## Table of Contents

### Peer Review Papers

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly, L</td>
<td>Integrated family services: A specialist family violence provider</td>
<td>4</td>
</tr>
<tr>
<td>Mackay, G</td>
<td>Domestic Violence and Homelessness: Implementing the strengths-based,</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>trauma informed, person-centred response to promote personal recovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>within a socially based intervention.</td>
<td></td>
</tr>
<tr>
<td>MacSween, M</td>
<td>Children affected by domestic violence: evidence-based practice and</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>practice-based evidence</td>
<td></td>
</tr>
<tr>
<td>Westenberg, L</td>
<td>'The many good things?’ - Christian churches’ response to domestic</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>violence In Australia</td>
<td></td>
</tr>
</tbody>
</table>

### Non Peer Review

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blade, R</td>
<td>Brain trauma induced by verbal abuse: Implications for child abuse</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>intervention</td>
<td></td>
</tr>
<tr>
<td>Smith, K</td>
<td>Broken to Brilliant Stories of Strength and Success</td>
<td>88</td>
</tr>
</tbody>
</table>
Integrated family services: A specialist family violence provider

Leanne M. Kelly
Windermere Child & Family Services
Narre Warren, Victoria
E: Leanne.Kelly@windermere.org.au

Paper presented at the
STOP Domestic Violence Conference Australia
3-6 December 2017, Melbourne Rydges
Integrated family services: A specialist family violence provider

ABSTRACT: Family violence (FV) is a pervasive issue affecting most families accessing integrated family services. This fact is often overlooked and prompted illumination of family services’ role in FV response and prevention. Family services regularly provides FV support to families who have not, and possibility will not, link in with specialist family violence services. Additionally, family services provides support for the full spectrum of FV related issues, from causes and co-morbidities to radiating effects, through holistic work with families.

This consciousness raising paper uses a family services team at a mid-sized community services organisation as a case study to demonstrate the services’ role in responding to and preventing family violence. Survey data and worker interviews exemplify family services’ approach and measure its effectiveness. The breadth and depth of family services’ work in FV highlights the need for these services to be included in family violence discourse and policy decision-making processes.

Keywords: family violence, domestic violence, family services, case management, wellbeing, evaluation, family support services

Introduction

Integrated family services is known as a provider of holistic care; able to assist families experiencing a myriad of issues from financial and parenting concerns to child behavioural issues, mental health, social exclusion, alcohol and other drugs, and family violence (FV) (DHS, 2007). While family services is well regarded as a hub for accessing generalist help and referral to specialist services, the sector often conceives family services’ role in family violence response as minimal.

The perception of family services’ place in the family violence sector is evidenced through its exclusion from the Domestic Violence Resource Centre Victoria’s (DVRCV) otherwise very comprehensive list of available FV services. Another is Domestic Violence Victoria’s (DV Vic’s) list of the family violence sector which locates specialist family violence services at the top and family services sixth, after police, housing, and legal services. The 2016 report from the Royal Commission into Family Violence places specialist family violence workers at the top with other services they
indicate are the most significant players in the family violence sector. Conversely, the Royal Commission locates family services near the bottom of the list alongside universal services including general practitioners, teachers, and maternal child health nurses (Neave et al., 2016).

While ‘specialist family violence services…contribute unique skills and knowledge about family violence risk’ (p.5), the Royal Commission states that family services needs to step up and ‘must play a more direct role in identifying and responding to family violence’ (Neave et al., 2016, p.9). The Royal Commission calls family services one of the ‘mainstream services’ and suggests that they ‘need to boost their family violence capability’ and ‘recognise signs that family violence may be occurring and know what to do next to ensure safety’ (Neave et al., 2016, p.9). Additionally, the Royal Commission claims that family services ‘are failing to provide the often intensive support required by families and children who have experienced family violence’ (Neave et al., 2016, p.23).

As the Royal Commission’s findings may reflect a common conception held within community services, this paper seeks to examine family services’ response to FV by utilising a family services’ team in a mid-sized organisation as a research case study. The author suggests that the case study’s approach and extent of family violence expertise is not unique within family services; although it has not always been well articulated by these services. While providers of family services often include family violence as one of their key knowledge areas (see the websites for family services programs at Kildonan, CatholicCare, Doncare, and Child and Family Services Ballarat among others), they are rarely in the position to advocate the work they do to the sector.

The perception of family services evident in the Royal Commission may be undermining the extent of family services’ role in identification and response to family violence. Therefore, this paper seeks to define and evaluate family services’ current place in the emerging family violence sector and assess whether family services should be conceptualised as an additional specialist service. The inclusion of family services as an additional specialist service would sit complimentarily with the more traditionally identified family violence specialists and would be mutually reinforcing without seeking replace the significant expertise and qualification of these other services to inform and guide the sector.

Before examining family services’ role as a family violence specialist in the expanding FV provider environment, this paper outlines the contemporary provider landscape and current understandings of FV. Using the case study family services’ team demonstrates how the service works with families experiencing FV; exploring its practical approach and utilising organisational evaluations to evidence its effectiveness.
Background

Family violence is defined as the intentional use of threatening, coercive, or violent behaviour to dominate and control a family member; often a current or former partner (Jewkes, 2002; Faramarzi et al., 2005; Kaur & Garg, 2008; Our Watch, 2014). Perpetrators are overwhelmingly male with one in four females experiencing sexual or physical violence perpetrated by their intimate partner (Cox, 2015; Wong & Mellor, 2014). There are many variations of family violence including: male or female perpetrated intimate partner violence, inter-sibling violence, parents perpetrating violence against children and vice versa, intergenerational, carer perpetrated and extended family violence. Additionally there are multiple layers of intersectionality in family violence such as the complex junctures between family violence and disability, ethnicity, age, and sexuality (Sokoloff & Dupont, 2005).

Family violence is characterised by power imbalance where perpetrators seek to control and manipulate their victim (Kaur & Garg, 2008; Our Watch, 2014). The perpetrator can be charming and affable in public, a façade which masks the violence and can result in community doubt or disbelief of victims who disclose violence (Juodis et al., 2014). Sometimes violence is perpetrated by multiple family members and it is common for violence patterns to change in the absence of a key perpetrator. Violence tends to escalate throughout the duration of a relationship with perpetrators’ hold on victims increasing and making escape more difficult (Tually et al., 2008).

The Minister for Families and Children, Jenny Mikakos, states that ‘Family violence is the number one law and order issue in Australia’ (quoted in Victorian State Government, 2016, n.p.). This trend is replicated internationally with family violence reports continuing to increase as public acceptance and encouragement of disclosure has grown; highlighting the extent of the problem (Tonry, 2016). In response to intensified focus on family violence in recent years, the Australian Government has sought well-founded, targeted recommendations through appointment of a Royal Commission to prevent violence, protect families, and promote wellbeing (Neave et al., 2016). Research institutes such as Australia’s National Research Organisation for Women’s Safety (ANROWS) have emerged to enhance understanding of family violence and identify appropriate actions to ameliorate its impacts. Non-government organisations have strengthened their position against family violence with recognition that the complexity of family circumstances is increasing (DHS, 2007; KPMG, 2009; CFECFW, 2016a).
The Chief Executive Officer of the Centre for Excellence in Child and Family Welfare, the peak body for integrated family services in Victoria, clarifies that, ‘More than half of the families referred to these services are experiencing family violence’ (Tsorbaris quoted in CFECFW, 2016a, n.p.). This claim is corroborated by Child FIRST, the Victorian referral organisation funnelling families into family services, who calculates that fifty-five per cent of families accessing family services across the state recorded family violence as an issue at intake in the 2015-2016 year (Victorian State Government, 2016). While these figures are high, they fail to tell the whole story as family issues reported to Child FIRST in their initial assessment are rarely comprehensive. Even after weeks or months of rapport building, programs such as family services may never have the full picture of a family’s life. The Victorian State Government recognises that a high percentage of FV cases come into family services and have responded accordingly by increasing funding to bolster family services’ ability to assist families experiencing FV and to encourage ongoing development of partnerships with other specialist FV service providers (CFECFW, 2016b).

The Victorian State Government’s support of family services as a FV periphery provider reinforces recommendations made by the Royal Commission into Family Violence which clarify the need for a focus on prevention and early intervention (Neave et al., 2016). While family services undertakes prevention and early intervention FV work, its work with families experiencing established and often intergenerational FV is rarely discussed (see KPMG, 2009). Additionally the number of families presenting to family services who have previously experienced, are currently experiencing, or are at high risk of family violence are under-calculated and are so ubiquitous in the service that working with ‘violence is part of [family service workers’] daily existence’ (Tsorbaris quoted in CFECFW, 2016b, n.p.).

Integrated family services at the case study community services organisation in this research, conducted a snapshot of the number of families experiencing FV in July 2016. The findings shown in Figure One demonstrate the extent to which FV is pervasive and endemic in the families accessing the case study organisation with eighty-three per cent of them experiencing some form of FV and fifty-three per cent experiencing multiple forms. The snapshot in Figure One demonstrates that the majority of family services’ consumers are experiencing some kind of family violence.
The importance of a holistic and integrated service has been identified as best practice in family violence work (Community Services Directorate, 2016) and the need for it is demonstrated in Figure Two which shows the wide-reaching and varying effects of family violence. Effects of family violence are more pervasive than just mental and physical injuries. Additional issues include financial concerns, homelessness, long term behavioural problems in children due to trauma and witness of inappropriate role modelling, social isolation from support networks, mental health decline, physical health decline, substance abuse, low self-esteem, loss of employment, disrupted parenting attachments and reduced parenting capacity (English et al., 2003; Kaur & Garg, 2008; Whiting et al., 2009; Wong & Mellor, 2014). These multiple effects are clearly linked to family violence but are commonly not addressed, or only partially addressed, by services which solely provide family violence supports (Community Services Directorate, 2016). Some specialist FV services focus on crisis accommodation or FV counselling while others work with specific groups such as the elderly, culturally and linguistically diverse, children, or those living with a disability (Victoria Government, 2017).
Specialist family violence providers, particularly in the growth corridors, are commonly overwhelmed by demand and are only able to provide support in a specific niche area (Community Services Directorate, 2016; DV Vic, 2015; Victoria Government, 2017). Capacity to provide long term support to families to address these multiple issues through one service is consequently rarely available through the FV system (Community Services Directorate, 2016; Healey et al., 2008; DV Vic, 2015). Nor does the FV system typically support women remaining in violent relationships or venture into family homes, particularly if the perpetrator is still living with the family; despite this being a common scenario (Wong & Mellor, 2014).

Specialist services are critical, however, they do not have the capacity or brief to tackle the myriad of presenting issues both underlying and resulting from FV (Community Services Directorate, 2016; DV Vic, 2015). Wide-reaching effects of FV require wide-reaching and well-coordinated solutions where families can access centralised help for the gamut of interlinking issues (Kaur & Garg, 2008). A fragmented solution to family violence will only have a piecemeal effect. This underscores the need for integrated FV approaches which provide families with continuity, coordination, and wrap-around service (Community Services Directorate, 2016; DV Vic, 2015; Neave et al., 2016). While this paper stresses the importance of filling gaps and connecting interventions, it acknowledges the vital work of specialist FV services. Increasing reformative action and clear service mapping will greatly ameliorate the issues facing the family violence sector; issues which are widely a product of a sector
which ‘has evolved in a broadly ad hoc and fragmented way; the result of responding to crisis points and system gaps as they arose’ (DV Vic, 2015, p.6).

Methods

The case study family services team is located within a mid-sized community services organisation operating in Melbourne’s outer south-east growth corridor which is home to over 460,000 residents (Brown, 2011). It is a diverse region with forty per cent of inhabitants born overseas and thirty-seven per cent speaking a language other than English at home (Brown, 2011). While mostly suburban, the region has large rural areas as well as urban centres. The heavy population growth means that demand largely outstrips supply. This has affected community services in the region where long wait-lists mean that opportunities for timely, preventative, and early intervention work are often missed; to the detriment of families’ safety and recovery.

Integrated family services’ provides support to parents with children up to 18 years of age who are experiencing difficult circumstances. Challenges facing families accessing the service include family violence, mental illness, financial concerns, addiction, parenting issues, and many others (DHS, 2007). Family services is broadly framed by a case management model where eight to ten families are allocated to each worker for a duration of approximately five to nine months. Family services workers conduct weekly outreach visits to the families’ homes and work from a strength-based, trauma-informed, person-centred perspective.

As this research aims to provide the family violence sector with useful findings to enhance practice, it has utilised a pragmatist perspective to guide the research design, data collection, analysis and discussion, and dissemination of results. Pragmatism examines phenomena through a focus on useful knowledge, inquiry for decision making, and recognition of the link between action and knowledge (Morgan, 2014). Pragmatism guides research to use methods that most fully explore the research question without restricting methods to solely qualitative or quantitative designs (Goldkuhl, 2012). Due to limited research resources, it is important that the methods are low cost and easy to analyse. Consistent with the pragmatic paradigm, this lack of resourcing is balanced by the need to provide a comprehensive overview of family services’ work and produce research findings with high utility. In line with pragmatic inquiry, this mixed-methods research triangulates data through reviewing case files (document review), interviewing family services workers (valuing experience and action as
loci of knowledge generation), and quantitatively surveying consumers who have experienced violence (measuring outcomes to draw conclusions about effectiveness).

This research utilises data from fifty-five families who had ‘family violence’ raised as an issue on the case study organisation’s database and who accessed the service between April 2016 and July 2016. This is the entire cohort of families experiencing family violence in the case study team over this time period. Rather than a more standard content analysis, the document review consists of examination of the fifty-five case files to provide the researcher with a good overview of family services practice and act as a prompt for interviewees (family services workers) regarding their actions in response to FV. Interviews with six staff members explore how they work with families experiencing FV and where they locate family services’ role in the emerging family violence sector. Consumer surveys demonstrate families’ self-reported wellbeing and family functioning outcomes throughout the services’ intervention; providing quantitative evidence towards the effectiveness of an integrated approach to family violence.

Consent for research is discussed on workers’ initial visit with families. Families are provided with a general plain language statement which explains that de-identified data may be gathered and shared for evaluative and research purposes. This research made use of de-identified case file data and consumer survey data which is collected as part of standard practice. As all consumer data was pre-existing and did not require further inquiry or input from families, the case study organisation’s consent forms and processes sufficiently covered ethical responsibilities towards consumers.

Ethical considerations for family service worker interviews were discussed between the researcher and program manager in line with organisational policy. The researcher and organisation accept responsibility for upholding ethical obligations to research participants. To source interviewees, an email was distributed to the family services team at the case study organisation and workers were asked to contact the researcher if they would like to participate. The aims of the research were identified and dissemination possibilities were explained. Potential interviewees were assured that their identity would be protected in the research with findings reported anonymously. This research was considered to be low-risk with little potential for harm to respondents other than possible slight discomfort. Interviewees were informed that they could terminate the interview at any point without repercussion. The researcher conducted on the spot member-checking by repeating back interviewee comments to ensure correct interpretation. Additionally, interviewees have been provided with this paper to check for accuracy and ensure that they are happy with the researcher’s understanding of the service and their roles.
The interviews were around thirty minutes in length and questions centred on exploring the ways in which workers support families experiencing FV. While the interviews were semi-structured to allow space for flexibility to follow emergent lines of inquiry, the foundational questions asked:

1. How do you support families experiencing family violence? Can you provide examples of actions you have taken in the past? (interviewees were able to re-peruse case files of previous consumers they had worked with to prompt memories)
2. What do you do when you suspect family violence but the family has not identified it as an issue?
3. How would you describe family services’ approach to family violence?
4. In what ways does family services’ approach to family violence differ from other specialist FV services?

Interviews were recorded manually using pen and paper and then analysed into themes using MS Excel. This was possible due to a small number of short interviews resulting in a manageable dataset. The data was coded into three key themes which clearly emerged during the interviewing process. Sub-themes emerged during the data analysis stage.

While the interviews aim to provide a good overview of the work family services does in response to FV, the consumer surveys aim to measure this approach’s effectiveness. The case study family services conducts two key quantitative surveys with families which measure the service’s impact on different aspects of families’ lives. The first survey is the twenty question wellbeing tool with a five-point Likert scale which was developed and validated in conjunction with RMIT University in Melbourne. While this is a twenty question tool, only the six key questions are included in this study as they are the most relevant to the research:

1. I have been generally content with life
2. I have been feeling positive about the future
3. I feel that bad things keep happening to me
4. I have been feeling calm and peaceful
5. How do I rate my general sense of wellbeing?
6. How does this compare to three months ago?

The second survey uses a ten-point Likert scale to measure subjective family functioning and is comprised of a single question which asks families to rate their current family situation. Both of these survey tools are completed by families when they start using the service then again at three month
intervals until closure. The survey results reported in this paper only show data from families who reported experiencing FV and who were willing and able to complete the surveys. Although neither survey was able to capture the full cohort of fifty-five families, both surveys captured a reasonably representative sample of 36.4 and 92.7 per cent of the cohort respectively. Twenty families experiencing FV completed the wellbeing survey at program commencement and at program closure. Fifty-one families experiencing FV completed the initial and closure family functioning survey although fewer respondents participated in the interval surveys.

While quantitative family outcomes and qualitative information from staff interviews will be reported in this paper, information gleaned from the case files (document review) is at the individual family level and was only used in confidence between the researcher and each families’ worker. Document review was used to augment interview processes and deepen understanding of family services’ FV work despite not featuring explicitly in this paper.

**Results and discussion**

The key benefit that integrated family services offers families experiencing FV is a whole-of-family approach that seeks to identify and ameliorate the multidimensional impacts of FV (see DHS, 2007). This section presents and discusses worker interviews which examine how family services responds to adult victims, adult perpetrators, and children. This includes clarification of elements of action traditionally assigned to family services, such as referrals and early intervention, and discusses the importance of understanding families’ broader context to enable an effective response to FV. After examining the role and actions of family services, results from consumer surveys measure the effectiveness of this approach on families’ functioning and wellbeing.

**Interview results**

Six family services’ workers were interviewed to examine integrated family services’ approach to family violence service provision. The interview findings showed that family service workers described the work they undertake within three key themes:

1. **Practical**: Providing practical action, information, and emotional support including ‘small c’ counselling, brokerage, and help navigating bureaucratic systems
2. Integrating: Consulting and collaborating with other actors in families’ lives including friends, other family members, teachers, general practitioners, psychologists, child protection workers, and other service providers

3. Sourcing: Referring family members to other services including groups, intra-organisational programs, extracurricular programs, and various specialists

Additionally, underpinning everything integrated family services does, interviewees identify the necessity of understanding the broad context in which families are situated and looking at family challenges through the multiple lenses of different family members. They identify that vital to this is their ability to meet with families in their home environments. These three key family services’ roles are explored in more detail below with a specific focus on how these are used to provide families experiencing FV with an integrated, whole-of-family response.

Practical

Interviewees comment that families experiencing FV may require assistance with a number of practical issues. Some of these are straightforward but in a time of crisis simple acts can be perceived as overwhelming. After conducting a comprehensive family violence risk assessment and management framework, interviewees identify that family services can help victims/survivors of family violence change the locks on their house, set up new bank accounts, update Medicare cards and other documentation, organise new phone numbers and list them as silent numbers, and apply for SafeTCard emergency duress devices. As many families escaping FV will need to go through laboured court proceedings and complete complex formalities for custody, intervention orders, divorce, and legal charges, interviewees highlight that family services workers are able to help them navigate these systems and provide emotional, as well as practical, support. As families escaping FV will often be impacted financially, interviewees comment that family services workers are able to help them apply for Special Child Care Benefit, seek new accommodation when required, provide brokerage when they are struggling to buy basic necessities, pay bills, fix important items such as cars, and support their access to a variety of financial emergency relief and in-house family violence specific financial counselling services.

Importantly, interviewees discuss the fact that families remaining with perpetrators are often unsupported in the FV service system. Interviewees identify that families remaining with perpetrators can be assisted in practical ways with integrated family services supporting them to realise their own goals. This may involve linking them into further study, social groups, or helping them find work. Interviewees claim that family services are able to provide families remaining with perpetrators with
information to better understand FV and healthy/unhealthy relationships, help to organise emergency safety plans, and support around other issues caused by or exacerbated by FV.

In cases where perpetrators continue to be active members of the family, interviewees suggest that family services workers can help perpetrators recognise and work towards remedying anti-social behaviours. Perpetrators may benefit from discussions around possible cultural and normative differences in appropriate behaviours, talking about behaviour management strategies, or examining a list of typical perpetrator characteristics to help them come to terms with and acknowledge their damaging behaviour. These actions aim to encourage access to men’s behaviour change or programs for addiction and mental illness that often appear as co-occurring issues in perpetrators (Whiting et al., 2009). While candid discussions with the wide variety of perpetrators are not always possible or safe, interviewees point out that family services workers have the skills to assess when it may be suitable to approach them. The lack of focus on perpetrator accountability has been highlighted as a gap in the family violence sector (Community Services Directorate, 2016), reinforcing an important role for family services.

Family services work is centred on child wellbeing (DHS, 2007). While the majority of the work family services conducts is facilitated through the main caregiver, interviewees identify that workers interact directly with children and are able to provide children who have experienced FV with useful, practical assistance and support. Interviewees list this assistance as including talking to children about safety and normalising calling emergency services, helping them understand their safety plan, and confronting other issues which may be bi-products of FV and trauma such as teen self-harming, mental illness, strong emotions, impacts on learning, and impacts on social interaction. Interviewees highlight that, on occasion, it is necessary for workers to assist children to develop safety plans due to legally directed care arrangements with perpetrators of violence.

Family violence is a gendered crime, victims/survivors are usually women and tend to be the main caregiver with whom family services predominately works as evidenced through the case files examined in this study. As such, much of family services FV work is centred on goals identified by the victim/survivor. Family service workers provide a variety of supports as outlined in the key themes. In terms of therapeutic support, interviewees comment that workers offer emotional support, provide information and insight into the effects of FV, reaffirm families’ choices where appropriate, and discuss healthy relationships. Workers help victims/survivors understand cycles of violence, why they remain with abusive partners, and what they can do to break the cycle as well as how to identify potentially abusive intimate relationships in their early stages. Additionally, interviewees highlight
that outlining the different types of family violence can be useful for some people, particularly those who may have experienced physical violence in the past and therefore failed to recognise the emotional and verbal violence experienced in the present as family violence.

One area of family violence work where family services has a particularly important speciality is early intervention (DHS, 2007). This is also mentioned by interviewees who suggest that families at high risk of FV may not engage with other specialised FV services due to stigma or reluctance to be seen as someone experiencing FV (Murray et al., 2015; Murray et al., 2016; Overstreet & Quinn, 2013; Overstreet et al., 2017). The interviewees recognise that this provides integrated family services with a unique opportunity to make a difference early and potentially avert danger or at least put structures in place to help families better understand and manage FV risks. The family services’ model of home visitation vitally supports this deeper understanding of family dynamics and provides workers with the ability to build a breadth of insight through observation and interaction that is not possible in non-outreach services (Wasik & Bryant, 2001).

*Integrating*

As well as providing practical and emotional support to families experiencing FV, interviewees identify that family services is able to help integrate and coordinate other services who may be working with the family (DHS, 2007). This integration enables different services to work more effectively with families by ensuring all involved are on the same page and providing a required niche of expertise instead of doubling-up with other services. Interviewees highlight that family services workers in the case study are fortunate to be able to coordinate a number of other services internally within the organisation’s varied service areas. Some of the most relevant programs available to families experiencing family violence in the case study organisation include housing, counselling, and early childhood development services which are all available under one roof. Family services is able to liaise with workers in these other services to coordinate the most effective and streamlined schedule for families to reduce stress, travel time, and the need to constantly retell their story.

The case study organisation conducts a number of short groups which interviewees identify as relevant to the needs of families experiencing FV. Access to these groups can be coordinated by the family services worker. These groups focus on topics such as resilience, parenting after separation, healthy relationships, parenting skills, and helping children manage their strong emotions.

Within the family services team, interviewees mention that each worker has a different area of expertise from which other workers can draw to augment families’ quality of service. Additionally,
families have the option of utilising a family services youth worker who works with young people under a case management, whole-of-family model which engages more regularly with other family members than standard youth work models. The youth program can be particularly beneficial for instances of child-to-parent or sibling family violence or where young people need extra support to deal with other aspects of FV.

While referral to various specialist services is implemented as needed, interviewees identify that integrated family services often uses other services as information sources and secondary consults. The case study’s family services workers draw on the knowledge of a consultant specialist FV worker for advice and to confirm a worker’s approach to families in particularly challenging situations. This approach, in part, results from the capacity issue in the growth corridor limiting the response available from local family violence services. As it was found to be effective, the approach continued as it provides a seamless service for families. Additionally, interviewees mention that family services workers draw information from other specialist staff across the case study organisation through informal channels and through a multidisciplinary panel which provides workers with access to a team of skilled and experienced representatives from different programs within the organisation (Kelly & Knowles, 2015).

For those who have experienced family violence, interviewees respond that family services’ ability to cut across disciplines and ensure collaboration with other involved services helps keep everyone in the communication loop to provide informed, appropriate, and relevant care (DHS, 2007; Healey et al., 2008). Interviewees stress the importance of their role in building communication loops with schools and childcare centres; not only with targeted intervention services. Interaction with schools enables provision of a consistent approach and helps relieve the need for schools to make reports to Child Protection in some cases.

**Sourcing**

Part of family services’ role is to help families source relevant supplementary or specialist programs (DHS, 2007). Interviewees highlight that this is particularly relevant for families who identify a desire to be involved in extracurricular activities or who have a specific issue they would like addressed in detail. Interviewees suggest that, for families experiencing FV, these may include behaviour change groups for male perpetrators, mentoring programs for children who could benefit from an older mentor, or active team-building programs for older children to develop pro-social behaviours. Rather than foisting families off to different services, family services’ use referral minimally, preferring to reduce the intrusion of too many interventions.
As mentioned previously, families accessing integrated family services at the case study organisation are at a particular advantage due to the number of program areas under one roof. This enables families to easily move from appointments with family services to appointments with FV and sexual assault counselling, housing, disability, early childhood development, victim’s assistance program, family violence specialist financial counselling and others within the same building. Interviewees identify that this co-location of services streamlines and simplifies the process and makes it easy for families to access and use family violence flexible support packages (Kelly & Knowles, 2015). Additionally, appointments can be coordinated to make the best use of a family’s time. For example, children could attend their counselling sessions while their mother meets with a housing worker.

Understanding context

The three key roles of family services’ workers discussed above demonstrates family services’ ability to provide a holistic, wrap-around service which scrutinises the broad context each family is situated in rather than focusing solely on a particular issue (DHS, 2007). The family services interviewees recognise the importance of the whole picture for understanding the issues caused by, co-occurring with, and exacerbated by family violence. Interviewees discuss that it is necessary to look at family violence in each specific family context. For example, if family violence is a cultural transgenerational expression of discipline, it needs to be approached differently from an Anglo-Australian family (see Fernandez, 2006). Interviewees explain that they would approach this by discussing Australian laws, gender equality, and different forms of acceptable discipline in a culturally sensitive and respectful way. If FV is being perpetrated by someone who also experiences co-occurring mental health issues, substance abuse, poor parenting experiences and history, trauma, autism, or intellectual disability, interviewees explain that family services is able to identify areas of concern and source help for their co-occurring challenges. The perpetrator is held responsible for their behaviour whilst also being supported to address issues that may exacerbate the expression of their violence. This approach looks at the bigger picture and aims to provide families with the best outcomes. Seeing the whole family and recognising the links between co-occurring issues supports families that are remaining in or leaving violent relationships and can help workers identify issues that others could overlook (see Whiting et al., 2009).

Survey results
This research utilises two consumer survey tools to measure the impact of the holistic approach outlined above. These surveys are routinely used with consumers in the case study family services team to measure wellbeing and family functioning.

Averaged results of the case study’s wellbeing tool, depicted in Figure Three below, show that families experiencing FV who access family services self-report positive change over the course of the intervention. They report feeling an overall heightened sense of wellbeing including increased feelings of calm and peace, more life contentment, and more positivity after receiving services from family services. While causality is difficult to attest, the final question attempts to link wellbeing responses more clearly to family services’ intervention by asking respondents to rate their current feelings of wellbeing in contrast to how they were feeling three months previously. Respondents answering the final question generally claim that their wellbeing increased more in the three months before closure than in the service commencement survey.

![Figure 3 - Wellbeing tool responses from families experiencing FV](image)

While the wellbeing tool, despite it being a strong, academically validated tool, has only been used in family services for the past eighteen months, the family functioning tool has been used by the case study integrated family services team for the past seven years and has provided a clear, brief
snapshot of service impact on over seven hundred families. The graph in *Figure Four* shows the average responses of fifty-one of the families experiencing FV when asked how they would rate their current family situation at the beginning of their involvement with family services then at three month intervals until closure. Families report a negative score of 3.75 out of 10 when they opened with family services but report a positive score of 7.37 at closure; demonstrating that they felt their household situation improved during their time with family services.

The positive results in wellbeing and family functioning add to the evidence base that the family services approach can be effective. While these survey results only speak to consumer’s self-reported outcomes in the case study family services team, it provides an encouraging foundation for building the evidence for a holistic and integrated approach to family violence.

**Conclusion**

Clarifying the work integrated family services does with families experiencing FV supports its role as a specialist family violence provider. The actions taken by family services workers and the outcomes reported via the wellbeing tool and family functioning survey demonstrate that family services ‘plays a crucial role in the response to family violence’ (Tsorbaris quoted in CFECFW, 2016b, n.p.). Family services’ ability to provide practical assistance, integrate and coordinate other involved services, and
source additional programs for families as required, demonstrate its ability to manage a broad scope of family needs (DHS, 2007). Family services focuses on the whole family and the outreach home visitation model helps ensure no family member is left to fall through the gaps (Wasik & Bryant, 2001). Focusing on the whole family, and on the broad context surrounding that family, gives family services the ability to address issues that would be difficult to identify without this approach.

The positive outcomes reported for families experiencing FV who have worked with family services in the case study reinforce the need to reconceptualise family services as a specialist family violence provider that offers a holistic service. Recognising family services as a specialist will give it more authority to share its innovative FV approach to influence discourse, policy, and practice throughout the sector.

References


Our Watch (2014) *Key terms, definitions and statistics - Policy Brief 1*, Melbourne: Our Watch.


Tonry, M. (2016) *What should we expect from police data: Can they tell us whether crime rates rise or fall?* Minnesota Legal Studies Research Paper No. 16-36.


Domestic Violence and Homelessness:
Implementing the strengths-based, trauma informed, person-centred response to promote personal recovery within a socially based intervention.

Geraldene Mackay, PhD (Health Sciences, La Trobe)
Clinical Social Practitioner
Certified Clinical Neuropsychotherapist
Private Practitioner
Email: Geraldene@drgeraldene.com.au

Paper Presented at the
STOP Domestic Violence Conference Australia
3 – 6 December 2017, Melbourne, Rydges
Domestic Violence and Homelessness
Implementing the strengths-based, trauma informed, person centred response to promote personal recovery within a socially based intervention.

ABSTRACT: This paper outlines a strengths based, trauma informed, person-centred response to survivors of domestic violence who experience homelessness. Experiences of domestic violence with homelessness are socially mediated and accordingly require a social response to their amelioration during direct practice welfare interventions. This paper develops a socially informed mental health response at the direct practice level to help those with experiences of domestic violence with homelessness. In experiences of domestic violence with homelessness service users need to deal with problems of rebuilding their life in the context of violence and a dysfunctional housing market. The philosopher Immanuel Kant argued the mind structures extrinsic (external) experiences by using its own intrinsic (internal) processes. It follows that any social intervention for experiences of domestic violence with homelessness requires an intervention to help extrinsic experiences (i.e., the environment) and to help with intrinsic experiences (the process of the mind). A strengths-based, trauma informed, person centred response meets both these tasks. This paper unpacks and explores ‘hope’ inherent in the strengths approach, it looks at the empathic welcome inherent in a person-centred approach and the mental health promoting understandings in a trauma informed model. In the literature, these approaches are highly theoretical and highly practical and so guidance is given for practice. In this way, the academic literature provides rigorous guideposts and pathways to practice from this mainly philosophical practice base. These guideposts point to where efficiencies and improved services to service users can be made.

Keywords: domestic violence; homelessness; trauma informed; strengths-based; person centred; complexity.

Introduction
Complex social problems are multifaceted and shaped within the culture where they present. How can those who work in direct practice intervene in personal troubles that are the human manifestation of complex social problems? This paper looks at a small part of the puzzle by explicating a social model of strengths-based, trauma informed, person-centred response in direct practice, to help people who have experiences of domestic violence with homelessness.

Background
In 2015-16, 160,000 Australians experiencing domestic violence sought services from specialist homeless service agencies, they were 38% of those seeking homeless services from specialist agencies. Almost half of these service seekers were single parents with a child or children. The number of people experiencing domestic violence and seeking homelessness services has been increasing by about 7% each year (Australian Institute of Health and Welfare, 2017). Worldwide intimate partners perpetrate 13.5% of homicides, with the proportion of
female homicides six times higher than male homicides. These figures do not include the burden of other forms of intimate partner violence born by females which show 35% of women world-wide have experienced sexual or physical partner violence or non-partner violence (The Lancet, 2013).

Murray and Theobald (2014) provide a helpful overview of the gendered and other theoretical issues that describe the complexity of experiences of domestic violence with homelessness. Amongst other details they argue that social policy has paid insufficient attention to this complex social problem and call for more attention to be made in this macro domain of service response.

Whilst many jurisdictions in Australia have implemented a range of responses to help those managing domestic violence to stay at home (Murray & Theobald, 2014, p. 190) the increasing numbers of seekers of specialist homelessness services who present experiencing domestic violence continues to grow (as described above). This paper looks at a direct service delivery approach for this cohort.

In Victoria the Human Service Standards Policy (State Of Victoria, 2016, p. 30) describes the requirement of agencies funded by them to provide (amongst a number of other requirements) the use of active engagement, strengths based approaches and holistic and collaborative approaches to care, as some of the mechanisms to promote wellbeing. An intervention using the strengths base, trauma informed, person centred approach meets these requirements whilst providing a social response to the needs of service users.

It is argued that the strengths base, trauma informed, person centred approach provides tools for direct intervention within the complexity of environmental, social and intrapsychic experiences of domestic violence and homelessness. An ability to address complexity is needed because the mind and the environment are both complex. Northoff (2013, p. 3) describes the use of Immanuel Kant’s ideas to connect the internal workings of the brain with the environment. Northoff (2013, p. 3) shows how the philosopher Kant argued the mind structures extrinsic (external) experiences by using its own intrinsic (internal) processes. Using this idea, it follows that as well has helping with the external world of those experiencing domestic violence with homelessness, we must address the internal stories and physical manifestations that have been created during experiences of these punishing social conditions.

Before I begin a brief definition of terms. I have used the term ‘domestic violence’ because it is congruent with the name of the conference at which this paper is presented, although I have used the term ‘intimate partner violence’ where the literature I am using adopts this term. I use the terms ‘theory’ or ‘theories’ or ‘approaches’ as a descriptor for coherent
accepted ideas about the world or practice, these differ from the word ‘model’ which refers to an articulated method of practice. With gender and pronouns, I have tried to keep to the words ‘service users’ or ‘people’ because they encompass all genders (including non-binary genders); however, where the literature uses a specific gender term I follow the term used in the paper I am citing.

**The Interventions.**

Research shows (Lipsky, 1983; Mackay, 2004) that the actions of frontline practitioners effectively add up to agency policy because practitioner discretion influences the way services are delivered. The multiple actions of numerous individual practitioners are the implicit agency policy; these collective actions comprise the actual intervention the service user receives. It is not automatic that this collection of practitioner practices is an expression of the written, explicit organisational policy (see Thompson, 2010, pp. 139-154 for a comprehensive discussion). I suggest that if the organisational policy is strengths based, trauma informed, person centred practice then frontline practitioners should implement this approach in a manner that is auditable.

This is important because experiences of domestic violence with homelessness are underpinned by complex social issues so an integrated social intervention strategy should be correspondingly complex and social. Service users are left with the problem of recreating their life even though their domestic violence and homelessness service needs arise because of complex social issues.

The issue of community responsibility is clear, homelessness “is about dysfunctional housing markets and dysfunctional services not about dysfunctional individuals” who need to be changed so they are made ready to be fit to access the current dysfunctional system (Williams, 2017 citing Eoin O’Sullivan). In the same way, when journals such as The Lancet (2013) describe the problem of intimate partner violence as a “global scourge” how can the victim been seen as needing reformation. Crenshaw (1991 p. 1245) observes

I observed the dynamics of structural intersectionality during a brief field study of battered women’s shelters located in minority communities in Los Angeles. In most cases, the physical assault that leads women to these shelters is merely the most immediate manifestation of the subordination they experience. Many women who seek protection are unemployed or underemployed, and a good number of them are poor. Shelters serving these women cannot afford to address only the violence inflicted by the batterer; they must also confront the other multi-layered and routinized forms of domination that often converge in these women’s lives,
hindering their ability to create alternatives to the abusive relationships that brought them to shelters in the first place.

In the Australian context, Bruton (2015 p. 25) notes “a substantial number of Australians still subscribe to simplistic victim blaming understandings”, so that the experiences of service users “is one that I believe could have worked better in order to have achieved a good outcome for my family” (Bawden, 2009).

A direct service intervention should respond in a manner that addresses complexity whist supporting rather than blaming service users; this is the main reason to use the strength-based, trauma-informed, person-centred approach. Although the imperative of delivering interventions that are required in funding agreements is an important ethical consideration.

There are additional potential benefits for the organisational use of a unified practice in direct service of the strengths based, trauma informed, person-centred approach. As Thompson (2010, p. 145) describes important contributions to organisational culture can be made by practitioners towards creating “helpful working cultures”. As well there are a number of benefits for service users including:

- The strengths based (Bland, Renouf, & Tullgren, 2015), trauma informed, person centred approach allows a complex understanding of the service users, individual, experiences of domestic violence with homelessness.

- Service users are seen as having a problem to be solved but are not blamed for creating this problem so the approach is not punitive (see Bland et al., 2015, pp. 12-16 for a useful discussion)

- Service users can give informed ‘Informed Consent’ because practitioners will deliver what the agency says it will deliver. Service users are thus perceived as self-determining people who have or who can plan their life (Young, 2012, p. 530)

- Lastly, I posit the idea that feelings of safety for service users are increased because all direct practitioners practice from the same conceptual underpinnings (I discuss this idea below).

The down side of this is that integrating the three elements of the strengths based, trauma informed, person-centred approach is not easy. Each of these theories are rich and need to be understood conceptually, practically and then integrated by the direct service practitioner to be of use to the service user. Below I discuss each of these three conceptual elements separately and then posit integration strategies.
**Strengths based approach- direct practice**

The word “strengths” is a problematic homophone in welfare because the word is associated with two different theoretical perspectives. The word can refer to character strengths (VIA Institute on Character, 2017) a psychological approach to maximising human potential. This is not the philosophical conceptual model used in the strengths based approach from social work. There is potential to be confused by this word and it is important that the psychological theory is differentiated from the philosophical theory. This is not to criticise the psychological character strengths model; but it is to say that a social model is needed when complex social factors underpin the difficulties of individuals.

The strengths based model in social work and welfare (Bland et al., 2015; Blundo, 2001; Davidson, 2014; Graybeal, 2001; McCashen, 2005; Rapp & Goscha, 2012; Rapp, Saleebeey, & Sullivan, 2005; Thomas, Gray, & McGinty, 2012) proceeds from philosophical and value assumptions. At its heart the focus is on hope (Rapp et al., 2005, p. 84); through empowerment by resource provision, cognitive interventions and support to access resources. Whilst all of the references are helpful Rapp et al. (2005) provide a useful typology describing the “hallmarks” of the strengths approach. Within my own practice I have developed (by reading and my understanding of) this literature into the ideas of “hope” and “practices of hope” (Mackay, 2017).

**Hope**

1. The client practitioner relationship is hope inducing
2. The environment is perceived as a rich resource (see Saleebey, 2004 for a comprehensive discussion about this important topic)

**Practices of Hope**

1. Practices of hope are goal oriented and include cognitive restructuring
2. Strengths are systematically assessed
3. Explicit methods are used for accessing environmental and service user strengths in the attainment of goals
4. There are meaningful choices and service users has the power to choose

It is important to note that cognitive and behavioural approaches are included in this approach. Usefully Rapp and Goscha (2012 pages 208-219) outline the principles of how this is correctly achieved when underpinned by social understandings and hope. This method of working differs from traditional approaches of casework and Graybeal (2001) gives a comprehensive discussion about the delineation of the traditional approaches that look at individual pathology compared with the strengths based approach.
Using this articulation (synthesized by the author in her practice), a strengths based intervention should provide hope with strategies for the future, acceptance that whilst service users did not cause the problem they have to recreate their lives and a sense of control for those who have experienced domestic violence with homelessness.

**Trauma informed approach- direct practice.**

Trauma informed practice can be described as a strengths based model that incorporates understandings of the neurological, biological, psychological and social effects of interpersonal violence and trauma. The strengths based process is designed to move from a coordinator to a collaborator role in service provision (Mental Health Coordinating Council, 2017). A useful comprehensive overview of the trauma informed practice in Australia is provided by the Australian Government commissioned report authored by Quadara and Hunter (2016). In this systematic review of the written literature they note that trauma informed practice is:

- **Emergent:** practice wisdom and evaluation knowledge have not yet coalesced sufficiently to guide how the principles are put into practice in different settings.
- **Enthusiastic:** there is significant interest across a range of sectors in becoming trauma-informed.
- **Opaque:** there is a lack of publicly available, coordinated material on the trauma-informed care programs and models being developed and the format they take.
- **Piecemeal:** without strong, collaborative national leadership, the development of trauma-informed care models is driven by individual services (Quadara & Hunter, 2016 page 8.)

As a practitioner immersed in this area I see the use of trauma informed care enthusiastically taken up by practitioners in locations such as at the vastly popular Australian Childhood Foundation Conferences where I have met many multidisciplinary practitioners, the Neuropsychotherapy model of safety (Rossouw, 2013) as well as interest by the Australian Association of Social Workers (Zannoni & Mackay, 2015). I have experienced an explosion of information in this area over the past decade and more.

I suggest that for those experiencing domestic violence with homelessness a well delineated trauma informed approach provides predictability and safety, this will help service users maintain optimal brain functioning for the tasks they have to achieve in recreating their lives. Providing general support to this idea, Anyikwa (2016) and also Elliott, Bjelajac, Fallot, Markoff, and Reed (2005), provide rationales for the use of trauma informed care in women who have experienced intimate partner violence. Whilst, Hopper, Bassuk, and Oliver (2010) provide evidence of the use of trauma informed care with those experiencing homelessness. These studies provide support for the use of trauma informed care with those experiencing domestic violence with homelessness. There are also many other suggestions about the need
of safety for brain health in the literature (Bruton, 2015; D’Andrea, Sharma, Zelechoski, & Spinazzola, 2011; Elliott et al., 2005; Rapp & Goscha, 2012; Rossouw, 2013; Saleebey, 2004; The Lancet, 2017; Tobias, 2017; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005, to name a few) and reports of social service interventions building resilience in other populations (Ungar, 2013).

**Person-Centred Approach - direct practice**

It is probable, that done well, strengths based and strengths based trauma informed interventions should deliver person-centred care. The need to understand the neurological, biological, psychological and social effects of interpersonal violence and trauma (inherent in trauma informed care) that exists alongside a world view that the person is not the problem but that the problem is socially based (which underpins the strengths based approach) should allow the direct practice practitioner to connect in a person centred manner. Payne (2005, pp. 186-187) describes this person-centred approach as

1. the practitioner is genuine in their therapeutic relationship
2. the practitioner has unconditional positive regard for the client
3. the practitioner has an empathic grasp of the client’s world view

As correctly described by Payne (2005, pp. 186-187) this is a humanistic world view and came into welfare from the work of Carl Rogers. I use the articulation of Payne (2005, pp. 186-187) to describe the person-centred approach because he writes from original sources. My experience in the field leads me to suggest that observations by Quadara and Hunter (2016) cited above about trauma informed practices applies as well to person-centred approaches. That is, I believe from my immersion in the sector as a practitioner, currently the application of person-centred approaches in the sector is emergent (theoretically), enthusiastic, opaque and piecemeal because it is currently being driven by individual services.

This is not to imply that there is not good work done, just to say that it is hard to review with so many service ideas. I have thus gone to the theoretical source in this paper. Paraphrasing and simplifying Payne (2005, pp. 186-187), I suggest that the person-centred approach requires the practitioner to be genuinely accepting and welcoming.

[I am aware of some models that provide a comprehensive service response (such as Ellis, Sherwin, & van Dam, 2017) called person-centred care. I have not used these models here because the person-centred approach used in this paper is part of a ‘theoretical package’ of responses that additionally include trauma informed and strength based approaches. Again, I come to the problem of homophones describing different constructs; with person-centred care either a single theory or an overarching intervention].
Integrating the Strengths based, Trauma informed and Person-Centred Approach in Direct Practice.

A genuine and accepting welcome (Person-Centred Care); understanding the neurological, biological, psychological and social effects of interpersonal violence and trauma (Trauma informed approach); hope and explicit practices to work towards hope (Strengths based approach). Surely this is what practitioners hope to deliver to service users who have experienced domestic violence with homelessness?

My practice experience suggests the three theories described above deliver these outcomes when used together so intervening in the complex problem of domestic violence and homelessness. None of these theories is simple and more than common-sense is required in direct service delivery. Accordingly, to provide benefits to service users who have experienced domestic violence with homelessness there will need to be trained practitioners in direct service all of whom can clearly articulate and integrate the theories in a manner that keeps their conceptual richness.

Practitioners must always remember that it is important for service users that they are given accurate representations of the helping responses. The work of Stark (2012) suggests that women who have experienced domestic violence have been subjected to coercive control, most tactics used in coercive control have no legal standing, are rarely identified with abuse and are almost never targeted by intervention. These tactics include forms of constraint and the monitoring and/or regulation of commonplace activities of daily living, particularly those associated with women’s default roles as mothers, homemakers and sexual partners and run the gamut from their access to money, food and transport to how they dress, clean, cook or perform sexually (Stark, 2012 p.4)

Given that “coercive control targets a victim’s autonomy, equality, liberty, social supports and dignity in ways that compromise the capacity for independent, self-interested decision-making vital to escape and effective resistance to abuse” (Stark, 2012 p.4); how can practitioners expect service users to trust, and consent to interventions, from helpers that cannot articulate effectively, and guarantee, what they will deliver? The below model of practice is an idea developed within my own practice to address this need.

A model of practice

I suggest integrating strength based, trauma informed and person-centred approaches needs a commitment to complexity on behalf of those providing direct services along with explicit auditable benchmarks in practice. Complexity is needed because of the links between domestic violence and homelessness (Rollins, Billhardt, & Olsen, 2013, p. 2). There is no
reason that interventions that are socially based cannot be assessed against benchmarks in the same way that person deficit based theories are audited.

I suggest the three approaches need to be integrated explicitly into direct practice. Using the understandings of the strengths base, trauma informed, person centred approaches as outlined above a coherent model of practice can be discerned. The importance of hope is central and it is not a surprise that hope is emerging in medical and psychological literatures as “a key factor for successful recovery” (Wills, 2014 p. 166).

Informed by my own practice and the literature, I suggest, a model is achieved by

1. Using the trauma informed approach as the conceptual tool for understanding the complex inter and intra personal experiences of service users who have experienced domestic violence with homelessness. As a conceptual tool, it gives guidance to the pace of change and environmental needs of service users.
2. Using the strengths based philosophical intervention gives two types of hope based tools for interventions, tools for mobilising internal and external resources.
   a. Mobilising external resources; by facilitating access to environmental social goods.
   b. Mobilising internal resources; through cognitive restructuring and facilitating power through choice.
3. The person-centred approach provides a tool for human centred engagement with service users

These interventions often require practitioners and the organisation to maintain hope where the service user cannot find their own. These practices are well explained in the literature cited in this paper and it is possible to devise bench marks and other practice indicators to ensure that the direct practice practitioners of service providers intervene in a manner that supports organisational goals and maximises organisational efficiencies.

Conclusion
This paper has been informed by both theoretical knowledge and my own practice wisdom. I could find no delineation in the literature of the combined strengths based, trauma informed, person-centred care approach as an intervention in Australia or internationally. This is a problem because this approach is being used in the field in Victoria, Australia. This paper provides definitions and a literature review that can be used as a written starting point for practitioners, organisations and academics. In this way, the topic is moved forward from its
existence as practice wisdom. This paper also clearly delineates philosophical values based interventions from psychological interventions for those experiencing domestic violence with homelessness. However, empirical evidence is needed; but this is work has not yet been completed (or, to my knowledge, even commenced). This provides an opportunity for researchers to make a practical contribution to direct practice knowledge.

I have argued that direct practice, in organisations that provide services to people who have or are experiencing domestic violence with homelessness, matters a great deal. It is in direct practice that service users experience interventions which are the direct practice interpretations of the organisational goals, values and efficiencies; interpretations that can either support, or not, the aims of the organisation. Because service users need to re-create their lives in the context of a dysfunctional housing market and in the shadow of violence it is imperative that when they ask for help organisations are clear about the help they provide; and deliver what they say they will deliver. Kant says that the mind structures external experiences by using its own internal processes. Thus, interventions for those experiencing the arduous social conditions of domestic violence with homelessness need help with the external world and with internal process; this paper has argued that the strengths based, trauma informed, person-centred care approach delivers this objective.

There is a need to be conceptually clear about the delivery of the strengths-based, trauma informed, person-centred model of care. Conceptual clarity and the development of practice benchmarks also brings benefits to service users. There is wide agreement that ‘hope’ is central to recovery and, it is suggested, the use of the model outlined here works to support this fundamental goal by drawing on these sophisticated, yet practical, socially based practice theories.

Reference List


presents an introductory conversation on brain science, neuroplasticity, brain-based psychotherapy, and mental health, clinical, and social work.
Children affected by domestic violence: evidence-based practice and practice-based evidence

**ABSTRACT:** Domestic Violence Service Management (DVSM) commissioned Dr Morag MacSween and James McDougall to explore with teams how the agency works with children affected by domestic and family violence (DFV). The project produced a report *Do You See Me? Do You Hear Me? responding to children and young people affected by DFV* and a *Rapid Evidence Assessment*. The project sought evidence of the impact of DFV on children and women-as-mothers, about interventions in the NGO DFV sector, and about agency and staff capabilities. We found a strong evidence base on impact, a wide range of practices and interventions, an emerging evidence base around programs, and very little evidence on day-to-day support work or agency and staff capabilities. We identified a spectrum of possible responses DVSM could take, and a strong need to contribute to the evidence base on what works, when and for whom. In Phase II of the project, we are testing and embedding learning from Phase I in case review, peer review and external supervision, in order to make a practice-informed, whole-of-agency decision on where to focus energies. We are exploring the concept of practice-based evidence to see whether it will support us to systematically test new approaches.

**Keywords:** Children affected by domestic violence; Evidence-informed decision-making; Practice review; Person-centred practice; Practice-based evidence.

**Introduction**

*About Domestic Violence Service Management*

Domestic Violence NSW Service Management (DVSM) is a registered charity which aims to prevent and support recovery from domestic and family violence (DFV) and homelessness. DVSM’s Sightlines team and Associates provide professional services to the community services sector. The agency delivers client services in Sydney, Western Sydney and Western New South Wales:

- crisis accommodation at a safe house and two refuges;
- support to clients in transitional properties;
- outreach support; and
- a 24/7 response.
About the Child Wellbeing Project

Phase I of the Child Wellbeing Project explored how DVSM works with children who have been affected by DFV: what the services do well; where they could do better; and what lessons we can learn and share. The first phase of the project used methodology based on Centres for Disease Control guidance on making evidence-based decisions using three sources of information and evidence (see Figure 1) ii

**Figure 1: A Framework for Thinking About Evidence**

![Figure 1: A Framework for Thinking About Evidence](image)

This approach to evidence recognises the importance of rigorous research, and the capacity of randomised control trials and quasi-experimental studies to produce compelling evidence of the effectiveness of interventions. However, it also recognises the importance of *professional insight, understanding, skill and expertise that is accumulated over time* and evidence which demonstrates whether a strategy is *useful, feasible and acceptable* in a particular context. iii

*Do You See Me? Do You Hear Me?* iv identified a spectrum of possible ways forward for DVSM, based on evidence, insight and context. Initially, the authors intended to recommend that DVSM’s senior leadership team propose to the Board where on the spectrum of possible responses they thought DVSM could best fit. However, DVSM had in parallel contracted the author to design and support delivery of a practice review approach which would embed the learning from the project and test it against current practice. In workshopping this idea, we
identified an alternative approach which fit better with the project’s methodology, and recognised that Ideas are Easy, Implementation is Hard \(^1\) (see Figure 2):

**Figure 2: A Framework for Implementation**

![Figure 2](image)

We have embarked on three main streams of work:

- exploring whether the concept of practice-based evidence will be useful as practitioners test approaches from the project;
- supporting practitioners to engage with the report and rapid evidence review in line with their individual reading preferences; and
- reshaping practice review to test the learning from the project and the developing evidence base in the realities of DVSM’s context.

In parallel, we are keeping in mind the options on the spectrum for work ‘outside’ or in addition to DVSM’s core practice. We are also working with a peer NGO in NSW to adapt the Child Wellbeing Project for their Specialist Homelessness Service.

**What did the three sources of evidence tell us?**

*Developing our research questions*

We developed our research questions collaboratively, and used the same question framework across the three types of evidence. The two Associates, the Sightlines evidence manager, and two practitioners together worked out questions targeted on our understandings of DFV, of children’s

---

\(^1\) Attributed to Guy Kowalski
rights, and of practice. As the work unfolded, we discovered that while it is common to look at impact and interventions together, it is less common to also ask what agency and staff capabilities are needed to work well with children. We also discovered what others could have told us before we started; it is not possible to explore the topic of children affected by DFV without considering the impact of DFV on parenting. Finally, we discovered that much academically-oriented evidence is challenging to access from a practitioner perspective, that is, from a service which does not have access to academic databases and operates within tight budget constraints. We know that there is likely to be useful information that we have missed, either because we could not access it, or because of the sheer volume of information out there.

Standout learning: impact

Some children at DVSM attend a Lego Group. The group facilitator told us that children talk about their stories of how they managed, times they felt very scared, and how they’ve dealt with worries before and their current worries - missing their dad but worried he knows where they live, hoping maybe one day dad gets better, and their worries with their mum - I’m worried mum might go back. Children talk openly and comfortably about DFV when given an opening, but most of the children in the group don’t talk to their mother because they are worried that she would get too upset - children are very aware of their mum’s emotional state.

Women we spoke to had observed reactions to DFV in their children and other children in the refuge. The most commonly observed reactions are anger, aggression, confusion, sadness, fear, anxiety, shyness and withdrawal. Women also commented on children having a lack of appetite, feeling insecure, being unsettled, hyperactive and mimicking the abuse they witnessed. Most of the women said that their child doesn’t talk to them about their experience of DFV, either because they are too young to do so or because they choose not to.

Workers describe children as all so different. They see fear, anger, aggression, children acting out the perpetrator’s behaviour, withdrawn children, children clinging to workers, children with developmental delays, children being parentified. They also describe children’s resistance to violence and their resilience, and the speedy progress children make when they are safe in the refuge and going to childcare or to school. They noted the continuous losses for children living in the refuge – losses of other children and women who become like aunties, and then move on.

---

2 Research questions are listed in an appendix to Do You See Me? Do You Hear Me?
We found a huge body of research on the impact of DFV on children and on parenting, including studies which meet the criteria of best available research evidence, and several meta-analyses. It seemed to us that the research has travelled through four main phases:

- research showing that children are negatively affected by DFV, whether they are directly abused, witness abuse or live in an atmosphere of abuse;
- research aiming to disaggregate the overall negative impacts by type of violence, length of exposure and demographic characteristics;
- research into the impact of DFV on parenting; and
- a newer body of research speaking directly to children, and exploring their agency, sense-making, strategising and resistance to DFV.

Holt, Buckley and Whelan argue that inclusion in the literature of research which sought children and young people’s direct voice has been influenced by a shift in understanding of children’s relationship to domestic violence, from children being understood as tangential...disconnected...silent witnesses to children being understood as dynamic in their efforts to make sense of their experiences, while navigating their way around the complexity and terror intrinsic to domestic violence.

The view of children as dynamic navigators fits with the concept of resistance to violence. Understanding Agency and Resistance Strategies is the largest study we found, and it describes a range of creative strategies children use to resist the impact of DFV. We were particularly struck by the authors’ approach to what is often described as ‘parentification’ in the program they designed from the research:

_We resisted the tendency in work with children affected by domestic violence to attempt to restore ‘normative childhood’...We were interested in supporting children from the point of view of their own coping, rather than trying to dismantle their strategies...a general pattern in our interviews suggested that caring gives children a considerable sense of validation, empowerment and competence._

We were surprised about the volume of material on DFV and parenting. Our reflections on this learning revealed that _our starting point had been how can practitioners work more directly with children, rather than how can practitioners support women to restore the bonds and parenting practices that DFV has undermined_. Echoing the impact on children research, much of the evidence focussed on the negative impact of DFV on women’s parenting, maintaining the
historical invisibility of fathers and fathering in responses to DFV and missing resistance in parenting. More recent research and practice fills these gaps, and we found many practical tools to assist women to talk to their children about DFV and for practitioners to talk to women about mothering. That being said, it is in this area that we found the most significant challenges, and the most poignant findings:

Many children hesitate to talk about the violence because they do not want their mothers to feel badly. Children are uncanny protectors and will often ‘err’ on this side of protecting their mothers, even at their own emotional expense… It may seem obvious that parents need to listen to their children. However, my work with mothers who were abused in their intimate relationships has shown me that listening is probably one of the most difficult things for parents to do – especially when what needs to be heard is a child’s anger, fear, blame, sadness, and grief about how domestic violence has affected their lives.16

Spence Coffey 2009

Standout learning from the evidence: interventions

Women at DVSM identified a range of supports that children need to recover from DFV. The most commonly mentioned were play/playgroups/being with other children, a safe, stable and normal environment and love, affection, patience and understanding. In terms of what women need as parents to help them support their children, the most commonly mentioned was a wish for more groups, workshops and courses for women held at the refuge, for residents and outreach clients.

Workers at DVSM told us that children do not usually have their own case manager: children’s support needs are as determined by mum – we’re client directed. The team agreed that observation of children is a consistent feature of practice, one which has evolved over time rather than being set out in policy and training. However, they also told us that raising concerns with women is not done consistently: not everyone is able to take it to the next step. Women’s different responses and capacity to hear impact on raising concerns about their children with them, as does the house dynamic: (It’s challenging) where there’s a lack of attachment, we’re trying to build it up but she’s not there, unavailable or unwilling; We factor in the other mothers in the house, we’re highly mindful of the characters mothers play, we’re highly sensitive to it, all the team, everyone knows.
We found a large body of research evidence on interventions, again including meta-analyses. We found strong evidence in relation to therapeutic interventions with children, some evidence in relation to programs with children and parents, and very limited evidence in relation to case management. This means that the strongest evidence exists for interventions needed by the fewest children, and the weakest evidence exists for the intervention most children receive.

That being said, in terms of discrete programs, here is consensus that parallel programs with children and women as parents which are trauma-informed and include education/psychoeducation constitute promising practice. There are several examples of such programs, some of which are manualised and include evaluation methodologies. We learned that an Australian program recognised internationally as promising practice and piloted in refuges in Tasmania – the BuBS on Board program – was defunded in 2011. We also learned that the Scottish Government has funded nation-wide access to another promising program, CEDAR as part of its National Domestic Abuse Delivery Plan for Children and Young People. The literature strongly suggests that agencies embarking on these programs build in evaluation to contribute to the evidence base. Whole of family interventions are a linked and emerging practice.

What NGO services offer

We found that Women’s Refuges in Australia, the UK and the USA have offered a wide range of services: for children and young people; for women as victims/survivors; for women as parents; for families; and within local communities. Funding limitations have meant that decades of work with children in the NGO sector has not been evaluated. All the authors we cited in our work agreed on the critical need for robust research on interventions.

Many of the earliest programs serving children exposed to domestic violence grew out of grass-roots efforts...funding to evaluate has been limited...decades of field experience have informed some of the best practice...the best evidence of an intervention’s efficacy may be a combination of research and practice...As a field, we are at a pivotal moment in our movement history where we need to consider how partnering with researchers and documenting our successes can assist in advancing the field and securing essential resources.

Futures Without Violence 2013

---

3 Do You See Me? Do You Hear Me? Attachment 1
Standout learning from the evidence: agency and staff capabilities

Children at DVSM speak positively about the refuge as a place where they belong - *I love where I live, I love this place* – but they know it is not forever, and worry about what comes next. The work that staff have put in to build relationships with local schools has paid off, as children describe going to the same school for a reasonable period of time as a new and positive experience. Children also talk positively about DVSM workers as significant in their lives – people who they know well and who know them well.

Feedback from women about DVSM was also positive. Most women talked about case managers as supportive, listening, providing information and advice and linking them into community services. One woman said that the service varied depending on the knowledge and experience of the worker, and another suggested that staff should communicate with parents if they have concerns for their children – *be honest and transparent with their thoughts*.

Case managers at DVSM told us that staff training in relation to children has been limited to child protection training, and this impacts on their confidence to work directly with children. They describe practice as having developed organically, and have a strong wish to do more with and for children. Service managers describe sincere and consistent commitment to considering children, but practice which is less consistent.

The research evidence produced a limited amount of material on the capabilities staff need to work with children affected by DFV, and on their supervision and support needs. By contrast, we found an enormous range of tools and resources in the grey literature to support work with children, with parents, and with families. The key challenges DFV services encounter in working with both adults and children were articulated as:

- Misalignment of parent understanding and pace of change with children’s need to talk, to be heard, and to have explanations for what has confused them;
- Acknowledging perpetrator responsibility for violence, their attacks on mothering and women’s parenting responsibility and parenting choices;
- The confidence and capability of DFV workers to talk directly to children about DFV and to talk to mothers about parenting.

4 The extensive literatures on trauma-informed practice is the most relevant source of information on these issues.
5 Submissions to the Victorian Royal Commission into Family Violence express the view that workers in the domestic violence sector are undertrained and underconfident in working directly with children affected by domestic violence, particularly with infants.
• Conflicting needs between women and children and conflicting perspectives on risks between women and workers;
• Low awareness of strategies for managing behaviour, improving parenting skills and identifying psychological or developmental needs and the services to support them among workers;
• An equal focus on children representing a significant shift in practice and philosophy for some services; and
• The challenge in sourcing funding that can address these challenges.  

We concluded that working simultaneously and explicitly with children as victims/survivors, women as victims/survivors, and women as parents is relatively new and/or undocumented ground. While the challenges have been broadly articulated there is the opportunity to work collectively across services and systems: to build on what is known about this work; choose to work with men as parents; and add to the knowledge base. The grey literature provides a wealth of material on core issues: outcomes; principles; key characteristics of effective responses; staff capability and support; and agency culture.

What did we learn about the context in which DVSM operates?

Children’s rights

Our review of children’s rights material led us to conclude that child rights principles provide an international framework for assessing the impact of DFV on children, measures to prevent violence, and measures to reduce its impact. We found that until recently Australia has lagged in both awareness of the issue of violence against children and in nationally coordinated responses. By developing its service responses with reference to the framework of rights, DVSM can contribute to critically important national (and international) knowledge and practice.

The funding and contract context

DVSM’s focus for the Child Wellbeing Project has been within its Specialist Homelessness Services program in Western Sydney. While DFV victims/survivors are recognised as a priority client group, other than existing legal obligations for mandatory reporting and information sharing for child protection and for compliance as a Child Safe Organisation, there is no specific guidance around best quality of practice for service provision relating to children. The absence of guidance about children can result in a principal focus by the service on the adult as the client,

6 For full detail, see Do You See Me? Do You Hear Me?
thus resulting in less visibility and effort on a tailored response for a child accompanying an adult.

The reform context

We reviewed the National Framework for Protecting Australia’s Children 2009-2020; the National Plan to Reduce Violence against Women and their Children 2010-2022; the NSW Domestic and Family Violence Blueprint for Reform 2016 – 2021: Safer Lives for Women, Men and Children; and the NSW Strategic Plan for Children and Young People 2016-2019. All recognise DFV as a key issue, but provide general comment, in particular on data collection, rather than specific guidance or directions for policy and practice. We noted that the National Commissioner for Children commented in 2015 that Australia does not yet have a coherent public policy approach to children affected by family and domestic violence, with the child protection and DFV sectors working separately.

The sector context

The main service provided by the agencies we spoke to is referral to or provision of counselling. They expressed mixed views on what DFV services do for children now, what they could do, and what they should do. 7

In our view, there are two key challenges in working with children affected by DFV: how to work within current funding models to develop the best possible response to children and women as parents by all staff throughout daily case management practice; and to identify, secure and integrate dedicated funding to provide evidence-informed programs, either parallel programs for children or whole of family programs.

During the first phase of our project, the peak body DV NSW developed best practice guidelines which include work with children and young people affected by DFV. We understand that Women NSW are developing outcomes, standards and a commissioning approach for the DFV sector. The evidence from our work suggests that it is critical that a specific focus on children, based on all sources of evidence, is included.

DVSM data

The DVSM service that this project focused on has women with accompanying children in the key client groups. When we look what this translates to in the service data, the number of children accessing the service is greater than the number of adults. This picture speaks to the

---

7 The richness of the discussion is captured on pages 45-46 of Do You See Me? Do You Hear Me?
compelling need to build on staff capabilities in working with children and women as parents, and to recognise our role in supporting children affected by DFV. (See Figure 3)

**Figure 3: DVSM Clients 2016-2017**

What could this mean for DVSM?

The first phase of our project told us:

- that while there is a reasonable evidence base around programs for children and mothers, the research evidence tells us little in relation to day-to-day casework, largely due to the historic lack of evaluation funding for the sector;
- DVSM staff have commitment and expertise in observation, but in common with many in the field, have a skill and confidence gap in working directly with children and with women as parents;
- as DVSM’s Operations and Contracts Manager observed, there are few constraints in terms of funding agreements and program guidelines to the development of more flexible approaches, lateral thinking and problem solving where these are low-cost or no-cost; and
- the grey literature provides a wealth of guidance and tools derived from the long experience of this work in the DFV sector.

*The spectrum of options*

Looking holistically at what we learned, we identified a spectrum of options which DVSM could pursue, ranging from internal low-cost/no-cost improvements in day-to-day practice which are
supported by experience but are not evidence-based, to seeking funding for evidence-based programs, and to seeking to influence the context within which services to children are understood, funded and measured. (See Figure 4)  

**Figure 4: The Spectrum of Options (excerpt)**

<table>
<thead>
<tr>
<th>Options</th>
<th>Why?</th>
<th>Activities:</th>
<th>Needs:</th>
<th>Could include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver contractual requirements</td>
<td>Supporting mothers is among the most effective strategies to support children</td>
<td>Adaptation of The Safety Trio⁹</td>
<td>Staff briefing</td>
<td>Safety &amp; wellbeing assessment, strategies &amp; awareness for children</td>
</tr>
</tbody>
</table>
| Recover bonds | Parallel interventions with mothers and children is currently the best evidenced approach | • Parallel children’s and mothers’ groups  
• Information for mothers  
• Information for children  
• Building the knowledge base | • Staff training  
• Ongoing practice support  
• Whole of agency support  
• Additional funding  
• Partnerships/s | • Discussion about parenting  
• Parenting goals in case plans |
| Contribute to system capacity | Agency partners told us there isn’t a strong framework across the state about what best practice should look like...you see a reinvention or loss of really good stuff | • Shared principles & outcomes  
• Whole of agency support  
• Building the knowledge base | • Whole of agency support  
• Additional funding  
• Partnership/s | • Using promising practices & ‘best bets’  
• Shared evaluation strategy |

**Practice-embedded implementation**

As we were thinking through next steps, we wanted to make a choice which was most likely to be effective for children, which did not wait for funding to improve practice, and which could contribute to the evidence base. We decided on a suite of activities which would embed the

---

⁸ The full spectrum can be found as Attachment 2 to *Do You See Me? Do You Hear Me?*  
⁹ The Safety Trio is one of DVSM’s core practice concepts: Safety Assessment, Safety Strategies & Safety Awareness ‘co-designed’ between the client who is the expert in her own experience and the worker who has access to research and information.
learning from phase I of our work across the agency and test it against current practice without blocking immediate use of new approaches where professional insight and judgement considered them a fit. To assist with low-cost/no-cost evidence building, the author researched the concept of practice based evidence to explore whether it could help us move forward as we wish to.

Child Wellbeing Phase II: learning and doing

Figure 5 sets out the suite of activities we have embarked on to implement what we have learned so far, to learn more, and to make a whole-of-agency, practice-informed choice on the options on the spectrum.

Figure 5: Practice-Based Decision Making

We designed an engagement strategy based on learning and reading preferences, and managers are clear that reading the reports happens at work. The Children’s Champion is gathering messages from across the agency on what surprised them, what they are reflecting on, and what they would like to share. We have developed a practice review framework to assist case managers in completing an evidence-informed practice analysis for review in 1:1 case meetings with their manager, in peer review groups, and in external clinical supervision. From this, case managers will identify approaches which they would like to take with clients, and with their

---

10 Messages will be included in the Conference Presentation slides
supervisor and the external supervisor, develop hypotheses about outcomes and simple measures to test impact. In this work, they will be supported by a practice-based evidence guide which will follow the Einstein rule – *as simple as possible, but not more so.*\(^{11}\) We are designing a pilot children’s visibility project where we give clients information about the impact of DFV on children and tips and tools to talk about DFV and train and supervise workers to help manage distress and support learning and change with and for their clients. Finally, we are considering simple pre- and post- measures which will help us assess where this work is taking us.

*Practice-based evidence*

We are exploring the potential of practice-based evidence to help us assess the effectiveness and impact of new approaches, and also to contribute more broadly to the evidence base. Two aspects of the literature on practice-based evidence aligned strongly with our experience in Phase I of the project, and in practicing and managing practice.

Firstly, Green’s development of the ‘pipeline’ concept of evidence-based practice research (see Figure 6) gave us an ‘a-ha’ moment, providing a possible explanation for the volume of evidence base we found being in reverse proportion to the volume of actual practice. The pipeline sets out:

\[
\text{successive constrictions of the flow of knowledge and an ‘evidence-based guideline’ product at the practitioner end of the pipeline that has a poor fit with practice circumstances such as funding, time constraints and patient (client) demands (needs/preferences).}^{xiv}
\]

\(^{11}\) Attributed to Einstein, A.
This concept suggests a stronger tendency to produce evidence that aligns with funding and academic priorities than evidence which aligns with practitioner priorities. It further suggests that the practitioner is viewed as a straightforward recipient of knowledge – or empty vessel - rather than as a professional who will accept or adapt some, all or none of the evidence as guided by her circumstances, her funding and her knowledge of her clients. Green suggests that the research-practice gap is more likely to be filled if we sustain the engagement of practitioners, patients and communities in a participatory process of generating practice-based research and programme evaluation.\(^{15}\)

Margison et al consider EBP and PBE in psychotherapy.\(^{16}\) They argue that psychotherapy is one of many domains of medicine which lacks robust, RCT-generated evidence. Further, they note the limitations of the RCT paradigm, in particular its difficulty in predicting outcome at the level of the individual and distinguishing the relative effectiveness of different treatments, particularly when researcher allegiance is accounted for. Notwithstanding, they argue for the importance of measurement as the foundation of evidence base practice, against the notion that psychotherapy is unmeasurable, and for gathering good quality data from routine practice...(i.e.)…‘practice based evidence’, making detailed suggestions on how this is best achieved. A critical component is encouraging practitioners to articulate why they chose an approach, and what they expect it to deliver.
DiFabio considers EBP and PBE in physical therapy. He argues that in this field, the literature cannot be used without significant interpretation to fit the context of the specific client. He discusses two opposed views: research will produce a single correct treatment approach; research will not do this, and practitioners rely on intuition. He concludes that while research evidence must be interpreted and applied through clinical judgement, both are necessary to avoid the dogma of personal preference.

Schorr, Sahota and Palinkas presented at a US Children’s Bureau webinar in 2012, Evidence Based Practice and Practice Based Evidence – Is It One or the Other? They discuss the value of practice based evidence to practitioners, as reflective of their knowledge of their clients and their local circumstances, and its value to communities, as reflective of cultural practices and community experience. Schorr argues for An Inclusive Evidence Base: the new Gold Standard, which combines evidence from experimental studies, evidence from non-experimental studies, evidence from other research, and evidence from practice and experience, and which requires agreement on measurable results. Sahota discusses an example of research in youth suicide in Native American communities, with the value of practice based evidence as developing evidence inductively from practices based in cultural tradition, and towards outcomes which relate research-generated outcomes to community-generated goals. Palinkas describes a trial of three approaches to treating depression in children, and concludes that a modular approach best fit as it was flexible to co-morbidity, changes in children’s circumstances, and professional judgement, while providing structure and logic for decision-making.

We are in the process of thinking though how we can use the key concepts of practice-based evidence, but are hopeful that however simply we start, we will be at minimum introducing a culture of systematic articulation and testing of hypotheses, and at maximum contributing valuable information to an evidence base which needs to grow.

**Conclusion**

> Whatever programs happen, casework goes on. It needs to be child- and parenting informed, able to talk to mothers about how to be with their children.

Cathy Want, Rosie’s Place

---

12 Personal communication, 2017
The Child Wellbeing project has been co-designed by researcher/associates and practitioners from the start. It has sought to answer the questions that matter for practice, and is continuing to support decisions on future direction which are embedded in the realities of practice.

While our research told us that there is no obvious single evidence-based path that fits the whole of DVSM’s practice, we also found learning, guidance and wisdom that will allow us to move forward in an evidence-informed, practice-embedded way - to do as we learn, and learn as we do.

We have chosen to focus first on how we can hear and see children more in our day to day practice, by hearing their voices and noticing their experience. We are intentionally developing our philosophy about children, our understanding of children as citizens and about children’s rights, and our role in their lives, directly within case work and indirectly through the case work support we provide to their adult parent/carer.
References


Calgary Women’s Emergency Shelter (2005) *Honouring Resistance: how women resist abuse in intimate relationships*


Green, L.R. (2008) *Making research relevant: if it is an evidence-based practice, where’s the practice-based evidence?*, Oxford: Oxford University Press


Futures Without Violence http://www.promising.futureswithoutviolence.org


Richards, K. (2011) Children’s exposure to domestic violence in Australia The Australian Institute of Criminology

Sartore, G. Harris, J. Macvean, M. Albers, B. Mildon, R. (2015) Rapid evidence assessment of case management with vulnerable families Parenting Research Centre on behalf of NSW Department of Family and Community Services

Schorr, L., Sahota, P. Palinkas, L. (2012) Evidence Based Practice and Practice Based Evidence – Is It One or the Other? USA: Children’s Bureau


Sharp, C. Jones, G. with Netto, G. and Humphreys, C. (2011) Executive Summary: We Thought They Didn’t See: Cedar in Scotland – Children and Mothers Experiencing Domestic Abuse Recovery Research for Real


Stanley, N. Humphreys, C. (2011) Identifying the key components of a ‘whole family’ intervention for families experiencing domestic violence and abuse Journal of Gender Based Violence Vol 1 No 1


---

1 http://www.dvnswsm.org.au/
2 Puddy, R.W. Wilkins, N. (2011)
3 ibid
4 Domestic Violence Service Management (2017) *Do You See Me? Do You Hear Me? Responding to children and young people affected by domestic and family violence* and *Rapid Evidence Assessment*
‘The many good things?’ - Christian churches’ response to domestic violence

In Australia.

Associate Lecturer Leonie Westenberg
School of Philosophy and Theology
University of Notre Dame, Australia
E: leonie.westenberg@nd.edu.au

Paper Presented at the STOP Domestic Violence Conference Australia

3 – 6 December 2017, Melbourne Rydges
‘The many good things?’ - Christian churches’ response to domestic violence in Australia.

ABSTRACT: The fact that domestic violence is an issue in Christian families, for the families, victims and the general church community, has been made increasingly obvious. Indeed, VicHealth has identified that one of the contributing factors towards violence against women is their environment with faith-based institutions such as churches as one such environment for many women. For example, a recent series of articles on the ABC not only highlighted the prevalence of intimate partner violence (IPV) in Christian families in Australia but also demonstrated the topical nature of the issue (Baird & Gleeson, 2017). Indeed, the journalists’ criticism of the response of Christian churches to IPV created somewhat of a backlash with church leaders, for example, decrying what was termed a “misuse” of statistics that failed to “report on the good things the church is doing” (Baird & Gleeson, 2017).

Discussion of domestic violence against women in Christian families highlights issues of prevalence and endurance. Prevalence denotes the statistical frequency of abuse in Christian families. Recent research supports the findings of a 2006 study by the UK Anglican Bishops Council that the incidence of domestic abuse within church congregations is similar to the rate within the general population. Endurance, on the other hand, denotes much of the response of Christian women to abusive marriages. The women more often endure the abuse, in part due to a description of Christian marriage in terms of submission to a husband’s headship. Endurance furthermore describes an added vulnerability that Christian women express, when speaking of both abuse and marriage in spiritual overtones. Religious language and church power structures can perpetuate and encourage toleration of domestic violence. As a means of addressing the issue of domestic violence in Christian families, churches within Australia have initiated programmes that foster awareness of domestic violence. This paper reviews the response of Christian churches to domestic violence and highlights the role that religion can play. This paper also offers suggestions on how Christian churches can change religious language and accountability to work towards primary prevention of domestic violence.

Keywords: domestic violence, Christianity, IPV, gendered violence, religion

Introduction

It is true that Christian churches in Australia do many ‘good things’ to combat IPV and to help those who have suffered such violence (Baird & Gleeson, 2017). Such good things
include programmes that aim to address factors in relationships that can be contributory elements to intimate partner abuse. However, many of these programmes become secondary and tertiary responses to IPV, wherein those identified as being at risk for IPV are provided with tools to prevent the violence occurring or progressing, with long-term responses promoted to help those who have already suffered IPV. While secondary and tertiary responses are advocated as part of three tiered responses to IPV, such programmes should not stand alone. In fact, targeted primary responses are required to encompass strategies that prevent violence from occurring; such primary programmes, according to the National Framework of Rights and Sources for Victims of Crime (Adams, 2015) “focus on changing attitudes, beliefs and behaviours”. That primary preventative programmes are important within the Christian church community is underscored by Zoe Morrison’s (2005) study of Anglican church communities in Adelaide, aimed at determining the attitudes of clergy and church workers to abuse. The research concluded that there exists a culture of hostility towards women, which was “deeply ingrained and ranged from bullying to sexual abuse” (Morrison, 2005).

This paper briefly explores the ‘elephant in the room’, so to speak, by describing some of the causal factors within Christian churches that contribute to abuse. It then examines three programmes from mainstream Christian churches that exemplify the Australian churches’ responses (‘the many good things’) to intimate partner violence against women, with programme focus on secondary and tertiary prevention of this violence. Finally, the paper makes some suggestions as to how causal factors in churches may be addressed in primary preventative programmes that address attitudes and beliefs to avoid the ‘mixed messages’ often provided for Christian women who seek to leave marriages because of abuse.

The ‘Elephant in the Room’ - examining Christian beliefs as causal factors in IPV

As research has highlighted, Christian women report both an internal and external conflict in understanding IPV through the lens of Christian teaching on marriage, gender roles and forgiveness (Levitt & Ware, 2006). The conflict is external in that much of church teaching and language can seem to reinforce an imbalance of power, with notions of submission, so
that Christian teaching is often cited by abusive spouses to support IPV, including economic, spiritual and sexual control. In her qualitative research, Shondra Nash (2006) demonstrates the socio-historical interpretation of scripture and church doctrine that influences “marital power relations” so that IPV can appear as a “by-product” of teaching concerning male headship in marriage, and that this most often affects a woman once she has been abused. In this instance, the constraints surrounding patriarchal gender roles in marriage, coupled with church teaching on the sacredness of marriage, were seen by the abused religious women as ‘excuses’ for abuse so that they should remain in the relationship in order to ‘save’ the marriage, offering redemptive suffering and forgiveness.

Additionally, studies have highlighted that Christian women who have experienced IPV tend to internally spiritualise the abuse, are often isolated from support and resort solely to prayer to resolve the issue rather than seeking both practical and spiritual assistance (Knickmeyer et al, 2004). Many women in this situation display an internalisation of the IPV so that they may blame themselves for not protecting the ‘harmony’ of the home or for causing the marriage to ‘break up’. This internalisation can be fostered by Christian church teaching that emphasises the father as head of the family and the mother as ‘heart’; such complementarity in gender roles can reflect power imbalance within a marriage and contribute to gender role conflict, especially for women who has suffered IPV at the hands of religious spouses. The tendency to spiritualise the abuse, on the part of women, their spouses and their pastors, has been noted in several studies (Baker, 2010; Ellison & Anderson, 2010; Buxton, 2010).

Women have also reported the pressure from pastors to ‘forgive and forget’, with Christ’s example of forgiveness from the cross promulgated by churches as a model (Lamb, 2002). Forgiveness, however, cannot be prescribed or forced but works most effectively for those who have suffered abuse when they are distant from the abuse and no longer ‘entrapped’ (Cavanaugh et al, 2001).

‘Many Good Things’ - the response of Christian churches to IPV

In answer to an increasing awareness of intimate partner violence within Christian families, churches across Christian denominations in Australia have sought to address that which
McMullin et al (2015) terms the “vulnerability” of Christian women who have suffered or are suffering violence within relationships. Intimate partner violence refers to the behaviour of an intimate partner or ex-partner that causes physical, sexual, or psychological harm and includes emotional, social, financial and spiritual abuse (WHO, 2016). The programmes addressed by churches tend to be patterned on initiatives that foster awareness of IPV, coupled with the training of pastors, church leaders, and church communities in appropriate responses to women who suffer or have suffered domestic abuse.

Outlined below are three such initiatives: the voluntary active bystander training in the Anglican Diocese of Melbourne, the Catholic Archdiocese of Brisbane’s “Rewrite the Story” programme, and the Joint Churches Domestic Violence Prevention programme.

Active Bystander Training - Anglican Diocese of Melbourne.

The ThinkPrevent programme has been promoted within the Anglican Diocese of Melbourne with church communities running active bystander training for clergy, church workers and community members. To date, such training is voluntary.

Active Bystander Training puts the focus on individual responses to, and prevention of, intimate partner violence. On the church community level, those active within ministry in the local Anglican church, and members of the church community, are provided with the tools to recognise conflict and behaviours that may lead to abuse, and with strategies to respond to abuse and violence, including knowledge of referral agencies.

According to ThinkPrevent, a “bystander is a person who observes a conflict or unacceptable behaviour. It might be something serious or minor, one-time or repeated, but the bystander knows that the behaviour is destructive or likely to make a bad situation worse” (ThinkPrevent, 2015). The training aims to empower participants in recognising and responding to abuse within their church community. While this training is currently voluntary within the Anglican Diocese of Melbourne, there has been mention of the desire to make the training compulsory for clergy by embedding it within ongoing in-service training and professional standards for clergy (Baird & Gleeson, 2017).
The active bystander training acts as both a primary and secondary preventative strategy in approaching intimate partner violence. By increasing awareness of the forms of IPV and the manner in which it manifests in abusers and those who have been abused, the training promotes prevention of IPV within the church communities that have participated in workshops. Additionally, by promoting active strategies in response to IPV, including knowledge of services for referral, the training acts as a secondary strategic response to IPV in assisting clergy and church workers to identify the abuse and to intervene as soon as possible to prevent the violence from occurring or progressing.

However, active bystander training, while being one significant response to IPV in church communities, fails to recognise the church’s structure and teaching that can cultivate attitudes towards women that contribute towards imbalances of power and resultant abuse. Though the Melbourne Anglican Diocese (2012) notes that causal change for IPV “is dependent on a Biblical commitment to gender equality, respectful gender relations and freedom from violence, without which we are unlikely to achieve sustained reduction in violence against women”, the current non-compulsory nature of active bystander training and the scope of documents within the diocese that address IPV can limit the church in addressing the role of religion and abuse. For example, the document Preventing Violence Against Women, promulgated by the Anglican Diocese (Bodde, 2013), notes that the limitations of the study were “discussion about the conflicting views of gender-sensitive language for God and consideration of the Christian egalitarian position”. In other words, failure to look at the church itself as one of the contributory factors in IPV.

“Re-write the Story” - Catholic Archdiocese of Brisbane

The Catholic Archdiocese of Brisbane, in connection with local churches, has promoted the “Re-write the Story” website, in part in response to the Queensland Government’s Task Force (2015) report on domestic violence in the state. In conjunction with Centacare, the support services of the Catholic Church, and organisations such as Lifeline, the website offers resources that provide help for those who have suffered all forms of family violence, including IPV, with links to websites, referral to phone counselling and shelters, and articles that discuss signs of abuse.
“Re-write the Story” notes that it aims to follow the Queensland Government TaskForce report, “Not Now Not Ever”, in effecting “cultural and attitudinal change” concerning domestic violence (Centacare, 2016). Objectives include providing education and “engagement” to foster awareness of domestic violence in order to encourage intolerance of such violence, while providing education that develops respectful relationships to prevent violence. The programmes integrate primary, secondary and tertiary factors in addressing and preventing domestic violence. Notable, however, is the lack of specific mention of gendered violence within the objectives of “Re-write the Story”. This is in contrast to the Duluth model from the United States, on domestic violence intervention, that represents the role of gendered power and control in domestic violence (Pence & Paymar, 1986). Such power and control notes the role of male privilege as a strong contributory element in IPV. By failing to identify powerful hierarchies and male privilege within the Catholic Church, the “Re-write the Story” programme, while being a positive response and strategy of the Church to domestic violence, still allows unexamined gendered power structures to be a causal link to intimate partner violence. That this structure affects IPV has been illustrated by researcher Kersti Yllo (2005) who describes the “disproportionate” sense and share of power that men often experience in church settings, with structures that reinforce a patriarchal interplay within leadership further cementing the role of power and gender. Such imbalances in authority and leadership then complement perceptions and practices of inequality that, in turn, can contribute towards both the perpetration and toleration of abuse.

The Joint Churches Domestic Violence Prevention programme

The Joint Churches Domestic Violence programme is the work of an ecumenical committee consisting of five members from four different Christian denominations. As part of their work, originating in Queensland, the Committee has produced a booklet titled “Questions Women Ask About Domestic Violence and Christian Beliefs”. Revised in 2016, the booklet addresses what it terms are abuses of scripture that can promote vulnerability amongst Christian women. This vulnerability reflects what has been called the ‘endurance’ of Christian women concerning IPV; Christian women are more likely to remain in or return to marriages that exhibit IPV because of misuse, by pastors and spouses, of notions of forgiveness,
submission of wives, the authority of the husband and the indissolubility of marriage (Nason-Clark, 2009).

The booklet, while an effective means of addressing causal factors in Christian churches that can lead to domestic violence, has its limitations for, as the Committee itself suggests in its re-writing of the training manual for those running sessions in understanding and reporting on domestic violence within church communities, such programmes, training and materials are not compulsory in all seminaries or theological colleges. This means that some clergy and church workers are not well versed in the link between the abuse of scripture and justification of IPV and control, or the prevalence of this as an issue within their church communities. As a result, women receive ‘mixed messages’ from church leaders; these mixed messages encourage confusion concerning power roles in marriage and scriptural interpretation around concepts of forgiveness and submission. These lead to women remaining in abusive relationships.

**How do we avoid mixed messages? - suggestions for Christian churches in addressing IPV**

How can Christian churches in Australia address the connection between Christian belief and intimate partner violence? Programmes, such as those described earlier, are important in response to IPV and can act as secondary and tertiary interventions. Investigating causal factors in relationships, as suggested by the Joint Churches Committee is also of prime import. This paper suggests, however, that Christian churches must also look at church teaching and practice as possible contributory factors and address these in concrete ways.

The Anglican Diocese of Tasmania, in its “Guidelines for those with pastoral responsibilities” (2006) describes possible activities that can transform, through education, the ways in which church leaders, church workers, and congregations understand gender roles. For example, the document notes that church leaders can “Encourage practices that support non-violence, equality and respect for women and girls” and “in Bible studies look at biblical texts that may in the past have been used to justify abuse” (Anglican Diocese of Tasmania, 2006). The need for positive action to prevent abuse, in addition to responses from churches to abuse, was echoed by the Victorian Government’s Royal Commission into Family
Violence in which it was argued that faith communities should “establish processes” to examine practices and teaching that can “operate as deterrents to the reporting or prevention of... family violence or are used by perpetrators to excuse or condone abusive behaviour” (State of Victoria, 2014-16).

Outlined below are three possible areas that Christian churches can review in their response to IPV, in order to address the practices and teaching described above. These discuss the areas of marriage and gender roles, the language of forgiveness, and accountability.

Marriage and gender roles: While discussion of “gender inequality as a key driver” of IPV, as suggested by the Anglican Diocese of Melbourne (2015), is significant in raising the awareness of the link, such effort needs to move beyond talk and strategy to practical measures. Catherine Marrs Fuchsel’s research (2012) with Catholic women who have suffered domestic violence, for example, noted that participants had limited knowledge and understanding of what a marriage without control or power conflict could look like. This was mirrored in pastors’ responses to IPV that further demonstrated lack of understanding of biblical and church teaching on sacramental marriage with the dignity of women respected in an egalitarian model.

Programmes to educate pastors and church workers, firstly on the biblical basis for an egalitarianism and how this is represented in Christian marriages and secondly, on how secular researchers describe domestic violence with an understanding of gendered violence, would improve the delivery of premarital counselling, preaching, responses to family violence and general community discussion and formation. These programmes should be of a compulsory nature and would follow the current process for child protection and mandatory reporting programmes that are required for clergy and church workers.

Furthermore, as Peter Kreeft (2001) suggests in describing catechetical programmes, the scriptural support for the dignity and equality of women, with an egalitarian approach to roles within marriage, can be promoted in preparations not only for marriage but embedded also in all formation programmes within the church, for example, in communion and catechism classes, in adult bible study groups and liturgical practice especially in Lent and Easter. This encourages the church and congregation to undo teaching that reinforces gender roles that
promote inequality, contributing to domestic violence. Of course, this also requires churches to examine their structures that may act as a contributory factor to power imbalances and the nature of abuse (see discussion below on accountability).

Language and forgiveness: Religious language, in liturgy, preaching and church documents, can play a significant role in reinforcing power and power structures and in describing theological concepts. I have argued elsewhere that such language can be embedded within cultural concepts (Westenberg, 2017) so that the way that concepts of God, forgiveness and justice are described in turn reflects our interpretation of such concepts and then the way they are lived within our relationships:

“If, for example, I attribute violent or demanding power attitudes to God, or see the human-divine relationship as a model of domination and submission, the language used to describe God can perpetuate notions of ‘righteous’ violence, domination, and power structures in my everyday actions or understanding of daily events.”

Christian language that reinforces notions of redemptive suffering, aligning one’s suffering with Christ’s suffering on the cross, or that talks of offering oneself as a willing victim in prayer or liturgy, can disempower women who have suffered IPV. Indeed, many women have been told to forgive their abuser; as retired Anglican Bishop John Harrower has noted (2004), such advice offers forgiveness in isolation as a simplistic tool. It does not address the deep underlying causes of IPV but implies automatic reinstatement (‘I have forgiven him and I stay in the marriage’ despite of, and in the presence of continuing abuse). Such advice can be seen to be akin to many of the churches’ initial response to clerical child abuse - seeing it as a one off moral failure rather than both church and abuser taking responsibility for the action.

When we change the language with which we describe theological concepts of forgiveness, justice, victimhood, and suffering, we change the ways in which such language is interpreted. A re-examination at the language used in Christian churches, noting not only the importance of inclusive language but also looking at how talk of suffering and forgiveness should be tied to hope and justice, can effect cultural change in the church in addressing contributory causal factors of abuse.

Accountability: Accountability here applies to churches’ examination of their structures and hierarchy while also holding clergy and all members of church communities to an “abhorrence of abuse” (Centacare, 2016). This abhorrence extends beyond church teaching
and preaching to practical measures that help those who have suffered IPV and hold accountable those in church communities who have perpetrated IPV (including clergy in their own marriages). Levitt, Swanger and Butler’s research (2008) on Christian men who have perpetrated domestic violence notes the significantly higher attendance in counselling programmes, with retention of attendance and reversal of behaviour, for those men who were recommended to a programme by their church pastors, and when the pastors continued to follow up re programme participation. Such visible accountability to church communities delivers the message that pastoral care is offered to those who have suffered IPV, with reiteration in practice that there is a Scriptural basis for the rejection of abuse and a requirement for consequences, repentance and reversal of behaviour by the abuser.

The church, too, must be accountable for ways in which it may provide an imbalance of power in church structures and communities, thus covertly enabling attitudes that lead to abuse. Indeed, adherence to more traditional practices concerning gender and power within church communities has been shown to reinforce male power and female submission; this relates to the experience of IPV as gendered violence. Given Yllo’s research (2005) on male power and control with its relationship to violence, and the incommensurate share of power given to males in many churches (Anglican Church UK Archbishop’s Council, 2006), accountability in church roles and structures, with a view to gender equity, is one way that Christian churches can address the domestic violence that Catherine Yeoman, CEO of Mission Australia, has described as being “underpinned by gender inequality and entrenched gender roles” (Yeoman, 2017). Indeed, when women are less visible in church hierarchy, there is a risk that women will not receive equal respect in marriages or when seeking assistance from church leaders.

Conclusion

Christian churches in Australia are doing ‘many good things’ in response to awareness of IPV, and in answer to IPV in the church community. While acknowledgement of violence with increasing discussion in parishes and practical measures in programmes are significant responses, as suggested by Adams (2015) there remains the ‘elephant in the room’, that is to say, the failure of many Christian churches to examine their role as causal factors of IPV. In fact, churches must investigate their interpretation of Scripture, their use of religious language
(especially when talking of gender roles, marriage and forgiveness) and consider issues of accountability for church leaders and church hierarchy in order to live and teach a theology that counters and prevents violence against women. In this way, Gospel values of mercy, love and dignity can be embodied in church practice and teaching so that women are visible in church settings, with marital relationships representing an egalitarian model. Furthermore, women empowered through scriptural interpretation and religious language can hold spouses and clergy to accountability in ensuring justice with freedom from abuse, alongside the support of their church and church congregations.

References


Brain trauma induced by verbal abuse:
Implications for child abuse intervention

Ross Blade B.Teach (Dist) (UTS) G.Cert TESOL (Griffith) Advocate
Hornsby Ku-ring-gai Survivors Group Incorporated
West Pymble NSW Australia

ross@hksgroup.org

Paper presented at the
STOP Domestic Violence Conference Australia
3 – 6 December 2017, Melbourne Rydges
Brain trauma induced by verbal abuse: Implications for child abuse intervention

ABSTRACT: Left unchecked parental and sibling verbal abuse during the formative years, distorts a child’s social development and inflicts injuries equivalent to physical and non-familial sexual abuse. Verbal abuse, like physical and sexual abuse alters brain development, and on entering adulthood not all the adverse changes to brain structure can be reversed nor compensated for leaving victims prone to mental illness and under employment. This brief literature review indicates that verbal abuse is an act of violence equivalent in impact to physical and non-familial sexual abuse, and that it can be driven by a common highly inheritable, but treatable mental illness. Four opportunities for change to intervention practice to help improve our response to this devastating form of abuse are identified.

Key words: verbal abuse; child abuse; trauma; mental illness; genetic; intervention

“Sticks and stones will break my bones
but words will never harm me.”

Kendall and Tackett however point out that the truth is very different, “words can hit as hard as a fist” (Kendall-Tackett 2001), and so for many children verbal abuse represents a devastating form of maltreatment. What is not well known to the public, and to many charged with protecting the vulnerable, is that a parent’s verbal blows can cause significant brain trauma in children 18 and under (Vissing, Straus et al. 1991, Teicher 2000, Johnson, Cohen et al. 2001, Teicher, Samson et al. 2006, Cromie 2007, Baker, LaCroix et al. 2009, Choi, Jeong et al. 2009, Reinert and Edwards 2009, Tomoda, Sheu et al. 2011).

The current lack of attention to this invisible and devastating form of child abuse means thousands of children go both unprotected and untreated.

---

The danger of verbal abuse

Acts of parental verbal abuse during the formative years can be associated in early adulthood with symptoms of; depression, anxiety, anger-hostility, dissociation and limbic irritability. Limbic irritability sets the stage for problems later on in life, including mental health issues such as Posttraumatic Stress Disorder (PTSD) (Teicher 2000, Teicher, Samson et al. 2006).
The impact of verbal violence on the health of a child’s rapidly developing brain can be equivalent to witnessing domestic violence or experiencing non-familial sexual abuse (Teicher, Samson et al. 2006).

Verbal abuse studies have found that the hippocampus (memory and other functions) shrank up to 12% (Bremner, Randall et al. 1997) which functionally challenged the prefrontal cortex, interfered with speech and allowed ‘negative emotional responses’, managed by the amygdala (alarm system), to go unregulated (Etkin, Egner et al. 2006).


Previously, there had been a number of studies using Magnetic Resonance Imaging (MRI) that graphically demonstrated changes to the brain in victims of physical and sexual violence with PTSD. More recently MRI was used to measure changes in key regions of the brain in young adults (18–25) who had experienced parental verbal violence as children (Tomoda, Sheu et al. 2011).

Dr Tomada and his team found that changes to the brain, specific to parental verbal violence, can reduce capacity in the region of the brain critical for language. The left temporal lobe structures appear to be particularly susceptible to parental verbal violence. Stunted development of the left hemisphere results in loss of capacity to learn, comprehend and verbally express, which has implications for study and job prospects (Bremner 2006, Etkin, Egner et al. 2006). Verbal expression is also key to accessing resources such as police intervention and medical treatment (Wells 1994, Creese, Martin et al. 2008). Impairment to this area of the brain, left unrecognized and untreated, leaves victims at risk of lifelong mental health issues and under employment.

Like physical and sexual abuse victims, verbal abuse victims also struggle to differentiate aspects of ‘past and present’ life experience so that, at an emotional level, the original traumatic childhood experiences tended to be relived in the present. Many enter adulthood with a biological basis for fear, and despite pretense to the contrary, can be swamped by unmanageable ‘fight or flight’ reactions (Teicher 2000). To cope, these victims try to avoid
situations that can trigger such responses, which often includes family, thereby compounding social isolation.

Given the current lack of understanding about the devastating impact of verbal abuse these victims also experience reduced emotional support as frustrated friends and family tell them to ‘get over it’ (Teicher 2000, Kendall-Tackett 2001). Today more people understand that brain damage due to physical and sexual abuse is not easy to get over - if ever - but very few appreciate that verbal abuse inflicts similar long term injury.

**What is verbal abuse?**

Verbal abuse includes; yelling, lying, name-calling, insulting, swearing, withholding important information, unreasonably ordering around and telling a person she or he is worthless or nothing but trouble (O'Leary and Maiuro 2004, Teicher, Samson et al. 2006, Baker, LaCroix et al. 2009).

Any family member can be verbally abusive, not just parents. Sibling abuse can be both severe and inflict injuries similar to parental abuse (Kendall-Tackett 2001). Kendall observed that abuse by a brother or sister was often brutal and sadistic. Consistent with Kendall’s observation is the following recount of a nightmare as recorded in an email to a parent by an adult survivor of sibling abuse (Blade 2017):

“What was so difficult was the overwhelming, mind numbing and soul wrenching sense of humiliation that came so alive with every word he [sibling] spoke and every look he gave.”

Vissing and Straus report that serious verbal abuse is all too common (Vissing, Straus et al. 1991). So can we identify factors that drive chronic verbal abuse, and if so what interventions might help mitigate this behaviour and the resulting mental injury?

**Could a common but treatable mental illness drive verbal abuse?**

Emotional dysfunction can play a key role in the ‘weaponisation of words’ within families. ADHD for example is characterised by emotional dysfunction (Spencer, Faraone et al. 2011, Biederman, Petty et al. 2012). Whereas some sufferers internalise pain others externalise it in the form of rage (Martel 2009, Shaw, Stringaris et al. 2014). It is also understood that violence associated with severe ADHD is explained by co-existing psychopathology (González, Kallis et al. 2013). For example, the correlation rate for being diagnosed with
ADHD and Oppositional Defiant Disorder (ODD) is between 60% and 80%. This is the most common comorbidity associated with ADHD (Barkley 2010, Goldrich 2012). Opposition Defiant Disorder (ODD) is directly related to emotional dysfunction and is characterised by excessive anger, frustration, arguing and defiance (González, Kallis et al. 2013). Left untreated during childhood around 40% will enter adulthood with the more serious, Conflict Disorder (CD) (Additude 2017).

The point is that CD is characterised by lying, verbal abuse and physical violence (González, Kallis et al. 2013, VictorianGovernment 2017).

Given that ADHD is a severe and heritable illness impacting around 5% of youth a better understanding of what leads to the more severe CD is warranted (Boat 2015). The child’s family life is a significant risk factor in the development of CD. Some of the factors that increase a child’s risk of developing CD include: Aggressive parenting, particularly from the father, domestic violence, and parents with a mental health problems like ADHD or ODD themselves. Factors that can further exacerbate CD include; Gender – boys are twice as likely as girls to have CD; suffering ODD and or suffering ADHD. Untreated, some of the possible consequences in adulthood include; mental health problems such as personality disorders and law-breaking (Additude 2017, VictorianGovernment 2017).

Given that verbal violence does as much damage to a child’s brain as non-familial sexual abuse, it too must receive serious attention, but this is currently not the case (Teicher, Samson et al. 2006, Tomoda, Sheu et al. 2011). For example, the current edition of the NSW Police ‘Code of Practice for the NSW Police Force Response to Domestic and Family Violence’, omits any overt reference to verbal violence:

“Domestic and family violence is a crime that takes many forms including emotional and psychological abuse, intimidation, harassment, stalking, physical and sexual assault, and can include animal abuse targeting pets, and damaging personal or joint property.”

(Police 2013)

In a 2007 interview published by Harvard University, titled ‘Verbal beatings hurt as much as sexual abuse,’ Dr Teicher warns:

“Our findings raise the possibility that exposure to verbal aggression may affect the development of certain vulnerable brain regions in susceptible individuals … possible
consequences could include ‘insecure attachments’ to others, negative feelings about oneself in relation to others, poor social functioning, and lowered self-esteem and coping strategies ... such possibilities are not mutually exclusive.” (Cromie 2007)

Implications for more effective child abuse intervention

Screen for those most likely to suffer long term mental injury from verbal abuse: Dr Bousman, from the University of Melbourne, said, "Our results suggest some people have a genetic make-up that makes them more susceptible to negative environments, but if put in a supportive environment these same people are likely to thrive." (Binder, Bradley et al. 2008, Bousman 2015). Of note, in a healthy environment this group was found to be the ‘happiest’ of all. Dr Bousman points out that, "You can't change your genotype or go back and change your childhood, but you can take steps to modify your current environment" (Bousman 2015). Given the scarcity of resources to intervene in cases of child verbal abuse science based tools can instead help identify those children most likely to suffer long term debilitating injury such as children with; ADHD, ODD and CD. Screening tools for these conditions are readily available today, and can help form the basis for possible further action such as a professional opinion.

Challenge religious practice: Devout Christian parents can and do contradict allegations of abuse made by their children due to shame (Garcia-Moreno 2001, Morgan, Chadwick et al. 2009). Where members of protestant communities are involved, shame can be a powerful force (Bussert 1986, Dickson 2015, Baird 2017). Here,

“Silence within the religious community [protestant] has served to keep the lid on the simmering pain that not only immobilizes victims but encourages the behavior of the perpetrators” (Pagelow and Johnson 1988).

In addition, Christian denominations, such as the Anglican Church, espouse a theology whereby abuse is ‘spiritualised’ rather than reported to the authorities.

In Sydney, as recently as 2015, David Ould, the rector of Glenquarie Anglican Church — also active in the conservative Anglican Church League — asked if it might be "a Godly wise choice" for women to stay with abusive husbands given the Bible teaching in 1 Peter 3, telling wives to submit to their husbands.
While it should be acknowledged that Christian Church leadership is presently re considering its response to domestic violence there should concurrently be broad public discussion on the morality and legality of counselling women to stay with abusers. Not the least because this practice fails to take adequate account of consequences for the long term mental health of children who, as Dr Bousman warns, may have, “a genetic make-up that makes them more susceptible to negative environments”.

**Improve psychotherapy practice:** Dr Tomada points out that psychotherapy most often requires that the victim verbally process the psychologist’s input. This process necessitates that the victim communicate their experiences and emotional states. If speech processing and language comprehension abilities have changed as a result of verbal violence then new and creative approaches to better manage their neurobiological differences are called for.

**Mandatory professional development for doctors:** During childhood victims of abuse typically adopt strategies enabling them to cope (Kendall-Tackett 2001, Practitioners 2014). While these strategies enabled survivors to cope as children they are carried over into adulthood where they can be perceived (erroneously) as being manipulative or attention seeking. The Royal Australian College of General Practitioners (RACGP) 2014 edition 'Abuse and violence: Working with our patients in general practice', alerts doctors to this fact, and advises that they work to gain a survivors trust at which point an appropriate medical response can be delivered (Practitioners 2014). However, there is anecdotal evidence that too few doctors access this resource. Mandatory training in identifying these adult survivors should be considered as part of a doctor’s ongoing professional development.

**Conclusion**

It is imperative to identify those children most vulnerable to verbal violence and to apply remedial assistance during childhood when it’s most effective. Also, when left untreated during childhood sufferers of ODD can progress onto CD as adults, engage in verbal abuse of an intimate partner, and may develop a more serious personality disorder. Finally, given our reliance on the criminal justice system to protect victims, a more sophisticated interdisciplinary approach between police, health workers, Christian churches and those who frame the law is urgently required whereby the associated traumatic outcomes of verbal abuse
are more fully defined in terms of their criminal, mental health and physical health implications (O'Leary and Maiuro 2004).

In the contexts of child abuse the old adage “Sticks and stones will break my bones but words will never harm me,” needs to be put firmly out of our minds.
Bibliography


Broken to Brilliant Stories of Strength and Success

Kate Crowley Smith
Broken to Brilliant™ LTD
PO Box 59
Strathpine Queensland 4500
E: contact@broken2brilliant.com

Paper Presented
at the
STOP Domestic Violence Conference Australia
3 – 6 December 2017, Melbourne Rydges
Broken to Brilliant Stories of Strength and Success

Aim

Publishing the book and establishing the charity, Broken to Brilliant aimed to highlight how women and children successfully rebuilt their lives after domestic violence. A pay it forward model offering survivors a way to give back by mentoring survivors to create positive new pathways.

Method

The book and charity was fueled by a personal drive to make a difference and share an easier way to rebuild life after domestic violence.

In 2014 author recruitment took 2-months and 16 survivors of abuse submitted their stories. Each author was personally supported in writing their story and recommended to seek professional counselling. Writing, editing and layout took seven months, a legal review created a 12-month delay and a total rewrite of the book during 2015.

Results

Authors reported that the legal review and their stories being anonymous felt like the perpetrators still controlled their lives. Though the writing process was beneficial, cathartic and allowed reflection on how far they had come.

The book and charity launched May 2016: 734 books have been sold at face-to-face events, online and through print of demand. The book was awarded the 2017 Bronze Medal for the self-help category in the international eLit Awards for digital publishing.

A Reader’s feedback survey reported 100% found it inspiring and 95% said it was helpful and provided strategies and growth to rebuild life after domestic violence. Positive comments have also been received through social media and on book publishing websites.

Conclusion

Featuring in newspapers, on the radio and Channel 9 news, selling over 734 books, with 140 books given to refuges, and receiving an international award, there has been overwhelming
positive feedback for the Broken to Brilliant book. It has achieved its goal of helping survivors to rebuild life after domestic violence.

**Key words**
Domestic violence survivors, stories, strength, success, recovery, healing,

**Introduction**
Releasing the book “Broken to Brilliant” and establishing charity of the same name was fueled by a personal drive to make a difference and share an easier way to rebuild life after domestic violence. This paper will describe the process of writing the book and feedback from surveys conducted with authors and readers.

**Motivation for writing the book**
While training as a nurse, I recall a tutorial on domestic violence. As we all sat crossed legged on the floor and discussed the case study, my response was – ‘I am too strong for that to happen to me, I would walk out!”. I didn’t walk out. It took me fifteen years before I finally left!

After financial, psychological, sexual, physical and pet abuse, my two children and I ended up in a refuge during the last three months of the year. We did not want to spend Christmas in the refuge, as we were leaving the refuge workers brought in a hamper laundry basket filled to the brim with the grocery items we needed. It was more than a basket of food that fed us. That basket became the symbol of kindness and caring which helped us to move forward.

In the beginning, I was very angry, I felt there was not enough being done to counter the sense of entitlement that emanated from the perpetrator and their families. A few years later, the anger at the injustice was subsiding and my focus shifted to wanting to highlight how women and children successfully rebuilt their lives following domestic violence. This book is a result of taking action and believing there was a reason for living through the abuse.

**Impact of Domestic Violence**
It is estimated that one in four children and young people have witnessed intimate partner violence (Department of Health Services 2010). This exposure increases their risk of mental health, behavioural and learning difficulties in the short term, and of developing mental health problems later in life (Edleson J, 1999). Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain
syndromes, phobias, somatic and medical symptoms. They report poorer physical health overall, are more likely to engage in practices that are harmful to their health and experience difficulties in accessing health services (WHO 2000, pp 75). The long-term impacts of domestic violence include post-traumatic stress disorder, depression, eating disorders, early onset menopause and negative impacts on income, home-ownership and superannuation (Evans L. 2007). Emotions that stem from abuse can persist even after leaving the abuser; these emotions can negatively affect the process of recovery and may include distrust, bitterness, loneliness, anxiety, sadness, fear, shame, and confusion” (Humbert T, Engleman K & Miller C. 2014).

**Gaps in services for survivors**

Personal experience, anecdotal reports from other survivors and the research literature identified that many programs focus on women who are living within, escaping from and are staying safe while breaking free of the cycle of violence, which is needed. Wuest and Merritt-Gray (1999) identified the need for assistance to negotiate resources including financial, legal, child support and more. Evans L (2007) found that survivors identified a lack of services and supports that recognise the long-term effects and impacts of domestic violence overall. Few domestic violence support services are geared to addressing women’s very specific need to develop a new chapter in their life stories (Wozniak D and Allen K. 2011). In 2015, the Queensland, ‘Not Now Not Ever’ report found that “survivors and service providers consistently raised concerns about significant gaps in services across the state and a general lack of a unified or coordinated response”. This report mainly focused on the immediate crisis response and transition from the domestic violence situation. The Victorian Royal Commission into Family Violence 2016, found that the “current responses to family violence do not sufficiently emphasise recovery and restoration and may even impede it. The ultimate objective of the family violence system must be that victims, including children, can recover and thrive at their own pace” (pp 29). Still in 2017, Jones et al report that ‘women’s lives after leaving an abusive relationship have received limited research attention and that it would assist practitioners when working with women who have been abused if more was known about the coping strategies that women adopt in both the shorter and longer term’.

**Pay it forward model**

The gap remains for services that will support the long-term recovery of survivors of domestic violence. There is a need for programs, services and information that help domestic violence survivors beyond the initial getting to safety and breaking free from this cycle of abuse. Research indicated “that most survivors would benefit from negotiating the rebuilding experience in company with other survivors and from having the example of more experienced
survivors before them as an example of what can be achieved over time. This mutual rehabilitation model would give survivors the opportunity to use their experiences in a positive way that, in turn goes some way towards validating their experiences (Evans L 2007, pp 6)”. Murray et al (2015) found that “survivors can play an important role in advocacy efforts to raise awareness about intimate partner violence, support survivor”. A survivor Murray interviewed stated,

“I think survivors are the best resource for other survivors because we know what we wish people would tell us.”

Few services operate using the survivor mentor model. ‘Voicing one’s experience’ (Kosenko, K., & Laboy, J. 2014) and “creative expressions as a self-help tool can facilitate healing from the trauma …of domestic violence” (Méndez-Negrete, J. 2013). Oke in her narrative analysis of women's stories of survival, recovery and remaking of self, following intimate partner violence found that it was particularly empowering and in some cases therapeutic for participants to be asked to tell their stories with a dominant plot of survival and recovery (Oke, M. 2008).

The book Broken to Brilliant features a powerful foreword and introduction and ten stories from courageous women who are mothers, accountants, nurses, managers, models, executive managers and sales trainers. Each at a different stage in re-establishment and recovery, they have banded together to share how they have rebuilt their lives – to ‘pay it forward’.

Aim

The aim of establishing the charity and the publishing the book of the same name Broken to Brilliant™ was to highlight how women and children had successfully rebuilt their lives after domestic violence. The Charity’s goal is to reduce the long-term impact of domestic violence by increasing financial independence, decreasing distress, increasing opportunities through education, life skills training and social support networks and supporting the rebuilding efforts of those who have experienced domestic violence.

The charity and book use a ‘pay it forward’ model offering domestic violence survivors a way to give back by mentoring fellow survivors to create positive new life chapters after domestic violence. The goal was to release the book by International Women’s Day 2015.
**Process of writing the book**

In 2014 author recruitment took 2-months, between March-August 2014. Authors were recruited through serendipitous meetings at events and word of mouth referrals. Originally 16 survivors of abuse applied for their story to be in the book by submitting a 300 word abstract. A total of ten authors completed the writing process, signed an author agreement and completed a statutory declaration. Each author was personally supported in writing their story via face-to-face meetings, telephone and email support. All authors were recommended to seek professional counselling. Writing, editing and layout took seven months, a legal review created a 12-month delay.

The stories did not name any perpetuators, though highlighted the women’s achievements by promoting their business success. The legal review revealed that there are different laws in every state and territory. A total rewrite of the book occurred during 2015 making each story anonymous.

The book structure is based on the story structure from the Dick and Nanton Agency (2013). This structure was adapted so that each chapter consists of two sections telling a small part of the story of abuse and how far the domestic violence survivors had come. The main focus was on how each author rebuilt their lives mentally, physically, emotionally, financially and any other way that helped their recovery, which was summarised into checklist.

**Benefits of Story Telling**

Dodd has found that people suffering the effects of violence often get stuck in the story of the traumatic events (Dodd L, 2017). Likewise Anderson and Colleagues found with stories of child sexual abuse, it was difficult to shift some authors from problem-saturated life stories to focus on what they have achieved, to look at their strengths and how far they had come (Anderson, K. M., & Hiersteiner, C. 2008). Recreating a life story that does not deny the trauma, but the story formation conveys strengths and is solution-based highlighting one’s potential for growth in the face of adversity helps to restore hope for the victim and the readers. This was the approach taken while compiling the stories for the book *Broken to Brilliant breaking free to be you after domestic violence. Stories of strength and success*,

**Outcomes**
The outcomes of the book are considered from four main sources of information 1) the number of books sold, 2) an anonymous online readers survey, 3) an anonymous on-line author’s survey and 4) unsolicited book reviews.
1. **Number of books sold**
The book and charity were launched in May 2016, since then a total of 734 books have been sold. Around 485 books have been sold at face-to-face events, 140 through the give a book campaign for refuges, shelters and transition homes, 48 books online, 61 through print on demand. The book was awarded the 2017 Bronze Medal for the self-help category in the international eLit Awards for digital publishing.

2. **Anonymous online readers survey**
The Readers Review Survey was released after the book was developed and does not connect to the printed or e-versions of the book. Therefore only a small number of readers (3%, n=23) of book purchasers have responded to the feedback survey. The respondents were all female and of these nearly half were domestic violence survivors (48%), 22% were a friend of someone affected by domestic violence, 17% were someone who had not experienced or been associated with domestic violence and 17% were a professional who works with domestic violence victims.

Of the respondents:
- people mainly heard about the book from family and friends (61%), a Health Professional (22%), the book launch (17%), word of mouth (13%), the Broken to Brilliant website (4%) and the radio (4%).
- All (100%) found the book inspiring and helpful, with the majority reporting the book very helpful (87%) or helpful (13%), and it educated about (95%) domestic violence and provided strategies to rebuild lives after domestic violence (74% felt there were a lot of strategies and 26% some strategies).
- Only one person reported no growth after reading the book, while the majority (95%) reported a lot of growth (52%) or a little growth (43%).

Comments from readers in the survey included:
- *Most of the focus is on crisis
- Excellent insight to surviving domestic violence and good tips for hard times in general.
- This book should be made available in schools, education facilities and through government and salvo's type sites
- DV needs more effective PR to "sell" it to then make it everyday language to make change happen. I commend ALL involved in making Broken To Brilliant happen. I will do my best to support it and to ensure that there is a Book on every bed in every Refuge.
- So much focus has been on helping women get out of the situation (which is needed) but this is the first book I have seen that helps you once you are out of the situation and getting back on your feet. Standing on your own two feet and moving forward is the biggest, hardest and scariest part of the journey but so rewarding at the same time. This book gives me hope that I can do it....
- Thanks for the bravery it took to put this together for other women.
- Would like to see speakers share the positive outcomes of their journey outside of the initial story
- Congratulations to the authors for sharing - very validating and practical information for DV
- Gives hope to others experiencing Domestic Violence and the choices they can make to have a new beginning.
• Congratulations and well done.
• It's inspiring and has good solid advice
• Thank you for pulling this amazing timeless project together as such a valuable resource for everyone involved in rebuilding lives after DV”

3. An anonymous on-line author’s survey
At the time of writing the book, the authors reported that the legal review and not being able to share their voice without being anonymous felt like the perpetrators were still in control of their lives and winning. To collate authors feedback on the writing process an anonymous online author survey using the tool Web Survey Creator was created. There were ten authors who submitted and published their anonymous stories in the book Broken to Brilliant, of these all (n=10) responded to the survey. Of the survey respondents:

• Most (90%) heard about the book writing project via a friend and 10% heard about it through word of mouth.

• All (100%) of respondents
  o said writing about the steps they took to rebuild their life was helpful 70% (n=7) and very helpful and 30% (n=3).
  o recommend that domestic violence survivors share their story.
  o would recommend the book Broken to Brilliant to others.

• Most (80%, n=8) of the authors experienced personal growth through the writing process; 70% (n=7) reported a lot of growth and one (10%) a little growth. Two authors (20%) reported no personal growth.

• The majority (90%) of authors reported that the writing process was therapeutic; 80% (n=8) reported it to be very therapeutic, one (10%) therapeutic and one (10%) not at all therapeutic.

• What the authors found difficult about sharing their story included: their embarrassment, being authentic to their story but putting it into eloquent words; the fear that their husband will read it; other’s response and how family members did not want the story written; it unearthed a lot of buried things; putting the story down on paper and realising it was now out for the public to read; missing their daughters; having to edit and revisit the story, once I wrote it, I wanted to stop talking about it again and again, I felt I had resolved the issues and mental block I had been putting on myself and no longer needed to remind myself of it; making it anonymous; the first half of the chapter didn’t take long at all, the second half was hard I had to dig up the old court papers and it got to me and I didn’t want to look at
it; dredging up the pain of the past depressed me. It wasn’t difficult, mostly emotional. Remembering some of the content, however, knowing that it was going to serve others in this situation. Made the process humbling and honourable.

- The authors reported how writing their story was helpful, this included: realising they had gotten out of a domestic violence situation; turning their bad story and experience into good; gave meaning to why they experienced the abuse; released the hurt; set them free; seeing others get help from their story; helped them to focus on the positive, what had been achieved and how strong they really were; the printed words are a keep sake, ensures my experience is not forgotten, will help adult kids to understand, their story can be left in the book and start the next chapter of their life without abuse; recognise what they went through and the actual steps taken, showed me my life was of value and had a purpose to serve others; one did not think it had helped them. Author’s quote:

“Amazingly I no longer feel like that was my life and that I am so far removed from it now. Putting pen to paper released all that hurt and connection to my past and set me free”

“It allowed me to take a step back and actually recognize the things I got through and what steps I actually took. To see the beauty and the power of my strengths vs the weakness and brokenness. It showed me that there was value to my life and my story and that I can turn my pain into purpose to help serve others”.

- From the domestic violence survivors opinion the services and programs that would be most beneficial include; building awareness as key; the rebuilding journey is personal; need people to listen; a long term program for survivors and children; long-term recovery exactly what Broken to Brilliant is doing; return to work program; exercise program; specialist personal coaches; domestic violence support group; a community of empowering women, supporting and teaching new skills learning how to be free; education in school that abuse is unacceptable; a way to teach women they deserve respect- what is okay and not okay; speaking honestly, openly and courageously about domestic violence.

- A common statement made by authors when discussing their story being in the book was, ‘my story is not good enough, I am not brilliant enough to be in a book titled ‘Broken to Brilliant’. The survey results show that before sharing their story for the book the majority of survivors 80% (n=8) did not think their story was worthy (n=4) or was only a little worthy (n=4) of being in the book and two survivors (20%) thought their story was very worthy. After sharing their story in the book 90% (n=9) thought their story was worthy of being in the book Broken to Brilliant, more than half (60%, n=6) considered their story very worthy and 30% (n=3) a little worthy and one (10%) not at all worthy (see table 1).
• The reasons why the authors thought their story was not worthy of being included in the book were because of shame - ‘I’m one of those women’; story not bad enough; no one will listen; no one believed me; my solution was faith and would not be accepted; there is a conspiracy of silence around psychological abuse and mental health; I felt guilty, I deserved it because I was drunk; did not think my case was really domestic violence; it was a long time ago and others have been through so much worse.

• The reasons why authors considered their story worthy included: the life lessons are to learn from and that if I could learn from it then hopefully someone else could; women need self-help education and general education; had received positive feedback from speaking publicly about their story that it was inspiring and educational. To offer the vision of living live fully and openly, a life that fuels the soul. One author’s quote:

“If I can make it through apathy and suicidal thoughts and come to this place now, that it is possible for them too”.

After sharing their story there was an overall 30% improvement in author’s belief that their story was worthy of being shared in the book Broken to Brilliant (see table 1). The process of writing the stories was reported as being cathartic, providing a release and allowed the authors to reflect on how far they had come. Something many of the authors had not done.

**Table 1: Authors belief of the worthiness of their story**

<table>
<thead>
<tr>
<th>Percent of authors who believe that their story is worthy of being in the book Broken to Brilliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total believe Worthy</td>
</tr>
<tr>
<td>After sharing story in the book</td>
</tr>
</tbody>
</table>

4. **Book reviews**

In addition to the anonymous structured survey, readers have provided book reviews via book publishing sites such as Amazon and Good Reads, via Facebook posts, private text messages and email.
“I have just finished the Broken to Brilliant book and was blown away with the empowering stories of success and determination by all these women. As a child I was sexually abused ... So from one woman who has suffered from abuse, I urge you to read the book and embrace your journey from Broken to Brilliant. We all need to find our own journey and enjoy life.

I love the book and more importantly the stories of the women. Well done!”

“I also have just finished reading broken to brilliant. What a fantastic book I love the tips at the end of each chapter. It is incredible what people endure in their lives and yet turn up to work and no one know what they deal with when they go back home. Well done to all the authors.

“You may be in a Domestic Violent relationship without even knowing it and this book helps you identify the signs and how to rebuild your life and move on”

"Thank you so much for sharing your book and efforts to help women. Your boldness has encouraged me to make the next step and start developing a poetry publication of my experiences of domestic and family violence".

“Every now and again you come across a book you just can't put down. Broken to Brilliant is one such book. Each time I think I will read just one chapter I end up reading 2 or 3. It's a powerful book with many inspiring stories and full of very useful content. I am in awe of the ladies for their courage to share their stories and educating me about early warning signs. This is a must read, especially for young women around the world who are entering into the complex world of love relationships”.

“Just read the book and really enjoyed it....should open a lot of eyes! I learned that there are so many ways for women to be abused and broken in their lives....it can start as young girls with the people who are supposed to love them and raise them, but fail to do this. It can be through boyfriends and husbands that seem to be their hero and saviour, but the relationship is false and deteriorates as his true colours come forth. It’s really important for a woman to be strong and take care of herself...being able to earn money is more important than I ever realized! This book is a wakeup call for sure!”

“Good Reads

"I found this book very brave; it is a collection of real stories by real women on their experiences with violence and how they have coped. As a reader you may not agree with each person’s way of dealing with things, but their story will still touch your heart. I found this book very empowering and think every woman in Australia should read so that they have knowledge of what a bad relationship and/or situation looks like and where they can get help”.

Amazon

"Amazing, heartbreaking, incredible real life journeys of women sharing their stories of strength and courage from adversity to success”.

“This book is truly amazing, real stories of real life situations make it easy for the readers to identify with these life altering situations and in some cases even find their strength to become the victor and moving forward from being the victim”.

Text Message

“I received your book yesterday and have read it. How inspiring it was a "brilliant" read ... Here’s to the journey. Many thanks for your book and shared stories what a gift of knowledge. I can't thank you enough I just couldn’t put the book down it was fantastic stringing together different abuse stories in
how we dismiss and overlook things. To sharing kindness through challenging times. A million many thanks this book will help many. Xx"

Conclusion

Broken to Brilliant charity and book was launched May 2016. The book is a compilation of survivor self-help stories and is an example of how the charity has translated research recommendations into real life assistance for survivors. The rebuilding steps in each chapter of this book provides clear examples and actions to take to rebuild one’s life. The ‘Pay it Forward’ model the charity is using provides ‘mutual rehabilitation’ by providing survivors with the opportunity to use their experiences in a positive way that in turn goes some way towards validating their experiences and supports the healing (Evans L 2017).

Since the launch, the book has been featured in newspapers, on the radio and Channel 9 news. Over 734 books have been sold, with 140 books given to refuges through the ‘Giveabook campaign’. The book has received an international award in the self-help category. Readers have provided overwhelmingly positive feedback that the book is helpful and inspiring. The majority of the authors reported that writing about the steps they took to rebuild their life was helpful, therapeutic, provided personal growth and after sharing their story there was an overall 30% improvement in author’s belief that their story was worthy of being shared in the book. Our stories of Broken to Brilliant breaking free to be you after domestic violence with a focus on strength and success are giving domestic violence survivors hope and inspiration that their story is or worth and they can rebuild their lives after domestic violence.
References

Australian Bureau Statistics (ABS). 2012. 4906.0 - Personal Safety, Australia, 2012 LATEST ISSUE Released at 11:30 AM (CANBERRA TIME)


Evans L 2007 Battle-scars: Long-term effects of prior domestic violence Centre for Women’s Studies and Gender Research, Monash University

Evans L. 2007. Battle-scars: Long-term effects of prior domestic violence Centre for Women’s Studies and Gender Research, Monash University

Humbert T , Engleman K & Miller C. 2014. Exploring Women's Expectations of Recovery From Intimate Partner Violence: A Phenomenological Study, Occupational Therapy in Mental Health, 30:4, 358-380, DOI: 10.1080/0164212X.2014.970062 To link to this article: http://dx.doi.org/10.1080/0164212X.2014.970062


Jones, A and Vetere A. 2017. ‘You just deal with it. You have to when you’ve got a child’: A narrative analysis of mothers’ accounts of how they coped, both during an abusive relationship and after leaving. Clinical Child Psychology and Psychiatry 2017, Vol. 22(1) 74 –89


