Safety issues for women experiencing intimate partner violence (IPV): An integrative review

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Abstract

This integrative literature review examines the safety issues for women experiencing intimate partner violence (IPV) in Australian studies. Using clear inclusion and exclusion criteria, seven databases were systematically searched for the study. A total of ten samples were identified as suitable for the study after a thorough screening of accessed sources. For ensuring the quality and appropriateness of the sources, the CRAAP test, which examined the currency, relevance, authority, accuracy, and purpose was conducted. A thematic analysis was employed for analysing the data. Four core themes were identified from the analysis, which are: lack of IPV education and training, issues with services, systemic issues, and issues with protection orders. Together, the findings suggest how a range of social processes impact the safety of women experiencing IPV. These findings necessitate a holistic approach to IPV if women's safety is to be effectively addressed. It is vital to look at the many layers that impact women's safety rather than a focus on the individuals involved.

Keywords

Introduction

Intimate Partner Violence (IPV) is a prevalent issue in Australia that occurs across all ages, socio-economic backgrounds, and demographics, and it predominantly impacts women and children (Australian Institute of Health and Welfare [AIHW], 2018). IPV causes more illness, disability, and death among Australian women than other risk factors (AIHW, 2018). In 2019, a third of all homicides in Australia were related to IPV (Australian Bureau of Statistics [ABS], 2020), and it further increased by 12% in 2020 (ABS, 2021). In order to reduce incidents of IPV in Australia, there is a need to understand what safety issues women experience when living with IPV, which is what this study aims to do. The concept of safety issues translates as a condition, practice, violation or scenario that impacts the quality of being safe or causes danger, risk or injury (Collins Dictionary, n.d.; Environment, Health and Safety, 2021). A comprehensive study of multiple safety issues is absent in the Australian literature. This study aims to examine Australian literature on IPV for gathering the key themes of safety issues. Findings may contribute to Australia's policy and practice regarding IPV, which may lead to increased safety for women.

Background

Literature on IPV highlights a resonating theme that IPV incidents on a macro level are due to the ongoing inequalities between men and women in Australia (Dragiewicz et al., 2021;

Dragiewicz et al., 2022; Hing et al., 2021), with more women than men experiencing IPV (Corrie, 2015; Hulme et al., 2019). In a study conducted by Hing et al. (2021) that looked at the links between women's experiences of IPV and gambling, nearly all participants interviewed described their male partners as controlling, narcissistic, and misogynistic. Their partners expected strict traditional gender roles, and women expressed that their male partners used violence to assert authority, control, and discipline (Hing et al., 2021). It was found that men's attitudes towards typical gender roles, controlling behaviours and condoning of violence were played out in intimate relationships before their gambling issues began, yet as the gambling problem intensified, so did the abuse (Hing et al., 2021). In a study by Forsdike et al. (2021), the narrative of IPV being a gender issue gets highlighted among male participants as a part of a focus group in a Men's Behaviour Change Program. Male participants expressed that significant barriers to seeking help for their abusive behaviour were a lack of self-awareness due to denial or normalising IPV in relationships as acceptable due to their understanding of stereotypical masculinity norms (Forsdike et al., 2021). A large drive for men to change their abusive behaviours came from wanting to make their own choices and to avoid decisions that impact their lives imposed by courts, highlighting resistance to being told what to do (Forsdike et al., 2021). Men continue to perpetrate violence against women as it is socially acceptable for men to hold power in society (Hing et al., 2021).

Gender-based violence is especially present in IPV involving sexual violence (IPSV). A study by Tarzia and Tyler (2021) found that this form of violence is perpetrated mainly by men. Their research investigated the link between IPSV and pornography through thematic analysis of qualitative interviews of women's experiences of IPSV. They found that abusive sexual acts occurred after men watching pornography. More than half of the female participants in their study stated that pornography was involved in their sexual assaults, even when they were not prompted to speak about pornography. Tarzia and Tyler (2021) connected men watching pornography with IPSV through what they describe as a cultural context of heterosexual relations. When men watch pornography involving physical violence and aggression towards women, with substantial gender inequality represented, they internalise this behaviour as a cultural norm, blurring the lines of what should be an accepted part of heterosexual

relationships (Tarzia & Tyler, 2021). IPV is a form of gender-based violence that is both a cause and a consequence of gender inequality (Dragiewicz et al., 2021).

Corrie (2015) found that gender pay gaps in Australia significantly impact women experiencing IPV. Throughout life, women experience inequalities in lower levels of workplace participation, lower pay rates, higher financial stress and lower retirement funds (Corrie, 2015). IPV further compounds such economic issues, putting women at a further disadvantage (Corrie, 2015).

Economic dependence due to financial insecurity limits women's ability to leave violent relationships (Corrie, 2015; Hing et al., 2021). Corrie (2015) found that women who experience IPV depend more on welfare payments as their primary income and find it harder to keep employment, particularly when economic abuse is a part of IPV. A part of economic abuse in a relationship is men sabotaging their partner's education or employment by not allowing women to work or attend education or making it difficult for a woman to do so (Corrie, 2015). Hing et al. (2021) found that nearly all female participants experienced financial abuse when relationships involved gambling. The impacts of financial abuse amongst gambling involved men re-mortgaging homes, creating debts in their partner's names, stealing from women, limiting women's access to money and using weekly food, utility and rent money on gambling (Hing et al., 2021). Financial abuse traps women in abusive relationships or makes post-separation living challenging (Corrie, 2015). IPV causes economic insecurity across different groups of women, even if women are high-income earners (Corrie, 2015; Dillon et al., 2016). Leaving abusive relationships requires the finances to relocate and cover legal costs regarding splitting assets and shared custody of children (Corrie, 2015; Dillon et al., 2016). When women can stay in the family home post-separation from relationships involving IPV, the expense of living on one wage can be difficult (Corrie, 2015). Burdensome living expenses, especially for a woman living on welfare payments, can explain why many women leave the family home and seek affordable housing (Corrie, 2015). However, a lack of affordable rentals and public housing availability has become a significant issue (Corrie, 2015), making women who have experienced IPV more vulnerable to homelessness and poverty (Dillon et al., 2016). Dillon et

al. (2016) found that vulnerabilities around homelessness and poverty result in many abused women returning to their violent ex-partners.

Post-separation economic abuse gets facilitated through child support when men withhold child support payments to control and constrain women (Natalier, 2018). Through Natalier's (2018) interviews, women expressed powerlessness when their ex-partners would gloat over rorting the child support system. Men avoided payments by leaving their jobs, returning to study, working for cash, avoiding tax returns and minimising their incomes through businesses or family members (Natalier, 2018). Women believed men's behaviour in withholding or making irregular child support payments was a deliberate attempt to control their financial capacity and choices (Natalier, 2018). Withholding child support payments is not only economic abuse but also erodes women's economic security (Natalier, 2018).

Coercive controlling behaviours (CCB) are commonly used in non-physical abuse that male partners use to intimidate, isolate and gain control over their intimate partners (Patafio et al., 2022). Generally, non-physical violence occurs in the early stages of a relationship, and due to not always being obvious, some women may not understand the severity of non-physical violence (Minto et al., 2022). Men with higher education often carry out non-physical violence, such as shouting, starting arguments and controlling behaviours, and men with high incomes are most likely to use CCB (Hulme et al., 2019). Harms caused by CCB include threats, isolation tactics, coercion that leads to fear, anxiety, stress and low self-esteem, dependency on perpetrators of IPV and entrapment (Patafio et al., 2022). Technology-based abuse is a growing problem in Australia, which is increasingly getting incorporated into IPV dynamics with technology-facilitated coercive control (TFCC) (Dragiewicz et al., 2021). TFCC incorporates monitoring, stalking, threatening, abusive, and intrusive behaviours conducted through social media, GPS tracking, digital recorders, email, smartphones, and other devices (Dragiewicz et al., 2021). More women than men seek help regarding technology-based abuse, with preliminary studies showing that digital technology creates profound safety implications for women experiencing IPV (Dragiewicz et al., 2021). Women whose partners use TFCC have stated that their partners take away their phones, control their passwords, look through their

call lists and emails and have installed cameras in their homes and cars (Dragiewicz et al., 2021). Technology has become a key component that enables coercive control (Dragiewicz et al., 2022), which police, legal systems, and telecommunication companies do not take seriously (Dragiewicz et al., 2021). TFCC does not stop after separation (Dragiewicz et al., 2022); it generally increases (Dragiewicz et al., 2021). Whether court-ordered or voluntary, co-parenting post-separation provides an ongoing context for men to enact TFCC (Dragiewicz et al., 2021), with legal systems rarely addressing TFCC in producing parenting orders involving IPV (Dragiewicz et al., 2021). Given the context discussed above, this study focuses on women who experience IPV to examine what safety issues they may have.

Methods

An integrative review has been chosen for this study as it allows for a review and synthesis of qualitative, quantitative, and mixed methodology research or theoretical studies focusing on certain topics (Toronto & Remington, 2020; Whittemore et al., 2014). A significant advantage of this review method is that the researchers can draw conclusions from a variety of sources for gaining a holistic understanding of the social phenomenon being investigated, which implies that the research question for the review can be broadly framed rather than the siloed approaches prevalent in systematic reviews such as the use of a single clinical question (Sim, He & Dominelli, 2022; Toronto & Remington, 2020). An integrative review method was suitable for our broadly framed research question, 'what themes can be found in the Australian studies on safety issues for women experiencing intimate partner violence?' Other review methods such as narrative reviews or scoping reviews are limited in their ability to provide a comprehensive overview and a fuller understanding of this complex issue as narrative reviews can be ad-hoc in validity and reliability due to a lack of transparency in the review process (Kiteley & Stogdon, 2013) and scoping reviews merely help with the identification of the nature and size of available research evidence without adequate synthesis (Sim, He & Dominelli, 2022). Integrative reviews are robust, systematic, and sophisticated in its approach to sample selection, screening, and synthesis of findings (Noble & Smith, 2018).

Data for this study used published peer-reviewed journal articles from scholarly journals and grey literature that were outcomes of quantitative, qualitative or mixed-method studies. A combination of keywords was used across multiple databases to collect data. Search filters were used to generate only Australian peer-reviewed studies written in English from the last ten years. The databases used were Australian Indigenous HealthInfoNet, Health and Society Database, Informit, ProQuest, ECU Worldsearch, ANROWS and AIHW. Combinations of keywords searched with and without asterisk included "family AND domestic violence", "family OR domestic violence", "intimate partner violence AND safety concerns", "women experiencing intimate partner violence", "intimate partner violence*", "family and domestic violence*", "domestic violence and family safety", "intimate partner violence* AND safety*", "harm caused by intimate partner violence*", "family and domestic violence*" AND safety", "women's safety*", "family and domestic violence and safety", "intimate partner violence", "women's safety issues", and "improving women's safety around domestic violence". This resulted in a total of 3478 articles across all databases searched. The articles whose abstracts fit the inclusion and exclusion criteria listed below were recorded and later read more in-depth, with any duplicates removed. This scanning process resulted in the selection of thirty-two articles. Further screening and evaluation of the selected articles using the CRAAP test resulted in ten articles being suitable for the integrative review. CRAAP is an acronym for currency, relevance, authority, accuracy and purpose, and using the CRAAP evaluation tool ensured a robust process of evaluating and choosing quality literature (Edith Cowan University [ECU], 2022).

Inclusion	Exclusion
Australian Studies or documents relating to IPV, FDV or DV	International studies
Studies wrote in English	Studies that are not written in English

Highly related to women's perspective of IPV and safety concerns	Studies that focus on men's perspectives of IPV safety issues
Peer reviewed	Studies that focus on children's perspectives of IPV and safety issues
Qualitative, quantitative, and mixed-method studies	News or book articles
Scholarly and Grey data	Studies that aim to improve police interventions and assessment tools
Studies from the last ten years	Studies older than ten years
	Family violence that involves parent/child or non-intimate adult relationships.

Figure 1: Inclusion and exclusion criteria

Data collection was done using a data collection tool adapted from Wang et al.'s (2018) work. A thematic analysis was employed to find the themes of safety issues involved with women's experiences of IPV. Thematic data analysis involves coding data and linking the codes to more prominent themes that emerge (Fugard & Potts, 2020). In conducting the thematic analysis of this research, the data was read multiple times using different colours to highlight codes relating to the research question. Once data was coded, the highlighted data was extracted and put in a table with the headings author, data, and codes. The data collected was read repeatedly to reduce the number of codes into more prominent overarching themes of safety issues for women experiencing IPV. Four themes of safety issues emerged: lack of IPV education and training, issues with services, systemic issues, and issues with protection orders (POs).

Author and Country	Approach	Sample	Data collection	Aim of the Study	Terminology of Topic	Themes Found
Baum et al (2022) **Australia**	Mixed Method	17 Australian medical universities, head leads within the disciplines of general practice, obstetrics and gynaecology, paediatrics and 'others'	Online Survey	See if IPV education has improved in Australian medical schools over the last ten years	Intimate Partner Violence	Lack of Education and Training
Blagg et al (2022) **Australia**	Qualitative	161 Aboriginal Elders from 6 locations in Northern Australia.	Handwritten notes from discussions in formal and un-formal settings	To understand how Aboriginal Law and Culture can help respond to FDV	Family Violence	Issues with Services Systemic Issues
Doran et al (2019) **Australia**	Mixed Method	1076 undergraduate students	Online survey	To explore students' attitudes and beliefs about domestic violence.	Domestic Violence	Lack of Education and Training

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Author and Country	Approach	Sample	Data collection	Aim of the Study	Terminology of Topic	Themes Found
						Systemic Issues
Fisher et al (2021) **Australia**	Mixed Method	92 psychologists (practising in neuropsychology) from all states of Australia	Surveys	To evaluate the rates of FDV training, knowledge, and skills of practitioners in this cohort	Family Violence	Lack of Education and Training
Meyer and Stambe (2021) **Australia**	Qualitative	13 Aboriginal women affected by FDV, 18 Aboriginal and non-Aboriginal community stakeholders from two regional Queensland locations	Face-to-face interviews using audio recording and field notes.	To build on existing research of non-Aboriginal women's experiences of FDV in rural settings, to include the voice of Aboriginal women	Domestic and Family Violence	Issues with Services
						Systemic Issues
McLindon et al (2019) **Australia**	Quantitative	471 female health professionals (nurses, doctors, and social	Online survey	Investigate whether personal experiences of	Domestic Violence	Lack of Education and Training

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Author and Country	Approach	Sample	Data collection	Aim of the Study	Terminology of Topic	Themes Found
		workers) from one tertiary maternity hospital		DV by clinicians impact their clinical work with women experiencing DV		
Spangaro et al (2019) **Australia**	Qualitative	12 Aboriginal women from two urban and three regional Maternity Infant Health Services	Semi-structured face-to-face interviews with questions and audio recorded.	To find out how Aboriginal women perceived the impact of antenatal IPV routine enquiry intervention.	Intimate Partner Violence	Systemic Issues Issues with Services
Taylor et al (2017) **Australia**	Mixed Method	Study One: police, magistrates, lawyers and victim advocates from all Australian jurisdictions (except police from SA, NT and	Study One: online surveys using closed-ended questions and some selected	Encompassing two studies in one, the purpose was to look at how professionals (police, magistrates, lawyers, and victim advocates)	Domestic Family Violence	Lack of Education and Training Issues with Services

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Author and Country	Approach	Sample	Data collection	Aim of the Study	Terminology of Topic	Themes Found
		magistrates from TAS). Study Two: 20 women who had experienced IPV and 20 IPV service providers from NSW, VIC, QLD and NT.	open-ended questions. Study Two: semi-structured interviews.	view the use of protection orders and then how women experiencing FDV view protection orders.		Protection Orders
Truong et al (2022) **Australia**	Qualitative	64 participants (male and female) from various cultural and religious backgrounds. Participants included faith leaders, community members and FDV sector workers.	Semi-structured interviews and focus groups audio recorded.	To examine the influence of religious beliefs and values on attitudes and beliefs of FDV among culturally diverse faith communities in Australia.	Family and Domestic Violence	Lack of Education and Training Systemic Issues
Turner and Walsh (2020) **Australia**	Qualitative	6 participants from a specialist FDV agency (with either social work or	Semi-structured interviews.	To explore the intersection between FDV specialist service and	Domestic and Family Violence	Lack of Education and Training

Author and Country	Approach	Sample	Data collection	Aim of the Study	Terminology of Topic	Themes Found
		psychology degrees or postgraduate certificates).		external agencies (welfare and legal systems) they engage with on behalf of clients.		Issues with Services Protection Orders

Figure 2: Articles included in the review, terminologies used, and themes.

Findings

Lack of IPV Education and Training

Baum et al.'s (2022) study across seventeen Australian medical schools had some participants questioning the insufficient focus on IPV. "One student asked why such an important public health issue was only given one hour in the whole curriculum. I was unable to answer her" (Baum et al., 2022, p.113). Furthermore, the study participants highlighted a need to have IPV education embedded throughout degrees, not condensed to one part of the course (Baum et al., 2022). Baum et al. (2022) found that when universities provided compulsory IPV education, it was predominantly provided within general practice, obstetrics, and gynaecology at a higher rate than paediatrics although IPV does not relate to specific fields, and some discipline leads were 'unprepared' to include IPV education in their curriculum, leading to IPV education getting lost. Time constraints resulting from already overloaded curriculums, competing demands between departments, and a lack of skilled experts, resources and funding were other reasons for the non-inclusion of IPV education (Baum et al., 2022). Turner and Walsh's (2020) study had similar findings, with IPV professionals who held either social work or psychology

degrees stating that their education did not prepare them with the knowledge and skills for working in the field of IPV. Those with social work degrees stated that IPV should be a part of the core knowledge and skills in the degree due to the presence of IPV within all sectors and areas of practice (Turner & Walsh, 2020).

Training and preparedness of professionals have been another area that would need further attention. Fisher et al. (2021) looked at psychologists practising in clinical neuropsychology and found that more than half of the participants rated themselves as having little to no knowledge of working clinically in IPV and reported not receiving IPV training (Fisher et al., 2021). A lack of training resulted in respondents reporting they lacked confidence in this area, with almost half of the respondents commenting that they do not screen for IPV even though most work with clients that have disclosed IPV (Fisher et al., 2021). This reluctance to help women experiencing IPV was also present among health professionals in a study conducted by Doran et al. (2019) and a reason being health professionals not knowing how to help. In Fisher et al.'s (2021) study, psychologists that did undertake training reported that the most frequent training mode was self-taught (ad-hoc, self-guided and unstructured) or in-service sessions at their clinics. Only half of the participants in their study believe they are 'somewhat' aware of key indicators of IPV and if a client is at risk. However, McLindon et al.'s (2019) study reveals that health professionals (nurses, doctors and social workers) with personal experiences of IPV were more likely to have received one or more days of IPV training than those who had never experienced IPV.

Providing further evidence to the absence of IPV training, Taylor et al. (2017) highlighted that not all professionals have IPV training specific to their line of work, which impacts their responses to women experiencing IPV. Women participants with lived experience of IPV in their study revealed that police and magistrates required more training in IPV. They found that police, lawyers and child protection workers do not take women's safety seriously, mimicking the power and control of perpetrators. When police do not understand the dynamics of IPV, participants reported that women experiencing IPV are dismissed or treated rudely, as if they are making up abuse or deserve it (Taylor et al., 2017). Participants from Turner and Walsh

(2020) explained that they believed police at times treat women poorly due to their focus on physical harm, overlooking non-physical harm and being dismissive if there are little to no visible injuries. Supporting this view is Taylor et al.'s (2017) finding that police are quick to act when abuse is clear or physically evident but are reluctant to act when abuse is not clear. IPV professionals stress that without understanding from external agencies over issues that need immediate action, IPV professionals must do many unnecessary and frustrating follow-ups, taking time away from time-sensitive issues for women experiencing IPV (Turner and Walsh, 2020).

Community education is another area that needs attention. Participants belonging to faith-based communities in Truong et al.'s (2022) study pointed out that while IPV awareness is increasing, communities have insufficient knowledge and understanding of the issue, with some women not knowing that they are being abused. IPV within those communities is often limited to extreme physical violence, with other forms of violence not recognised, which results in victim-blaming and not believing women when disclosures are made.

Issues with services

Turner and Walsh's (2020) study found that a lack of cohesion at the intersection between the IPV sector and external agencies was a significant impediment to their work with women. Participants in their study felt that organisational culture created conflict with the leading external agencies (child protection, police, government housing and men's services) they intersected. In Spangaro et al.'s (2019) study, Aboriginal women also touched on the historical organisational culture of child protection services as a reason they did not want to disclose IPV to health professionals as Aboriginal women feared the repercussions of statutory child protection services. However, Taylor et al.'s (2017) study found that high volumes of work impacted the services offered within the IPV sector in addition to a lack of funding, rising demands and limited resources. Aboriginal Elders in Blagg et al.'s (2022) study explicitly stated that a lack of funding led to the disempowerment of communities experiencing IPV. The defunding of community controlled IPV services and reinvesting into religious or non-

government IPV services led to culturally unsafe IPV services for Aboriginal women (Blagg et al., 2022).

A lack of access to appropriate services was another concern found by Blagg et al. (2022), Meyer and Stambe (2021) and Taylor et al. (2017). Aboriginal Elders from Blagg et al.'s (2022) study highlighted that services were needed on Country in regional Australian areas and should focus on therapeutic and preventative programs that teach people how to be strong in culture and understand their roles and responsibilities within family and community. Specifically, Aboriginal Elders wanted their men to actively seek help and hence they sought more mental health help through rehabilitation centres for men coming out of prison and funding for Aboriginal community organisations to support women who choose to rebuild their relationships (Blagg et al., 2022). In a similar vein, women experiencing IPV in Taylor et al.'s (2017) study felt that more therapeutic support and programs are needed for men and more behaviour change programs for perpetrators.

Meyer and Stambe's (2021) study focused on services for Aboriginal women who decide to leave abusive partners. Participants in their study stated that housing was a predominant issue when leaving violent relationships due to the lack of affordable and appropriate housing in regional settings. Private rentals are unattainable for low-income single Aboriginal women due to the high rental price. Many Aboriginal women had more than three children in their care, making it hard to find appropriate housing, forcing them into substandard and run-down homes. IPV professionals in Turner and Walsh's (2020) study highlighted a safety issue for women accessing government housing in that there is a lot of red tape in making changes to government homes, which leaves high risk women for extended periods without extra safety measures. Aboriginal women also expressed experiencing discrimination from housing departments, which instilled fears in disclosing IPV to health professionals as they feared it could impact their tenancy if health professionals liaised with housing workers (Spangaro et al., 2019). When access to affordable and appropriate housing is limited, Aboriginal women must leave their land, family connections, and support, which creates a sense of being lost (Meyer & Stambe, 2021).

Further to a lack of appropriate government housing, government funded refuges are not always appropriate for Aboriginal women. Aboriginal Elders in Blagg et al.'s (2022) study stated that Aboriginal women do not want to access government-funded refuges because they might not meet admission criteria (due to consuming alcohol or having older children in their care), they might have broken the rules on previous stays, or government-funded refuges are not culturally safe (Blagg et al., 2022). Therefore, many Aboriginal women escaping violence use informal refuges by way of Aboriginal women in the community opening their homes (Blagg et al., 2022) or prefer to stay with family members (Meyer & Stambe, 2021). However, while Aboriginal women in Meyer and Stambe's (2021) study were confident that their families would take them and their children in after leaving abusive relationships, often family households were already experiencing overcrowding and overstretched resources. Aboriginal women said that the existing household pressures of Aboriginal families exasperated existing intra-family conflicts, led to tenancy breaches and evictions, and most of the time, families eventually asked women and their children to leave (Meyer & Stambe, 2021).

Systemic Issues

Doran et al. (2019) found that gender socialisation significantly contributed to attitudes supporting gender inequality. Participants in their study felt that community standards of treating women like a commodity were weaved throughout Western culture and that IPV resulted from how males and females are brought up in Australia. Troung et al. (2022) also found that gender roles and norms underpin the understanding of IPV and impact the responses to IPV within faith-based communities. Participants in their study expressed how, within faith-based communities, men are often upheld as leaders and inherently hold authority while women are seen as submissive to men.

Blagg et al. (2022) revealed that intergenerational trauma is also a systemic issue which generates violence within Aboriginal families, yet Aboriginal Elders feel that the current IPV policy downplays inherited trauma, 'jealousing', and addictions, reducing IPV to people's behaviours. Aboriginal Elders who participated in their study stated that due to the disempowerment of Aboriginal men through colonisation, their roles as warriors and hunters

have been undermined, which has left Aboriginal men feeling powerless to change their situations and humiliated by being stereotyped as abusers and criminals. Aboriginal Elders believe this leads Aboriginal men to the insecurity that drives attempts to control and intimidate their partners. Crisis accommodation providers from Meyer and Stambe's (2021) study stated that IPV leaves Aboriginal women spiritually beaten and emotionally exhausted. They also stated that Aboriginal women believe they deserve the abuse they have suffered due to their upbringing, experiences of intergenerational violence and lack of employability (Meyer & Stambe, 2021). While Blagg et al. (2022) and Meyer and Stambe (2021) captured how intergenerational trauma drives IPV, Spangaro et al. (2019) captured how intergenerational trauma stops Aboriginal women from disclosing IPV. Aboriginal women participants in Spangaro et al.'s (2019) study stated that due to the 'Stolen Generation', they have no trust in non-Aboriginal services when children are involved.

Aboriginal Elders in Blagg et al. (2022) expressed that the effects of racism produce insecurity, inadequacy, and low self-esteem and is a trauma trigger that plays out in family life. Spangaro et al. (2019) felt that lived experiences of institutional racism, over-policing and knowing the impacts on communities may contribute to protective responses of Aboriginal women towards their abusive partners and get them to downplay their experiences of IPV. A participant's statement captured this: "The police got called and they all came and got him. There were ten carloads" (Jazz in Spangaro et al., 2019, p. 800). Although, when Aboriginal women did decide to leave their abusive partners, they faced the problem of racial discrimination within the private rental market (Meyer & Stambe, 2021).

Issues with Protection Orders (POs)

Taylor et al.'s (2017) study was extensive and focused on the effectiveness of POs, which showed that while participants who experienced IPV understand that POs give police more powers to respond to perpetrators, they do not create safety. These participants' narratives involved the stress of obtaining a PO, attending court, dealing with police and legal issues, and waiting for perpetrators to be found and served, all while they remained unsafe and unprotected (Taylor et al., 2017). Ultimately, participants who experienced IPV felt that when abuse is

involved, a piece of paper would never make anyone feel safe and that enforcement processes were inadequate overall as POs did not stop men from breaching (Taylor et al., 2017). Turner and Walsh's (2020) study also found the enforcement of POs to be a safety issue for women, with IPV professionals expressing that minimising or dismissing breaches is an example of not taking violence seriously, which has repercussions for women's safety. Such repercussions were captured by Belinda in Taylor et al.'s (2017, p. 39)) study: "So, the only way that he [ex-partner] will be charged is if I walked in with multiple stab wounds or I've been killed, is that where we're at?" And they [police] said, "Pretty much". I said, "Well, that's great, that's fantastic [sarcastic tone]".

The study by Turner and Walsh (2020) that examined the intersection between IPV professionals and external agencies using in-depth semi structured interviews, demonstrated that the IPV professionals were sick of the outcomes of legal processes that favour men using violence and expressed that this does not provide any real protection for women nor deterrence for perpetrators. In particular, one participant recalled when a prosecutor negotiated perpetrator charges without consulting the woman experiencing IPV, and the perpetrator's charges were all grouped as one, resulting in only a warning (Turner & Walsh, 2020). More than half of victim advocates and almost half of police in Taylor et al.'s (2017) study backed up this claim and considered penalties rarely or never reflected the severity of breaches, with around one-third of police, lawyers, and victim advocates believing that breach penalties rarely or never kept women safe.

Discussion

Findings provide evidence of the lack of a coherent IPV education and training as it is a theme present within seven of the ten studies reviewed and it is applicable to both IPV professionals and community members. It means that professionals who are entrusted with the responsibility to work for the safety and wellbeing of women are not adequately equipped with the necessary knowledge and skills. Likewise, community members may lack the knowledge and skill in protecting women and in responding to IPV diligently and constructively. Given the disproportionate abuse and harm experienced by women, a lack of education and training on

IPV in a way maintains and promotes men's advantageous and dominant position in society while women continue to remain vulnerable to violence and abuse.

Although no link between the lack of education and training on IPV and lapses in IPV services has been found, various issues with services evidenced in the findings do point towards the need for a coherent approach to education and training. What stands out is a lack of cohesion of services between the IPV sector and external agencies as well as adverse workplace and organisational culture of central external agencies; all of which create barriers for the safety of women. The rising demands with limited resources and funding of IPV services adds further complexity to the issue including culturally safe services. Clear understanding and deeper awareness of IPV can work as a catalyst for social change at all levels of social life including personal, familial, professional and policy levels.

The study findings confirmed that systemic issues contribute to IPV. Gender socialisation involving community standards of treating women like a commodity and the upbringing of females and males in that context have implications for IPV understanding and responses such as normalising IPV within relationships due to the understanding of stereotypical masculinity. Intergenerational trauma resulting from colonialism and racism are other significant systemic issues impacting on women's experience of IPV.

Analysis of findings demonstrate protection orders from lawcourts being ineffective despite it being the most relied-on criminal justice intervention within IPV. Although protection orders give police more power to respond to men who use violence, they do not create safety as obtaining one is a lengthy and stressful process, enforcing the order is often compromised, the order itself often do not stop men from breaching, breaches are minimised or dismissed, and penalties do not reflect the severity of the breaches.

Together, the findings suggest how a range of social processes impact the safety of women experiencing IPV, which necessitates a holistic approach to IPV if women's safety is to be effectively addressed. Various layers that impact on women's safety – lack of IPV education and training, service-related issues, and systemic issues - need to be understood and addressed.

This would involve coherent efforts for integrating education and training for and with community members, service providers and IPV professionals. Education and training are instrumental for awareness creation and knowledge and skills development. While values of non-violence and respectful co-living can be taught and promoted in schools and colleges, IPV ought to form a core part of the curriculum of university degrees for explicit teaching and learning. This is particularly important for human service, medical and legal professional courses because professionals from these courses often come in direct contact with people experiencing IPV as the evidence in this study suggests, and yet they are often inadequately equipped to respond to IPV related issues. Community service organisations can play a significant role in educating and training community members. Funding for community service organisations is pivotal for progress in this regard. Frameworks and toolkits for IPV need to have a holistic approach rather than individualised focus on escape, avoidance, and survival.

Conclusion

The study confirmed that IPV is a prevalent issue and women in general continue to remain vulnerable to violence and abuse owning to safety issues related to a lack of education and training on IPV as well as systemic and service issues. Education and training of community members and professionals on IPV are paramount for effective and lasting social change for ensuring the safety of women. Existing interventions including protection orders are well intended although they are inadequate for ensuring the safety of women under the current circumstances. The findings from the study show that a holistic approach that involves professional training, community education, effective services, and fair and robust processes are important for ensuring the safety of women within IPV contexts.

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