
- We need to keep a lid on new ideas so suggest that we limit these to 5.
- Take your butcher paper with any new suggestions to Sally at coffee time @ 11.45

4

Appendix C: Facilitator Pack

14.00   Second small group discussion

- *This session focuses on creating a* **group rank order of themes, the most important at the top and least important at the bottom of the list.**
- During lunch position the cards on your table to reflect their popularity, or not, in the first discussion session

- Introduce the new themes, if they exist (Sally will have written these for each group on colour card)
- Ensure that all the other theme cards are visible on the table – it will probably look like something like above
- Encourage group members to indicate when they want to talk about a theme – they can handle the cards but not place them in order without the agreement of the whole group
- When you feel you have consensus on a card placement in the order - tell the group this, and move on
- Your research partner can help explain any particular issues on the themes - **REMEMBER** we are not asking participants to assess how researchable these themes are but **HOW IMPORTANT THEY ARE**.
- Keep a track of time, and make sure that you allow enough discussion for each theme (except where there is overwhelming consensus in which case swiftly move on)
- Sometimes groups get stuck on one theme – if put the card to the side and come back to it later
- If you end up with equal places like below – take a vote in the group
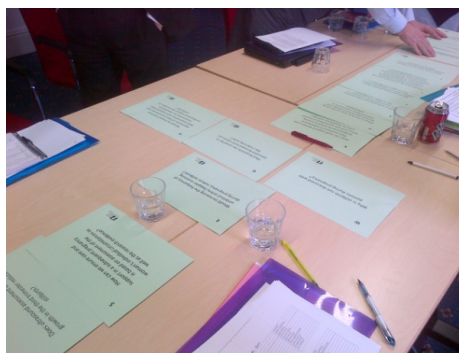
- You are aiming for a long line of cards in rank order, that the group are content with
- **Before you finish this session remember** to make a note of the theme order using the facilitators ranking form provided in the back your wallet - take this to Sally

5

Appendix C: Facilitator Pack

Tips and tricks

- If people are struggling to articulate their views - ask them how they feel about themes, if any of them are familiar
- Try and keep the momentum going, and use time constraint to focus people's minds, *"we need to have agreed our list before tea time"*.
- Remind them of the bigger picture – all these themes are important – but taking a pragmatic view we need to prioritise them – none of them are off the table, it is just about the order….
- If participants want to tell their story – try and respectfully make links to this and the themes – if there is no connection then it is important that you move them on – **use the PARKNG paper** provided to record important but not relevant issues
- As you build your order list – remind people what you have achieved e.g. *"so we have now agreed the top 6 – that is great – let's move on to the next 6"*
- Good phrases to use in the ranking session are – *"from your perspective which research theme would make the biggest change for DFV?"* *"Which is the more important of these two themes in your opinion? "we seem to have stalled on this theme – let's put it to one side and come back to it in a bit" "We have a theme that is thought to be very important by some and not very important by others so the best place for this is in the middle"*
- Look out for non-verbal disengagement in group members – check in with them at the break to see if there are any issues that can be addressed in the workshop
- We have been advised that some participants will be disassociated from their experience – so that they can talk about their experiences without obvious emotion, others may get emotional…everyone will be different
- You may find that people get very attached to their priorities – remind them that their rank order will be combined with the other three groups results…. so things will change in the final session, but that they have another chance in the final session.

6

Appendix C: Facilitator Pack

5. Facilitator skills

The skills of a good facilitator …		The downfalls of a poor facilitator …
being **prepared** – know the materials and participants	*Mirror*	being unfamiliar with the materials and participants
being **aware** of the needs of participants: – before: e.g. appropriate materials and timetable – during: needs to be flexible		being unable to recognise the needs of participants either before or during the session unable to adapt accordingly
understanding the **limits** and **boundaries** of what the group can give		being unable to know when to say 'no' in order to stay in control of a situation
bringing people and ideas together acknowledging where good ideas are coming from		being judgmental concentrating on those who speak most
enabling people		trying to control discussions
recognising effort and struggle to participate **encouraging** input, creating space for discussion and thinking		being unenthusiastic or dismissive of people's views not allowing time for people to respond to questions or think through issues
being aware of and using appropriate **body language**		using inappropriate body language (e.g. no eye-contact)
establishing **relationships** quickly e.g. making an effort to remember participants names		being unable to establish relationships
recognising "baggage" and knowing when to deal with it		diving straight into a programme before people are ready to do it
managing time		poor time management
being **comfortable** and confident with themselves and their role		being unclear about their role
being **skilled listeners**		not listening and responding to people
synthesising ideas and dialogue **summarising and paraphrasing**		being unable to summarise discussions and pull out main issues

7

APPENDIX D: Table Plan

Table Plan (participant names removed for anonymity)

Bec N (Facilitator)
David (Reseacher)
Melissa B (Support)
Professional
Participant
Participant
Participant

Ngaire (Facilitator)
Melissa O (Reseacher)
Victoria (Support)
Professional
Participant
Participant
Participant

Belinda (Facilitator)
Bec G (Reseacher)
Lara/Jane (Support)
Professional
Professional
Participant
Participant
Participant

Hayley (Facilitator)
Shay (Reseacher)
Anne/Sally (Support)
Professional
Participant
Participant
Participant
Participant
Participant

Domestic and Family Violence Priority Setting Partnership

Project Group Meeting - workshop briefing and preparation

October 21st 12.30 – 3.30 @ Telethon Kids Institute (Upper Atrium Meeting Room)

Attendees: Colleen Fisher, Melissa O'Donnell, Sally Crowe, Mara West, Anne McKenzie, Hayley Harrison, David Preen, Ngaire McNeil, Belinda Frank, Isabelle Adams, Leigh Ryding
Apologies: Rebecca Nguyen, Victoria Cooke

Additional meeting on October 24th @ 10,30am at Anglicare WA Office
Attendees: Sally Crowe, Victoria Cooke, Anne McKenzie, Ngaire McNeil, Rebecca Glauert, Melissa Blake, Michelle Peter
Apologies: Rebecca Nguyen

Agenda

1.   Introductions

2.   Items for discussion:
   - Discuss agenda and Facilitator pack for Tuesday (attached)
   - Survey results/Themes: any additional queries?
   - Workshop attendees – total number
   - Discussion facilitators - skills and safeguarding participants
   - Domestics of workshop - venue, refreshments, badges and information, facilities such as projector for speakers etc
   - Evaluation form for staff

3.   Any other business

APPENDIX F: Score Sheet for ranking priorities

Facilitator:_____ **Group Colour:**

		RANK
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		
X		
Y		
Z		
AA		
BB		
CC		
DD		

APPENDIX G: Sign up sheet

Would you like to be involved in future research about family and domestic violence?

Please add your details below and we will ensure that we contact you when research is being developed.

Name	Contact details	Do you have a particular area of interest?

APPENDIX H: Evaulation Form

Family and Domestic Violence
Priority Setting Workshop
Tuesday 25th October 2016

Evaluation Form

Please circle the responses which best match your view:

---

1. The workshop was:

NEGATIVE	➜			OR		➜	POSITIVE
1. Very poor	1	2	3	4	5	6	Informative
2. Not useful	1	2	3	4	5	6	Useful
3. Some people talked too much	1	2	3	4	5	6	Participative

---

2. Did the workshop meet your expectations?

☐ Not at all ☐ Slightly ☐ A fair amount ☐ Mostly ☐ Completely

3. Did the workshop cover areas that were important to you?

☐ Not at all ☐ Slightly ☐ A fair amount ☐ Mostly ☐ Completely

If "not at all' please specify what additional information could have been included:

_____

_____

4. Was the priority setting process explained clearly to you?

☐ Not at all ☐ Slightly ☐ Adequately ☐ Mostly ☐ Completely

5. Did the presentations provide enough information?

☐ Not at all ☐ Slightly ☐ Adequately ☐ Mostly ☐ Completely

6. How well were your questions answered?

☐ Not at all ☐ Slightly ☐ Adequately ☐ Mostly ☐ Completely

7. Did you have an opportunity to put forward your ideas / priorities for research?

☐ Not at all ☐ Slightly ☐ Adequately ☐ Mostly ☐ Completely

PTO ➜

APPENDIX H: Evaulation Form

8. *Is there anything else you would like to add?* :_____

_____

9. *The <u>best</u> thing about the workshop was*: _____

_____

_____

10. *The <u>worst</u> thing about the workshop was*: _____

_____

_____

11. *Do you have any suggestions about how we might improve future workshops?*

    ☐   *Longer session*

    ☐   *More time on themes or discussions*

    ☐   *More pre- information*

    ☐   *Other (please specify):* _____

_____

_____

12. *Would you be interested in attending future events around other research areas?*

    ☐ Yes   ☐ No   ☐ Maybe

If yes please provide contact details:

_____

_____

Thank you for attending and for your valuable feedback.
Please give you completed evaluation form to your facilitator.

Tree song

Pruning is over-
now begins the growing.
Call forth energy
from deep roots,
stretch limbs,
feel buds begin to swell,
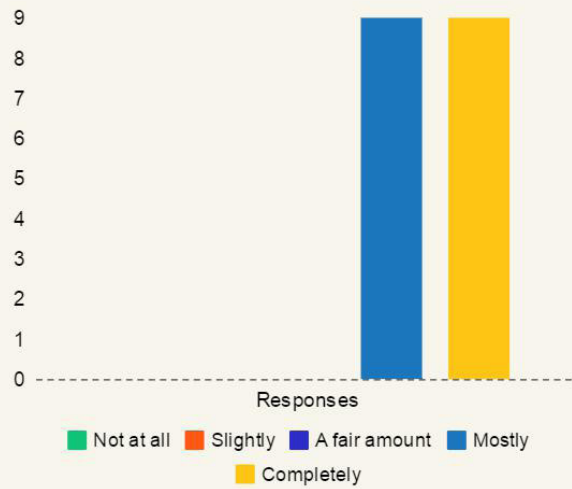reach for wind and sun.

As you leaf,
understand that
under your green canopy,
flowers will grow in your shade,
and even in winter,
roots will store food
to feed the burst
of spring.
So in fall, paint your colors boldly,
brilliant reds and golds,
and put your seeds to slumber,
preparing for spring.

In your time of flowering,
or with naked branches,
do not fear the rain,
or the coldest winds,
but stand tall,
look to the horizon,
watch the sun set
and the sun rise.
From your center,
feel each fracture in your bark
find its way to heal.

Remember this:
Leaves know
when they must fall,
and when to bud,
just as the seed knows
when to put forth its first true leaves.

Family & Domestic Violence Priority Setting Workshop
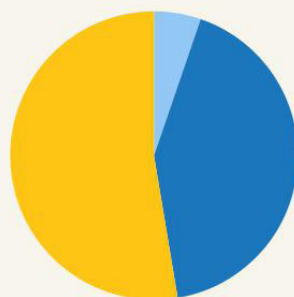
Evaluation Summary

19 Attendees

The workshop was ...

Legend: Informative | Useful | Participative

Categories: Very Poor | Poor | Neutral | Good | Very Good | Excellent

Did the workshop meet your expectations?

Not at all (0%) | Slightly (0%) | A fair amount (5.26%)
Mostly (68.42%) | Completely (26.32%)

Did the workshop cover areas that were important to you?

If 'not at all' please specify what additional information could have been included

- Post/acknowledge child sexual abuse as subset of DV

- I liked that we could talk things out amongst ourselves

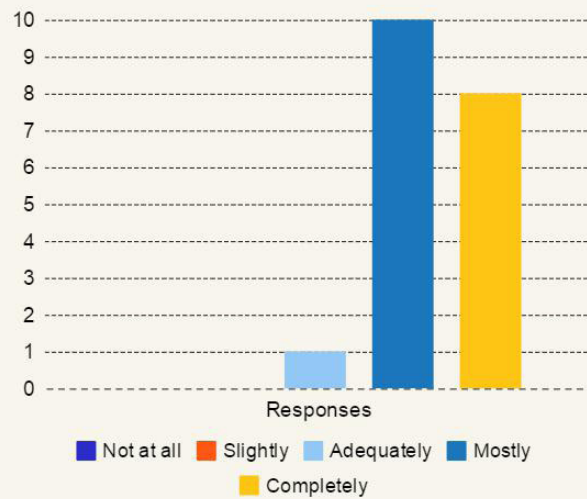## Was the priority setting process explained clearly to you?

Not at all (0%)　Slightly (0%)　Adequately (5.26%)
Mostly (42.11%)　Completely (52.63%)

APPENDIX J: Evaulation Summary

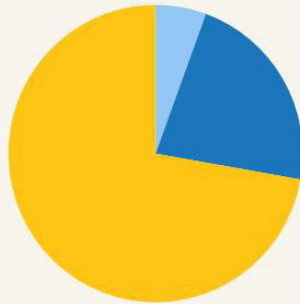## Did the presentations provide enough information?
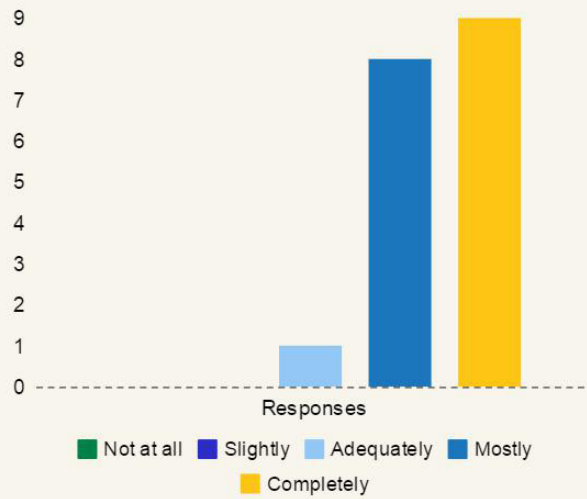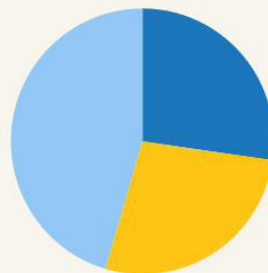

How well were your questions answered?

APPENDIX J: Evaulation Summary

Did you have an opportunity to put forward your ideas/priorities for research?

Not at all (0%) ■ Slightly (0%) ■ Adequately (5.56%)
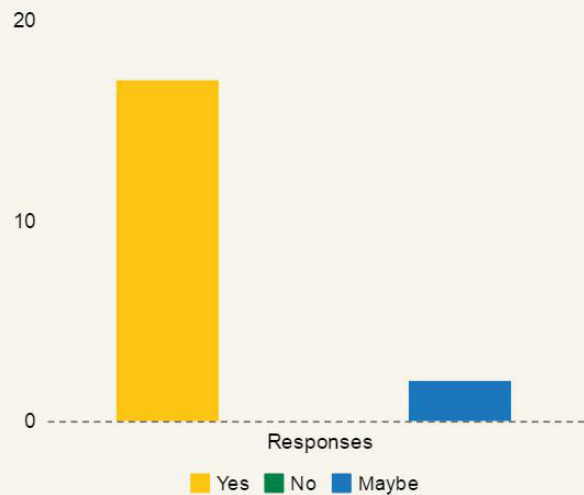■ Mostly (22.22%) ■ Completely (72.22%)

Do you have any suggestions about how we might improve future workshops?

■ Longer session (27.27%)
■ More time on themes or .. (27.27%)
■ More pre-information (45.45%) ■ Other (0%)

Would you be interested in attending future events around other research areas?

Yes ■ No ■ Maybe

Is there anything else you would like to add?

- Continually presenting process explanation
- Another follow-up workshop
- Remember DV continues well beyond separation - the issues change from safety-focussed to financial issues (legal costs, threats to cut child support, threats to go for full custody)
- Feedback from forum on research requested
- A difficult and emotive topic - facilitated exceptionally
- Research to reflect FDV and the criminal injuries compensation to victims for FDV

The best thing about the workshop was...

- Guidance facilitators
- Talking out issues/connecting amongst ourselves - very socially positive
- Well facilitated
- Openess to feedback
- Having lived experience voices at the table
- Being involved in change and outcomes for DV research
- Amazing food and support
- Hearing other opinions and feeling supported. I loved when people could relate to what I was saying
- Discussion about issues and effective facilitation
- Polarisation of fields, experience and researchers
- The food!
- To realise there is lots of people who want to better a bad situation
- Relaxed atmosphere where your opinions were valued
- Discussion about issues and effective facilitation
- Access and support from organisation
- Views of people from all service groups and those with lived experiences
- Mix of participants had vast knowledge and experience

APPENDIX J: Evaulation Summary

The worst thing about the workshop was...

- Avocado in food: avoiding allergies is hard when I don't know who's eaten/touched it
    - Not having enough time it discuss fully
        - Keeping on track in the morning when working on themes
            - Choosing priority of events
        - The difficulty in eliminating priorities
- Not enough men? Found topics (A-X) over-separated/siloed
            - I had to leave early for family crisis which had arisen today
    - Subject matter and how big DV is part of people's lives
            - Prioritising the points
                - Time

7 REFERENCES

1. Dunkley A, Domestic Violence in Australia: A quick guide to the issues, Parliamentary Library, Canberra, 2015

2. Background paper to Time for Action: The National Council's plan to reduce violence against women and children, 2009-2021, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Canberra, 2009

3. Australian Bureau of Statistics 2016, Available from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~6 [26 Oct 2016]

4. Western Australia's Family and Domestic Violence Prevention Strategy to 2022: creating safer communities, Government of Western Australia department for child protection, Perth, 2013

5. National Plan to Reduce Violence against Women and their Children (2010-2022): including the first three-year action plan, Australian Government

6. Australia's National Research Organisation for Womens Safety (ANROWS) 2014, ANROWS Research Priorities 2014-15. Available from: http://anrows.org.au/sites/default/files/page-attachments/ANROWS-Research-Priorities-Summary.pdf [26 Oct 2016]

7. Anglicare WA 2016. Available from: https://www.anglicarewa.org.au/ [26 Oct 2016]

8. James Lind Alliance 2016. Available from: http://www.jla.nihr.ac.uk/jla-guidebook/chapter-9/workshop-process-on-the-day.htm [26 Oct 2016]

The workshop was well run and our facilitator allowed each of us to give voice to our major concerns in our small groups, and helped us reach agreement on priorities. I for one felt respected, appreciated and "heard" through the process. I also learnt a lot about how other women have experienced domestic violence and appreciated that each of our experience of the system has been different as well

- Consensus Workshop Participant