The Australian STOP DOMESTIC VIOLENCE 2015 Conference

Connecting the Dots...

Canberra Rex Hotel ACT
7 - 9 December 2015
The 3G Safety Watch is a dedicated personal emergency alarm for survivors of domestic violence.

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1000 watches in support of our campaign against domestic violence

Dawn Fraser and 3G Safety Watch are pleased to announce that in support of preventing domestic violence we are contributing 1000 3G Safety Watches every year in Australia. If you or someone you know are a survivor of domestic violence please visit www.thesafetywatch.com to apply.
Concurrent Session

Book of Abstracts
Preparing midwives for routine antenatal domestic violence enquiry: Effects of a training and peer mentoring program

**Aim:** This paper reports on the outcomes of a pre-post intervention study that aimed to improve midwives' knowledge, attitudes and preparation for routine antenatal DV enquiry.

**Methods:** A full day workshop was offered to midwives (n= 75) currently working in antenatal clinics, and midwifery group practices across 3 maternity services. In addition to workshop activities, participants received a resource manual and were supported by a 'local midwifery champion' who provided peer-mentorship in the workplace for 6 months.

Participants provided personal and professional details as well as information on previous DV education/training, perceived barriers to routine enquiry in the workplace, and scales related to preparedness, attitudes and knowledge about DV. Participants completed the scales at 3 time points (pre and post-workshop and at 6 month follow-up).

**Results:** This program of work is currently underway. Preliminary data analysis revealed that around 50% of participants had limited prior DV education/training. Significant changes were achieved in participants' knowledge about DV (t= -4.35, p < .001) and preparedness for practice (t = -7.09, p > .001). Satisfaction with the training was consistently high.

This paper will describe workshop content and processes, present baseline characteristics and data, and report on changes after the workshops. This program of work is innovative due to the engagement with community agencies in the training and practice of midwives, the use of standardised measures to monitor change, and offering peer mentorship to provide on-going support and foster best practice.
Ms Chris Blatch  
Forensic Psychologist  
Snr Co-ordinator Policy and Projects  
Business Process Support Unit  
Corrective Services NSW

Evaluation of an Australian Domestic Abuse Program for offending males

**Purpose:** To determine recidivism outcomes for 953 offending men with domestic violence histories, serving community-based sentences and enrolled in the Domestic Abuse Program (DAP), provided by Corrective Services New South Wales in Australia.

**Design Methodology:** An intention to treat definition of DAP participation and a quasi-experimental and pseudo-prospective research design compared recidivism outcomes of the treatment group to a propensity score matched control group. Cox and Poisson regression techniques determined survival time to first reconviction and rates of reconvictions adjusted for time at risk.

**Findings:** DAP enrolment was associated with significant improvements in odds of time to first general reconviction (15%) and first violent reconviction (by 27%) compared to controls. Reconviction rates were significantly lower (by 15%) for DAP enrolees. Program completion was necessary for significant therapeutic effect; 62% completed the program.

Practical and social Implications: This evaluation suggests the 20 session DAP is an effective intervention which could be adopted by other jurisdictions to modify criminal behaviours of domestically abusive men; potentially lessening the physical, emotional and financial impacts on victims and providing savings to government and criminal justice systems. The methodology, with refinements, could be adopted by other service providers to evaluate similar community-based therapeutic interventions in forensic settings.

**Originality:** First peer reviewed evaluation of the DAP. The program contributes to evidence based best practice interventions for domestically violent men.
Domestic violence, childhood trauma and mental illness in our communities

Aims: Childhood matters for the mental health of all people. We need to promote the wellbeing and mental health of the Australian community, beginning with a healthy start to life. Further, we need to build workforce and research capacity to support this healthy start to life. Domestic violence in our community poses a serious threat to the emotional, psychological and physical wellbeing of children. The Commission has expressed its serious concern about the impact of childhood trauma and maltreatment on children, families and society overall.

Contents: Our work has identified that many people with mental ill-health face compounding disadvantage - people who have a lived experience of childhood trauma is a significant at-risk group. We found high levels of unmet mental health need in people who had experienced childhood trauma which requires immediate attention. However there is no agreed national approach to mental health service delivery for people who have, or children who are, experiencing childhood trauma. It is well established and accepted that investment in the early years of childhood has long term benefits for the individual, their family and the community as a whole. If left untreated, mental health problems in childhood have the potential to set the scene for a lifetime of difficulty.

Building resilience and targeted interventions for families with children involves the design and creation of a system-wide framework involving all sectors including health, education, community organisations and the private sector. This person-centred approach to mental health care is central to proposed reform in the Commission’s National Review of Mental Health Programmes and Services which recommends the development of integrated care pathways to improve outcomes for people experiencing mental ill health and their families.

Conclusions: A system-wide framework is needed to meet the needs of children and adults who have experience of domestic violence and the often long term effects of exposure to childhood trauma. The Commission has recommended further analysis of the costs to society of childhood trauma and abuse, of the best ways to prevent abuse, and support for those living with the impact of childhood trauma.
Gunbalanya Safe House project: Supporting local women to run local services

The 2012 Gunbalanya Safe House project, delivered by Rape & Domestic Violence Service Australia, enabled the transformation of a vital local service within Gunbalanya Aboriginal Community in Northern Territory. Located in a remote area, the Safe House represented the only safety net for local victims of domestic and family violence. It was managed remotely by an organisation based in Katherine that became increasingly concerned that its local Aboriginal workers did not have the capacity to deliver the service having no access to a supervisor during the wet season.

The aim of the project was to build workers skills and knowledge through the development and delivery of an effective Orientation and Mentoring Program. Informed by a workers' skills audit, review of best practice and learning from the local community, the Program was implemented through practice based learning, addressing four core competencies: Effective case management, use of technology, management of vicarious trauma and operation within an organisational context.

Operating in a remote area, the project had to be innovative in its delivery: Mentors used tools such a video journaling to collect data and overcame learning challenges such as a lack of numeracy skills in staff. Quantitative and qualitative evaluation showed that the project was a success, with all workers demonstrating improvements in their work related skills. The key achievement being that workers were able to operate the Safe House without a supervisor for the ensuing wet season. 'The project made a difference to the local community' (Feedback from local Police). This presentation will outline the journey of this project: its development, challenges in implementation, and key elements of success.
A critical Analysis of all Domestic Violence Context Intimate Partner Homicides in NSW (2008-2012: Issues and Learnings from the NSW Domestic Violence Death Review Team

The NSW Domestic Violence Death Review Team was established in 2010 as an interdisciplinary and independent statutory research body under the Coroners Act 2009 (NSW). It was established with the mandate to review all closed cases of domestic violence related homicide, using learnings derived to improve practices and processes in relation to domestic violence. The Team comprises 16 government and non-government representatives and is supported by a Secretariat of 2 research and policy officers. The review comprises both a qualitative and quantitative research function and reports annually to NSW Parliament.

To date the review has examined every closed case of homicide in NSW since July 2000 and has developed comparative datasets of domestic violence and non-domestic violence homicides with a view to examining trends and patterns. The broader dataset captures basic demographic and homicide information for each case. In addition to this, the review has conducted extensive qualitative reviews of all closed domestic violence homicides from 2008, including intimate partner homicides.

This presentation will provide a critical analysis of all intimate partner homicides that occurred in a domestic violence context in NSW between 30 March 2008 and 1 July 2012. Each case involved a female domestic violence victim and a male domestic violence abuser and the dataset includes female victims who were killed by a domestic violence abuser (78%) and male abusers who were killed by a female victim (22%). The presentation will provide extensive demographic data, case and relationship characteristics, histories of domestic violence, concurrence of alcohol and drug abuse, mental health and histories of AVOs. The presentation will also examine some selected case reviews.

It is the perspective of the review that information derived from comprehensive review processes can assist policymakers, researchers and stakeholders to develop informed practice and responses to domestic violence.
Filicide is "the killing of a child by a parent or guardian or equivalent" (Brown and Tyson 2014). From the body of international research presented at the Monash University 'Towards Preventing Filicide' conference in Prato Italy (June 2015) emerged a common cluster of indicators of compounding risks preceding a filicide: risks which include mental illness, relationship stress, drug and alcohol abuse as well as family violence.

It is proposed that greater sensitivity to the presence of co-occurring and compounding factors is essential if we are to strengthen our early intervention responses and connect up all the dots which can help us translate knowledge into action to stop violence: action which needs to be at the broad community, and service system levels, to motivate everyone's responsibility and effort to protect all victims of family violence, including children.

#KnowAskDo proposes an approach which translates findings from research (Brown et al 2014) and consultation with experienced practitioners (Cavanagh and McCoy 2015) through the lens of systems thinking and complexity theory to evolve a strategy for action. We propose the internet is used to engage the wider community and motivate a new 'meme' (idea spread virally), integrated with screening and referral protocols for health, psychiatric and family service providers for identification and response.

Preventing filicide requires understanding about risks for children in the context of acrimonious parental separation and relationship breakdowns. It is proposed that the community generally has a benign view of separation as an adult event unrelated to risk and harm to women and children. Yet we know attempting to leave is a time of increased risk for women where family violence is already present, and that the separation can in fact lead to the onset of violence, particular when mental illness and other stressors compound, and no support system is in place to mitigate the individual's extreme distress.

Case studies of filicide, reveal patterns of missed opportunities for responding to warning signs which, when understood in the context of multiple stressors, are seen as indicators of risk for harm, and potentially fatal harm. There are research facts to know, questions to ask, and actions we can take to stop violence and filicide. We must all #KnowAskDo.
Programs get Defunded - Practice Doesn’t

Government business models and political imperatives often drive the focus and work of the agencies working in the human services field. Prescriptive expectations of not for profits to be efficient as well as effective in meeting these imperatives is a growing concern, challenging organisations in how they will continue to deliver their mission and the specialised work.

In 2015 we see increasing levels of lethality in Domestic and Family Violence situations, shifts in the levels of dangerousness of perpetrators of violence and abuse and the changing circumstances surrounding this potential lethality. We now have a national average of two women being murdered because of domestic and family violence each week.

For feminist specialist domestic and family violence services, to be able to assess and manage the risk safety of women victims and to support the holding to account those who use violence against their partners, ex partners and family, presents a range of challenges trying to meet government business models and political imperatives.

The conference paper/presentation being offered for consideration will talk about how Programs get defunded but Practice Doesn’t. The development of practice through innovation, partnership, evidence and research has become the DNA of the Domestic Violence Prevention Centre Gold Coast (DVPCGC) and the Gold Coast DV Integrated Response (GCDVIR) for the last two decades.

The paper/presentation will discuss DVPC/GCDVIR specialist DFV responses, some of which are happening nowhere else in the world. The paper/presentation will discuss the systematic assessment/management and monitoring of risk and safety which weaves a thread through the work with women victims and their children and the mandated group work and risk management (in partnership with Qld Corrective Services Probation and Parole) with men who use violence abuse and coercive control in their relationships.
The work with male offenders often asks the question 'why would a women's service work with men, and more significantly how has this work with male offenders informed and impacted the development of the work with women victims.

The rising risk of lethality in intimate partner and family relationships requires the ongoing development of gendered focused specialist responses, that send consistent messages of help to women victims and messages of accountability to men who choose to use violence in their relationships.

Innovation and ongoing practice development in partnership with systems agencies must become the imperative of our sector. How can we develop and maintain this practice whilst working within highly prescriptive service agreements and performance measures?

This work requires courage and clear understanding of the WHY in our work rather than focussing on the What and How. The WHY provides us with a True North that no matter what changes even if programs get defunded ' the practice becomes embedded and continuously developed, not only in specialist DFV services also in systems agency partners.
Ms Tori Cooke  
Family and Domestic Violence Consultant  
AnglicareWA

**Acting to Interrupt Violence and Abuse (AIVA)**

The AIVA model is an innovative invitation for the statutory service system to act as an interrupter in the management of perpetrators who enter the system at multiple points of entry. It is an innovative framework that advocates for the service system to use timely responses to those using abuse and violence from the vantage point of 'early interruption' as a harm reduction strategy. Concurrently the AIVA framework provides strategies of empowerment for women affected by family and domestic violence who struggle with decision making about their situation.

Perpetrators entering statutory services (policing, justice and child protection) provide the service system with an opportunity to engage with abusive men early. This workshop will provide a framework giving pragmatic strategies that can be implemented across the service system using prevention techniques and promoting perpetrator accountability. The purpose of AIVA is to act early, prevent future harm and activate victim resistance.

The primary purpose of AIVA is to ensure the safety and wellbeing of adult victims and children as a priority. This framework provides men using abuse with early opportunities to develop accountable actions, be invited into voluntary groups and individual supports and be provided with non-legal information about protection orders and protective bail conditions in a framework of accountability.

It provides the invitation for learning more about what is available in developing 'circuit breaking' strategies for stopping violence and abuse. The framework also offers women affected by violence and abuse with information that specifically identifies their partner's unique pattern of abuse and capacity for behaviour change. This empowers women to make decisions about what is occurring according to their lived experience. Underpinning the framework is interagency collaboration and strengthening the relationships between statutory and non-statutory services that provide specialist risk assessment, referral pathways and assistance to support children.
Ms Caroline Counsel
Family Violence Portfolio Family Law Section
Law Institute of Victoria

COLLABORATION: THE VICTORIAN EXPERIENCE - CREATING A TASKFORCE

Explore ways in which professionals in the Family Violence Sector can connect the dots

- History of how the Victorian Family Violence Taskforce was formed
- Who constitutes the Taskforce?
- What work has been undertaken by the Taskforce?
- The role of government in Victoria and Family Violence
- The impact the Royal Commission has had on the Taskforce
- How to create a connected community and opportunity for sharing information
- The role in education of professions and specialisation family violence
- Unique challenges of working with lawyers in family violence sector and
- The ethical and professional constraints on lawyers/duties and obligations
Domestic Violence screening in Australian public hospital emergency departments: Extent, models and impacts

This research explores routine screening for domestic violence in emergency departments (ED’s) in Australian Public Hospitals amongst presentations of female patients; the extent, the ways in which this is done, reasons why it may not be considered, and survivors attitudes to such screening.

The current literature demonstrates that women living in abusive relationships present to public hospital ED’s for assistance more than women in the general population. The majority of health professionals do not understand the wide-ranging health effects of an abusive relationship on the health of a woman, are not able to identify the majority of survivors upon presentation to an ED, and/or are not comfortable in raising the issue of abuse unless they are further educated on the topic, supported by their department and have access to a clearly understood referral pathway for these women.

Most evaluation on screening tools for identification of abusive relationships is based on the premise that success means a woman leaving that relationship. This research explores other outcomes of routine screening and the vital role that validation from a health professional plays in a woman's journey in dealing with an abusive partner.

This research is a work in progress, and employs several quantitative and qualitative methods, including an in-depth literature review on the practice in ED’s of public hospitals within Australia and internationally; distribution of an on-line survey to ED social workers within Australia; in-depth interviews with self-selected social workers who participated in the online survey; interviews with representatives of four peak organisations; and focus groups with participants of two Victorian domestic violence support groups.
Ms Frances Crimmins  
Executive Director  
YWCA Canberra

The role of best-practice primary prevention in ending domestic violence

YWCA Canberra is committed to ending violence against women, and believes that primary prevention is key to achieving this goal. We have two best-practice primary prevention programs aimed at different age-groups:

**Respect, Communicate, Choose**: Respect, Communicate, Choose (RCC) is an award-winning, evidence based respectful relationships program that is aligned with best practice for primary prevention programs and has been designed to align with the National Curriculum. The program covers topics including respect, communication, diversity, gender equality and how to be an active bystander. RCC has been delivered to 900 students in Canberra and Adelaide, and has been externally evaluated by the University of Queensland.

**Relationship Things**: Relationship Things builds on RCC, and is a respectful relationships program aimed at young people aged 14-18. Also aligned with best practice for primary prevention, Relationship Things is delivered over eight weeks, with one session per week, and covers topics including respect, relationships, communication, diversity, gender equality, respect in an online environment, safe sex and consent.

Relationship Things was updated in 2014, and includes a comprehensive training program for teachers and facilitators. The program is packaged and available for purchase to schools.

In this oral presentation, Frances will discuss the importance of implementing primary prevention programs into schools, and the necessary components for primary prevention programs to be effective.

This presentation would be suited to an audience of industry professionals, educators, frontline service providers and policy makers.

The session will include 15 minutes of presentation followed by a 15 minute Q&A. At the end, attendees will have a stronger understanding of the impact of primary prevention on ending domestic violence, and a holistic overview of the necessary format and content for a primary prevention program to be effective.
Domestic Violence and Disabled People

Background

Domestic Violence conjures up images that shocks the general community and terrifies those involved. The harm and trauma to women and children, plus the struggle to get out of abusive situations given the limited community resources available, compounds the issue for the victims.

It is hard to imagine it getting any worse. Unfortunately it does for people with a disability. From the limited research available, well over 70% of disabled people subject to domestic violence. Of these, nearly 50% stated that they had lost count of the amount of times it has occurred and most do not report abuse believing it is futile to do so.

Structure of Presentation

The structure would be a presentation highlighting complexities of being a victim and having a disability including:

- Statistics
- Accommodation group homes, institutions and supported living
- Symptomatology of abuse overlooked by professionals
- Parenting
- Lack of known support mechanisms
- Additional power imbalances and fear
- Prosecution Difficulties
- Reporting futility
Who should attend?
People directly or indirectly involved with domestic violence, media, politicians, advocates, counsellors and disability sector leaders.

Intended Outcomes

The intended outcome, to provide awareness around the topic of domestic violence and disability. It will advocate for change by highlighting the added disadvantage of people with disabilities not always being considered primary in decisions that affect their lives.

It is hoped that an outcome will be that people with a disability will be recognised and be a part of the main solution, rather than being on the sidelines and that community services structures can rise to the challenge of directing change to meet these basic, and drastically required measures to identify abuse, prevent recurrence, to educate in more appropriate interactions, and empower those harmed to speak out and to heal.
Innovative approaches to solving women’s homelessness and domestic violence in partnership with communities

Engaging communities in responding to domestic violence and women’s homelessness - can it be done? In my experience, the answer is a resounding yes.

Women’s Community Shelters was established in 2011 to work with communities to start new shelters in NSW, where fewer than one in two women who ask for a crisis bed can get one. And those are just the women who find out they can ring a hotline for safe accommodation. With such a great need, and with increasing government rhetoric around a lack of funding for social services, how can we maximise opportunities to provide extra support for women leaving domestic violence and give them a safe place to stay?

Our shelters operate on a unique, collaborative funding model in which government, business, philanthropy and community all contribute to the start up and ongoing operating costs of our shelters. We have two shelters in Manly and Hornsby Kuringgai, with a further two opening in the Hills District of Sydney and in the Great Lakes by the end of this year, each providing support and accommodation to around 50 women per annum.

WCS supports communities that want to set-up shelters by providing capacity building support, project management advice, connections to local service clubs and media. We also provide intellectual property, including policies and procedures, hiring advice, and a bespoke IT system for case management.

Beyond the establishment of shelters, WCS has been able to take communities on a journey to the heart of the issues concerning women experiencing domestic violence. We have encouraged community conversations through presentations at local schools and service clubs, conducted community forums, educated the myriad of volunteers and supporters involved in the shelter and removed the shame for local women to tell their stories. Domestic violence happens everywhere, including the ‘comfortable’ areas where our shelters are located. This model of establishing new services is providing a powerful method of community engagement in addition to the crisis accommodation we are adding to the overstretched sector.
Ms Geraldine Doney
Centre for Refugee Research, University of New South Wales

Multiple layers of punishment – Family and domestic violence in resettled refugee communities

This paper will discuss domestic violence in resettled refugee communities in Australia. It draws on more than a decade of research undertaken by the authors across 18 international sites and in Australia, including a current Australian Research Council linkage project exploring how resettled communities understand and adapt to changed human rights and law in settlement.

Many of the fundamental causes of domestic violence in refugee communities in Australia are shared with the wider community. The gendered nature of domestic violence is rooted in systems of patriarchal power relations that transcend culture, nationality and religion. Similarly, many of the challenges of preventing, identifying and responding to domestic violence in refugee communities are also present in the wider community and in other CALD communities.

Yet, the impacts of the ‘refugee journey’ and the particular context of settlement as a refugee in Australia, contribute a number of unique characteristics and challenges of domestic violence in resettled communities. Refugee families are simultaneously struggling with the complex challenges of settlement in a new and often very different environment and culture, while also dealing with the sequelae of having survived torture, sexual and other violence, and prolonged deprivation of basic needs and rights. For many from protracted refugee situations, their cultural heritage is also complicated by an overlay of ‘refugee culture’. This refugee culture is often fiercely protective of family and community norms, in order to protect some vestige of traditional life.

These factors result in some particular complexities of domestic violence in refugee families, including the damaging influence of silencing and shame, the impact of the ‘felt’ emasculation of refugee men, and a fractured sense of identity and culture.

Thus, to work effectively with refugee families experiencing domestic violence, we have to understand the impact of the refugee experience on individuals, families and communities. We are not only dealing with the present, but also with the past. We are dealing not only with a challenging present but, for many families, with an uncertain future as they struggle to regain their equilibrium, status and social capital in a difficult and sometimes hostile environment.
Free Women from the “Grooming” of Domestic Violence – a Guide for Clinicians

Background: Although program and interagency services are providing high level support to women living with domestic violence (DV), many clinicians are hesitant to work therapeutically with this population. If DV is not an area that they frequently work with, clinicians can easily feel out of their depth or overwhelmed by the presenting issues. However, women surviving DV need more access to opportunities for real change and growth and clinicians therefore must enhance their skills and confidence to meet this need.

Therapeutic interventions have to become more specialised and target the uniqueness of the DV experience regardless of the clinician's preferred framework—similar to interventions that have long been utilised for survivors of childhood sexual abuse.

Aim: To enhance clinician's skills and confidence in providing effective therapeutic interventions with women living with DV.

Content: This presentation will identify the components of effective therapy with women living with DV, in particular: the critical nature of the therapeutic alliance; creating real client goals not influenced by clinical judgement; in depth psychoeducation with an emphasis on unravelling the 'grooming' process; re-attributing blame and renewing self-reliance; and accepting and addressing co-occurring loss and grief.

Outcomes: At the end of this workshop, participants will be able to identify the key components of effective therapy with women living in DV, and understand the nature of the therapeutic context that is required to facilitate change for this population.
Ms Emma Partridge
Coordinator
National Framework and Engagement
Our Watch

The new National Framework to Prevent Violence Against Women and their Children

No country in the world has a national, evidence-based road map to prevent violence against women and their children before it starts. Supporting the National Plan to Reduce Violence against Women and their Children 2010-2022, Our Watch has partnered with Australia’s National Research Organisation for Women’s Safety (ANROWS) and the Victorian Health Promotion Foundation (VicHealth) and to create one. The Framework is due for launch in November 2015.

The social transformation required to prevent violence against women and their children requires a sustained effort across all levels of society. The National Framework to Prevent Violence against Women and their Children provides the guidance and support to make this happen. It brings together the international research, and nationwide experience, on what works to prevent violence. It aims to establish a shared understanding of the evidence and principles of effective prevention, and present a way forward for a coordinated national approach to prevention across jurisdictions and sectors.

The Framework was developed through comprehensive stakeholder consultations undertaken around the country between February and April 2015. This presentation will be the first time the newly-released Framework is presented in public, and provide an opportunity for participants to familiarise themselves with its elements and how to use it.
Family Violence & Women with Mental Illness ' Everybody's or Nobody's Business?

Family violence impacts on women’s and children’s mental health and wellbeing. Women with mental illness are at significant higher risk of experiencing family violence. Family violence can exacerbate mental health problems.

Although over recent years efforts have been made to integrate policy, systems and services so that responses to family violence are improved, women with mental illness remain frequently disadvantaged.

Local, statewide and national initiatives continue to discriminate against women with mental illness by leaving them out, subsuming them into the 'disability' category or putting them into the 'too hard basket'.

What really lies behind the fact that women with a mental illness are excluded from family violence services? And what really lies behind the fact that mental health services fail to address family violence? What do we say to the woman who will not be accepted into refuge because she does not have her psychiatric medication with her? Who supports the woman who is told the violence is a delusion and part of her mental illness?

This presentation will demonstrate that Trauma Informed Care and Practice can be the lens that connects the dots, so that the service system wraps itself around women and children.
Family Dispute Resolution where there is a History of Domestic and Family Violence - The Need for a Federal Service Provision Policy Focussed on Safety

This paper discusses the Coordinated Family Dispute Resolution (family mediation) process piloted in Australia in 2010-12. The model was evaluated by the Australian Institute of Family Studies as being 'at the cutting edge of family law practice' because its conscious application of mediation where there has been a history of family violence, in a clinically collaborative multidisciplinary and multi-agency setting.

The dispute system design of the model was focussed on the safety of victims of domestic violence and the children at all stages of the process. This paper argues that the Australian government's failure to invest resources in the ongoing funding of this model jeopardises the safety and efficacy of family dispute resolution practice in family violence contexts, and compromises the hearing of the voices of family violence victims and their children.
Healthy Relationships for African Families (HRAF) ’ Community-driven and Community supported response to Domestic Violence in Eight African Refugee Background Communities in Perth.

African refugee background communities in Perth have had long-term concerns about domestic violence (DV) in their communities and a strong desire to address it which culminated in research being undertaken and completed in 2009. Healthy Relationships for African Families (HRAF) grew out of the findings and community deliberations following that original research and the subsequent undertaking and evaluation of a pilot intervention project. HRAF comprised of one 2 year and one 2 ½ year community-driven projects funded respectively by (then) DIAC and (then) FACSIA. The aim of HRAF, which was based on a UN agency model utilized for HIV projects in Ethiopia, was to provide information and build capacity to enable community leaders and educators to provide an informed initial response to DV in their communities.

The presentation will provide an overview of the model utilized for the projects and the main findings of their evaluation completed in January 2015. Specifically we will provide information on the appropriateness of the model in an urban Australian context; implementation challenges including ensuring consistency of message; the impact of the projects (positive and negative) on community leaders and educators; salience of the model for knowledge dissemination and use in the communities; and trained community leaders and educators as a vehicle for sustainability.

The HRAF projects were challenging for all involved, but very well received by community leaders and educators who saw real and tangible benefits from involvement. Their knowledge of DV in a western context grew substantially, as did their knowledge of agencies that respond. Importantly, respect from agencies, including WA Police was gained, and as such, the impact of HRAF could potentially reach beyond the issue of DV.

Who should attend: Delegates with an interest in, or professional responsibility for DV in cross-cultural settings and responding to it; or policy development.
Ms Annette Gillespie
CEO
safe steps Family Violence Response Centre

Holistic support for survivors of family violence to promote mental wellbeing: beyond the medical model

Background: 22% of women (and 18% of men) in Australia experienced mental illness in the previous 12 months. 36% of women using safe steps' services reported feelings of depression and anxiety.

On first glance, it seems as though depression and anxiety is more prevalent among women experiencing family violence. However, to explain these statistics, and develop a response, we need a more in-depth understanding of family violence.

We especially need to understand depression and anxiety can be rational and healthy responses to abuse.

The specific traumas caused by family violence, and the needs of survivors, are not well understood in the dominant approaches in health services that locate disorder within the person. This presentation will discuss how service responses focused on the safety of women and children are important to promote mental wellbeing among women who have experienced family violence.

Who should attend:

- Mental health clinicians
- Health practitioners
- Family violence workers
- General human service practitioners
- Advocates for people with mental health conditions, or family violence survivors
- Researchers
- Policy makers
Structure

1. Mental health statistics
2. Effects of family violence
3. Challenge to medical approaches
4. Recommendations for practitioners
5. Partnership between family violence and mental health support

Intended outcomes

- Understanding of how family violence affects mental wellbeing
- Understanding the importance and relationship of safety to mental wellbeing
- Understanding of steps to promote better mental wellbeing among women who have experienced abuse
- Improved practice working with women who have experienced family violence
Romantic Terrorism? Survivor Narratives of Psychological and Emotional Tactics of Domestic Violence

Romantic terrorism’ describes the emotional and psychological tactics used by perpetrators of domestic violence to keep their partners compliant and stop them from leaving. The key characteristics of such abuse ‘ and what gives it the label of ‘terrorism’ ’ is the way in which perpetrators of domestic violence intentionally utilize tactics of control that are akin to torture to ensure that their agenda is met. This causes fear in victims, changes their thoughts, behaviours and actions.

It can lead to feelings of entrapment and there are significant short and long-term negative consequences to victims’ psychological and emotional well-being. We argue that ‘Romantic terrorism’ therefore provides a useful analogy for discussing and describing the insidious nature of coercive control in domestic violence.

This paper illustrates the concept by critically analysing real life narratives of victims of romantic terrorism. Their experiences are intertwined in an extensive collaborative auto-ethnographic analysis that is underpinned by a feminist framework incorporating romantic love distortion, misogyny and sexism. Their experiences of domestic violence and the differing sexualities of the victims provide a rich context for exploring the ways in which domestic violence victimisation experiences are impacted by gender, sexuality, and heteronormative discourses of love, sex and relationships.
Can General Practice contribute to stopping Domestic Violence?

The devastating impact of domestic and family violence requires significant interdisciplinary and community collaboration, of which general practice can play an integral role.

The Royal Australian College of General Practitioners (RACGP) is committed to equipping general practice with the resources and knowledge for preventing, identifying and managing those affected by all forms of abuse and violence.

GPs are often likely to see those experiencing domestic violence. However GPs are also seeing those who have not yet identified that what is happening to them is domestic violence. Evidence shows that victims disclose abuse first to their families and friends and secondly to their GPs, particularly if asked directly. An added issue, mostly unique to general practice, is that GPs may be seeing the victim, the children and the perpetrator.


Also provided by the RACGP is a six-hour online education module, which was comprehensively updated in 2014.

The RACGP advocates for and is working towards offering further training for medical students, GP registrars and practising GPs to enhance and refine their skills and knowledge to help curb this epidemic.

In a national collaborative project, the RACGP is also currently helping to explore how to establish a tailored telephone support service for GPs and Aboriginal Health Workers, dealing with sexual assault and domestic and family violence.

Our presentation at this conference will explore the role of general practice in addressing domestic and family violence, through a Power point Presentation and a Q & A session. We encourage anyone interested in how primary care can identify and respond to those experiencing domestic or family violence to attend.
Effectiveness of the current service provisions for domestic violence in ACT: A focus on culturally and linguistically diverse (CALD) communities

This paper aims to highlight the problems within existing services and programs that are currently available to support victims of domestic violence in ACT. In particular, the paper intends to assess their effectiveness in prevention of domestic violence incidents within the South Asian community. The review and assessment of existing services and programs include intervention programs, legal frameworks as well as rehabilitation of victims of domestic violence (e.g. helplines, counselling, support programs) in the ACT.

A large body of research exists in this space nationally, and internationally, which has consistently shown higher rates of reporting of domestic violence incidents among Australian born women than their CALD counterparts. The findings suggest that cultural values, community expectations, psychological issues and financial and/or visa conditions are major reasons for inhibitions in reporting or even of recognising incidents of domestic violence. The same reasons also often contribute to the inadequacy of service provision for the women and children.

This paper first provides an overview of the existing services in ACT, their success metrics and efficacy, We then engage with the experiences of South Asian migrant women from India, Bangladesh, Nepal, Pakistan and Sri Lanka living in the ACT region and highlight how the existing services are ineffective in addressing the cultural and psychological problems that these women face. The effectiveness measure is based on the success of support services observed in other countries for victims of domestic violence, coming from CALD background.

The paper concludes that the current services and programs are inadequate in addressing cultural and community barriers to reporting domestic violence and seeking intervention. Culture sensitivity must be built into these services through regular community engagement and awareness programs in non-threatening spaces where free exchange of ideas and experiences are possible.
Communicare Inc: A holistic approach to addressing the complexities of family and domestic violence.

Communicare Inc is one of WA’s largest not-for-profit organisation. Its Family Violence Service tackles the complexities of Family and Domestic Violence through a holistic and integrated approach.

Communicare’s Family Violence Service provides service delivery across ten program areas providing victim support response; perpetrator response; child response and community awareness and advocacy to minority groups i.e. Same Sex relationships, through our Communicare Training Institute. This allows not only for targeted intervention but also a deliberate early prevention focus.

Communicare Breathing Space is a residential Men’s Behaviour Change Program. This unique service is the only one of its kind in the Southern Hemisphere. The program provides men with a three month residential program combining individual therapy, group work, case management and life skills programs. Its recent expansion to include transitional support highlights an innovative model to help manage the complexities of family violence with co-occurring Mental Health and Alcohol and Other Drug issues.

This presentation will explore Communicare’s model; demonstrate how it increases the safety of women, children and individuals through this multi-response approach; highlight how we address fathering within the Breathing Space Men’s Behaviour Change Program; and the necessity for an integrated and collaborative response across key stakeholders.
Family reports and family violence: What is known and what should be known

Cases involving allegations of family violence are core business in family law proceedings over parenting disputes in Australia. While there is a growing body of research analysing the impact of such allegations in judicial assessments of the child’s best interests, less is known about the crucial role played in proceedings by the most frequently used independent evidence: the family report.

Family reports are ordered by the judge and prepared by family consultants, who are generally either social workers or psychologists. They provide expert evidence about the family dynamics and how the best interests of the children might be served post-separation and are often the only ‘expert’ information available to the judge.

Family reports make influential recommendations to the courts about post-separation arrangements for children and, because of their status as an independent document and the somewhat ‘official’ position of family report writers, the reports are also influential in out of court negotiations, eligibility for grants of legal aid and other matters. Of concern, however, are findings from the limited research in this area suggesting that an inadequate consideration of family violence in expert assessments could be facilitating court (and out of court) outcomes that are not in the child’s best interests.

The purpose of this presentation is to outline, with regard to family violence

1) The extant research on expert assessments
2) The recent development of assessment standards for family reports and other initiatives
3) Preliminary results from a Brisbane based study exploring family report writing practice from the perspective of adult family violence victims and those providing legal and social support to them.
Improving Safety in the Home response - An alternative approach

Safe Futures Foundation 'Improving Safety in the Home' (ISITH) is an innovative early intervention response with primary goals to support women and children to remain safe in their own homes and deter perpetrators from breaching intervention orders, through the provision of safety upgrades.

To date the ISITH response has assisted 45 women and 83 children in the Eastern region at risk of homelessness due to family violence to stay safe in their own homes and communities. It allows the innocent parties to remain in the home, makes the perpetrator accountable by having to leave, creates a shift in the power relations between the woman and the perpetrator, where the woman is empowered by reclaiming her own home and taking responsibility for improving her safety.

The ISITH response includes a comprehensive risk and safety assessment, specialist case management, IT and cyber safety advice, a specialised safety and risk audit of women's properties and provision of safety upgrades such as SafeTcards and CCTV cameras. The ability to retrieve audio and visual footage to use as admissible evidence improves prospects of conviction in cases of intervention order breaches.

Being able to stay in their own homes and communities with increased support and safety enables women and children to continue their lives with less disruption, allows continuity of employment / education, connection to cultural, spiritual and health and wellbeing supports, ensuring on-going economic participation and self empowerment.

The cost of the response in comparison to police callouts, court support and removing women and children from their homes into the service system is significant.

The evaluated ISITH response has proven to be effective in preventing homelessness, keeping women and children safer in their homes and a deterrent to on-going breaches from perpetrators therefore saving valuable police time and resources.
Mrs Uieta Kaufusi  
Learning and Development Manager  
Lifeline Australia

DV-alert: Domestic Violence Response Training for Workers

Lifeline Australia has been delivering the Domestic Violence Response Training (DV-alert) Program across Australia since 2007. It is funded by the Department of Social Services under its Gender Equality for Women Program and is a key initiative under the National Plan to Reduce Violence Against Women and their Children 2010-2022.

DV-alert is a nationally accredited training program for health, allied health and community frontline workers designed to equip staff with the knowledge and skills to recognise signs of domestic and family violence, respond with appropriate care and refer to effective support services. DV-alert is maps against the unit of competency CHCDVF301A: Recognise and Refer Appropriately to Domestic Violence.

Since its inception, the program has expanded and the 2-day face-to-face workshop held all across Australia, is now available in the following streams: General, Indigenous, Multicultural, Tailored. It is also available as an e-learning stream, 1 day awareness session, 2 hour Awareness Session, 1 hour DV-Chat session and an Aboriginal Mens Program.

The presentation will share the findings from the two external evaluations of the DV-alert program as conducted by Roberts Evaluation and Atkinson Kerr Consultancy 2011-2013 and ARTD Consultancy 2013 ‘2016.

The results of these evaluations highlight the success and lessons learnt which Lifeline Australia have experienced in the delivery of the program over the years. Lifeline Australia hopes to be able to share the mistakes and key learning’s and how this training package is helping to address the issue of Domestic and Family Violence in Australia. It would also like to share the journey of DV-alert with the conference with the hope that community groups and organisations may be able to apply some of the same initiatives that define DV-alert.
Responding to Domestic Violence among refugees within the first 12 months of settlement in Australia

Refugees and asylum seekers experience domestic violence like any other community group however their integration experiences can have a profound impact on the likelihood of family violence during early settlement.

As a significant provider of settlement and community integration services in Australia we have been compelled to respond to the growing number of cases of complex domestic and family violence that was often hidden by cultural norms. This presentation explores findings from an internal review undertaken by SSI in order to identify unique indicators and triggers of violence among the 12,000 refugees and asylum seekers supported by SSI in 2014/15 during their first 6 months in the community.

Participants will be encouraged to consider these unique factors in interventions with refugee and asylum seeker families and will have the opportunity to hear how SSI is responding to this important issue within a community integration and settlement framework that considers social, economic, cultural and pre settlement experiences.
Engaging Families – Crossing the Service Divide

It is commonly recognised that family violence, substance abuse and mental health concerns have high rates of comorbidity. Despite this knowledge, alcohol and drug, mental health and family violence services operate from siloed frameworks within Victoria. Indeed, often the family violence system can be polarised into those services working with "victims" and those working with "perpetrators" of family violence. Family violence services focus on perpetrator responsibility and perpetrator interventions. Best practice, evidence based perpetrator intervention have limited success in terms of rates of recidivism.

Alternately services aim to achieve safety and recovery for victims through separation and safety planning. Often the safest course of action for victims is separation from the perpetrator though violence can continue post separation. Alcohol and drug services operate from a framework where evidence based best practice maintain and support family relationships. While harm minimization is a critical underlying feature of all service delivery, when families are facing these co-morbid issues, services supporting them can be working in direct opposition.

Windermere and Taskforce have come together to develop a program that addresses the interface of family violence, drug and alcohol and mental health service provision. This model is holistic and includes counselling, outreach, parenting support and group work. It operates in the reality that not all people can or do leave violent situations (including children), and that parental relationships are usually life long, even in absentia. This paper provides an overview of the challenges and concerns faced in implementing this approach and the strategies being trialled to overcome them.
Ms Michele Kosasih  
Senior Policy Officer  
Foundation for Alcohol Research and Education

Development of FARE's National framework for action to prevent alcohol-related family violence

This presentation will outline the development of the National framework for action to prevent alcohol-related family violence by the Foundation for Alcohol Research and Education (FARE).

Alcohol is significantly involved in family violence. In just one year there were nearly 30,000 incidents of alcohol-related family violence in NSW, Victoria and Western Australia. Alcohol accounts for between 23 and 65 per cent of family violence incidents reported to police and up to 47 per cent of child protection cases in Australia.

To date, government plans to address family violence have failed to adequately recognise alcohol, and rarely put forward strategies to address the issue. FARE’s Framework highlights the need for action and puts forward 20 strategies across four priority areas. The Framework was developed in consultation with experts in family violence, alcohol and other drugs, and public health. The priority areas of the Framework are detailed below.

Priority Area 1 - Introduce whole of community action to prevent family violence - Presents the factors that affect alcohol consumption including access, cost and promotion.

Priority Area 2 - Assist people most at risk of family violence - Presents tailored solutions for people who are at elevated risk of experiencing family violence.

Priority Area 3 - Provide support for people affected by family violence and protect them from future harm - Presents actions to support those already affected by family violence and prevent further harms from occurring.

Priority Area 4 - Continue to build the evidence-base by investing in data collection and evaluation - Recognises the importance of collecting and reporting on data on alcohol-related family violence and understanding the impact of interventions.

The actions within the Framework are crucial to preventing alcohol harms, and these will have a tangible impact on reducing and preventing alcohol-related family violence if implemented across Australia.
The role of the facilitator in the delivery of treatment for male perpetrators of spousal abuse has transformed since the inception of these group programs. While previously facilitators were expected to confront abusers, more recent research suggests a collaborative approach, which focuses on strengthening the therapeutic alliance, might be more fruitful at effecting positive change.

Qualitative research from correctional group treatment programs, particularly violent offenders, that explored the role of the therapeutic alliance is presented. A model outlining three different approaches to the alliance was derived from these data.

It is suggested that facilitators of men's behaviour change programs would benefit from understanding different strategies for developing an alliance in their group treatment and responding to therapeutic ruptures in ways that assist achieve treatment goals. Facilitator pitfalls, such as attempting to befriend or vilify clients, are also described within this context.
Ms Kate Lamb  
Women’s Health Co ordinator  
Western Sydney Local Health District

Improving awareness of and utilisation of domestic violence services  
among Culturally & Linguistically Diverse people in Blacktown local government area

**Background:** Blacktown is one of the areas with highest domestic violence (DV) related assaults in New South Wales. The Mt Druitt Family Violence Service received over 1,200 referrals per year or 23 per week. Blacktown has a high proportion of people from Culturally & Linguistically Diverse (CaLD) backgrounds. Knowledge about victims’ rights and understanding of domestic violence legislation are lower in CaLD communities, especially those more recently arrived. Western Sydney Local Health District provides a peer led, community based health education program, in community languages.

**Aims:** To improve awareness of and utilisation of DV services among CaLD communities through building skills, knowledge and confidence in responding to DV of Bilingual Community Educators (BCEs) and increase capacity in working with CaLD communities of the DV local services.

**Methods:** Two BCEs, each speaks a language well represented amongst newly arrived communities, and have appropriate skills, motivation and training will be placed with two local services specialising in prevention and response to DV, the Family Violence Service and the Mt Druit Family Violence Service. The BCEs will be trained on knowledge of DV and appropriate ways of providing support to people experiencing DV.

The DV services will also gain better understanding of culture issues realted to DV. The BCEs will run health education sessions on DV. Pre and post-test questionnaires will be used to test knowledge of BCEs and participants of health educational sessions. Interview with DV services will be conducted. Data on number of people attending the DV services will be collected at baseline and at 12 and 24 months.

**Expected results:** It is expected that knowledge of BCEs and participants will increase and that the number of people attending the DV services, especially those speaking the two chosen languages will be increased after 12 and 24 months.
The value of universal screening after parental separation

The risk of being harmed by an intimate partner increases significantly after separation, even for those with no prior history of domestic violence (DV). Women who are leaving men are especially at risk. While women are reluctant to spontaneously name intimate partner violence to treating practitioners, rates of reporting double with pro-active enquiry (Taft et al., 2013).

In this light, peak professional bodies recommend universal DV screening (eg APS, 2015). However uptake of best practice is variable (eg Schacht et al., 2009). Remaining practitioner barriers include perceptions that screening may be too intrusive, and may cause ‘over-reporting’ of risk.

We tested this barrier with a sample of post-separation clients at at Relationships Australia (South Australia), who completed the ‘Family Law DOORS’ universal risk screening tool (McIntosh, 2011), applied within the DOORS risk screening framework (McIntosh & Ralfs, 2012). In this study, we examined the DOORS scales for ‘women’s reports of being at risk and men’s report of their own unsafe behaviour’. Data on these scales from 181 male-female ex-partners were validated against external criteria, and showed strong correlation. Findings suggest women’s disclosure of DV risk is not ‘over-reporting’ and that men’s reports of their own potential for unsafe behaviour may be more valid than is often thought. We discuss the merits of universal DV screening, including evaluation of self reported risks of victimisation, and of perpetration.
Dr William Liley  
General Practitioner Rural Generalist  
Cooktown Medical Centre

The Period of Purple Crying: an evidence based effective intervention for when it matters most, nurturing alternatives to violent action in young families.

The ongoing under recognised disaster within Australian families of inflicted infant head injury has an evidence based prevention intervention. The Period of Purple Crying intervention was developed in the multicultural Canadian context. It is being used and evaluated in Far North Queensland. This paper will discuss the epidemiology of this form of injury, which similar to the road toll, and many times more frequent than other more highly prioritised paediatric injury.

The paper will describe the program, and report on initial evaluation data. Delivered without cost to new baby families, the intervention has a growing evidence base, and is available in a not for profit structure suitable for multicultural contemporary Australia. In particular, the intervention is proving to be acceptable within the indigenous context. the program has a strengths based approach and is a positive skills based education aimed and understood by the groups usually targeted with warning and negative stereotype style campaigns.

The paper will conclude with practical implementation ideas, and a plea to primary care professionals of all persuasions in the Australian health and child protection sectors to recognise and intervene before too late. Especially, health care workers, general practice doctors and nurses are well placed to provide this program to protect every Australian child.
Ms Janet Loughman  
Principal Solicitor  
Women's Legal Services NSW

The Family Law Act - does it go far enough in protecting victims of family and domestic violence?

The Family Law Act recognises that Family Dispute Resolution may result in victims of family violence being placed at risk and so provides an exemption from participation of the grounds of unsuitability. However, what happens when those very same victims enter the Family Law Courts?

In 2012, changes were made to the Family Law Act including the prioritising of safety over relationship; a broader definition of family violence and child abuse; family violence and protection orders in the best interest factors; and responsibility placed on the court to actively enquire about past violence and abuse and future risk.

But did these changes go far enough and do we need to do more?

This presentation will consider what more needs to be done to ensure greater safety for women and children who are exposed to risk through limited access to legal aid; being mistakenly characterised as psychologically unstable and erratic rather than these responses being viewed through a trauma-informed lens; being directly cross-examined by the abuser; family report writers who may not have a thorough knowledge and understanding of family violence; and the difficulties experienced by some of our clients in persuading the courts to make no contact orders or orders for sole parental responsibility.
Domestic violence and health across the lifecourse: Results from the Australian Longitudinal Study on Women’s Health.

The impact of domestic violence on the health of women will be presented using data collected since 1996 by the Australian Longitudinal Study on Women’s Health, a national longitudinal survey of over 57,000 women born 1989-95, 1973-78, 1956-41 and 1921-26. Six to 23 percent of women reported having ever experienced domestic violence. Of the women who experienced domestic violence in the youngest cohort, 19% reported emotional abuse, 16% physical abuse, 18% harassment and 12% sexual abuse.

Results for the older three cohorts show that across the lifecourse, women who have been in a violent relationship are more likely to report poorer general health and experience greater levels of pain than those who have never experienced domestic violence.

Women in the youngest cohort who have experienced domestic violence report higher levels of psychological distress, self-harm and suicidal ideation, with 75% of women who had experienced domestic violence reporting feeling that life was not worth living. For the remaining three cohorts, results show that domestic violence has a significant impact on mental health across the lifespan.

Poor health associated with domestic violence lasts well beyond the duration of the abuse and time alone is not sufficient for women to experience recovery from abuse. Investigations of the data collected from the women born 1946-51 show the value of social support to women’s mental health.

The development and implementation of interventions that foster and extend social support may be of great benefit to women who have lived with domestic violence. Prevention of domestic violence is a priority for improving women’s health. However, even if partner violence ceases, many thousands of Australian women will continue to experience health problems associated with past domestic violence, underscoring the need for a comprehensive understanding of those factors that promote recovery from domestic violence.
The need for vulnerable witness protection in family law

In family law proceedings, a perpetrator of family violence who is not legally represented can directly cross-examine a victim. Unlike other federal and State legislation, the Family Law Act 1975 does not contain any specific protections about giving evidence regarding vulnerability for victims of family violence or other witnesses more broadly. This is of particular significance because of the high number of cases involving family violence in the family courts and the tactic of perpetrators to use litigation and systems abuse to exert ongoing control over the family.

The experience of direct-cross-examination by an abusive ex-partner can have an enormous detrimental impact on victims of violence including re-traumatisation and can be a disincentive for them to proceed to trial; can pressure some victims into consent agreements that may be unsafe or unworkable, to avoid the trial experience. This presentation will hear from Eleanor 'in her own words' discussing the effect the experience had on her.

Lack of protection also undermines the safety and efficacy of the family law legal system by compromising the quality of evidence given, which can affect the court's ability to make safe and effective orders; can be viewed as system's abuse as it allows the perpetrator to use court proceedings to exercise control and dominance over the victim and allows perpetrators to ask ostensibly valid questions but which can have hidden and sinister meaning for the victim.

There are varying legal models available and currently in use in Australian courts. It is essential for specific protections to be introduced to protect vulnerable witnesses against re-traumatisation.

Family law is currently out of step with other courts who have responded to this issue.

Women's Legal Services Australia will discuss their campaign on the issue and ideas for change.
Abuse of the Domestic Violence Order

Aim of Presentation: Domestic Violence Orders have become very effective weapons in Family Law matters. Changes should be implemented to both the Magistrates Courts and Family/Federal Circuit Court to ensure that Applications for Domestic Violence Orders are made by all persons who genuinely require protection.

Contents:

1. DVOs have long been used to prevent a person access to their children. A person can bring an unjustified DVO and obtain Orders preventing a person from approaching or contacting a person, or going near a property. By consequence that person seeking time with their children is automatically prevented access to those children without a Family Court Order.

2. Further it takes approximately 3 months to access the Family Law courts in order to obtain Orders for time with the children.

3. By obtaining an Ouster order within a DVO a person can bypass the strict test applied by the Family Court to permit a person to have sole occupancy of a residence.

4. A person separating can prevent another from denying access to funds and thus doesn’t allow a person to protect funds which form party of a Family Law property pool.

5. DVO needs to be extended the definition of those protected under the act and also an ability for 3rd parties to apply to be attached to connected Applications.

6. The test for obtaining costs against a person needs to be lowered to allow for persons who lie on oath to be awarded against them.

7. There currently doesn’t exist a duty lawyer system to assist parties with their application or Response to DVOs. Thus most end up unrepresented.

8. Orders are currently being made on a very inconsistent basis due to the lack of precedents or case law being made due to decisions not being reportable and no appeals being brought on account of the expense and complexity to do so.
Conclusions: Family Law registries needs to list a matter for hearing within a short time frame where there is a DVO in place that prevents access to children or property. Significant amendments need to occur to the DVO and Family Law to ensure there is no abuse of the system.
Dr Helena Menih  
Lecturer  
University of New England

Stories from the Street: Homeless women identify the 'missing link' between violent homes and safe haven

Statistical information suggests that the number of homeless women in Australia is growing. The latest Census data indicates there are 105,237 homeless people in Australia, and 44% are women (Australian Bureau of Statistics, 2011). A review of studies conducted on homelessness demonstrates the lack of research on female homelessness in Australia and indicates that the existing research tends to be gender-blind.

Additionally, little is known about the experiences of, and the meaning attached to homelessness for women. Thus, an ethnographic research with 10 months of intense fieldwork was undertaken in Brisbane. This presentation identifies the experience of violence at home as one of the most prominent reasons for women's homelessness. The early intervention literature suggests that one of the essential steps towards preventing homelessness for women, who experience violence, is the importance of emergency shelters. The reality is different.

There is a clear lack of emergency shelters that would accommodate women who seek sanctuary. Throughout the life-history interviews and informal conversations, based on women's stories, it was established that if a woman does seek sanctuary within a shelter, she will not spend enough time there to escape 'imminent' homelessness. In this instance, the notion of vulnerability, privacy and safety are highlighted. Further, due to the lack of available beds in emergency shelters she might be turned away.

The interviews also pointed towards victimisation of these women on the streets, mainly in forms of physical, sexual or verbal abuse. Grounded in their stories, most of the women first became victims at home, which resulted in their homelessness and then continued to be victimised while on the streets.
Miss Annika Moody
Psychologist
Act for Kids

Little Ears: how does experiencing domestic violence impact on the emotional wellbeing of children.

Domestic violence is a multifaceted problem which impacts on families in a variety of ways. The focus of this presentation is how does witnessing and/or experiencing domestic violence impact on the emotional wellbeing of children and what therapeutic approaches can be effective in assisting the child and non-offending parent in the healing process.

Children who live in a home with domestic violence do not have the emotional or psychological space to simply be a child. The ability to learn, play and interact with peers is impeded because the child’s nervous system is preoccupied with survival and keeping safe. This constant activation of the fight/flight system has lasting effects on a child’s development. Once the threat has been removed the child continues to respond in ways which are no longer helpful. Working with parents and children separately can make movement towards improving outcomes for the child, however it is important for a child and their parent to learn together new ways of coping and existing.

A family systems approach to therapy will be discussed. Each family member is a separate puzzle piece with their own story to tell and role in the healing journey however bringing these pieces together can ensure enduring changes in behaviour and promote a child’s emotional wellbeing. Although family systems theory will be explored, the presentation will focus heavily on the practical strategies which have been found useful when working with children and their families. This will be done by using a case study and stepping the audience through the family’s engagement with the Counselling Intervention Service at Act for Kids.
Domestic violence and mental health: situating women's emotional distress in everyday gender power relations

This paper aims to present some preliminary findings from an ARC Discovery project exploring the interconnected impact of domestic violence on women's mental health, housing and employment. The research involved a national online survey completed by 658 women and 17 in-depth life history interviews.

Approximately half of the women reported that they had been diagnosed with a mental health problem during or after domestic violence, with anxiety, depression and post-traumatic stress disorder particularly common. Most women reported no diagnoses prior to violence, and many indicated that they did not regain former levels of mental health after leaving violent relationships, with problems often experienced into the long-term. Lower incomes, reduced employment, insecure housing tenure, increased housing costs and social isolation as a result of leaving violent relationships complicated this picture, with many women describing compounding impacts on their mental health.

However, the relationship between these factors was multi-directional, with mental health problems also affecting employment, housing and reducing involvement in social life for some women. Importantly, many women were critical of medical and psychological understandings and approaches to the treatment of their mental health problems that fail to acknowledge the role of domestic violence in their emotional distress.

In contrast, our analysis theorises women’s distress in the context of the gender discourses and unequal power relations that frame domestic violence itself, revealing powerful and highly gendered experiences of lost sense of self, identity and self-esteem, and socially-situated feelings of shame, social humiliation, social isolation, guilt, grief and anger. On the basis of these findings, we argue that alternative ways of understanding women’s emotional distress in response to domestic violence are needed. These must challenge the pathologising and individualising tendencies of common psycho-medical approaches, and acknowledge and redress the diverse, interrelated consequences of gendered violence across the key domains of women's lives.
Ms Allison Munro  
Solicitor  
Women's Legal Centre (ACT & Region)

Domestic Servitude and Slavery - re-positioning the severity of power and control in intimate relationships

This presentation considers how the Federal slavery and servitude offences apply to domestic violence, in both criminal and civil proceedings. Slavery and servitude are criminal offences in the Criminal Code Act 1995 (Cth). The definition of sexual servitude in that Act was broadened in 2012 to criminalise a broad range of exploitative behaviour, and can now found a criminal charge based on domestic violence.

When the changes to the Act were being considered by the Senate Committee the Explanatory Memorandum discussed slavery and servitude only in terms of industry and workplaces and there appeared to be no legislative intention to include family violence. Women's Legal Centres argued in submissions to the Senate inquiry that elements of both slavery and servitude are clearly found in cases of extreme domestic violence. The Senate Committee recommended that the Explanatory Memorandum be clarified so that the offences clearly include domestic violence.

We argue in this presentation that the controlling nature of domestic violence and the sense of ownership that perpetrators can have over victims can be framed in terms of the definitions of slavery and servitude.

In particular, we will explore the controlling nature of emotional abuse and how it can progress into servitude. We will consider how the severity and dangers involved with emotional abuse and control are frequently under-estimated, leaving women in danger without adequate remedies. We will explore how the recognition of power and control over a person in the criminal context can be extrapolated into other remedies, such as protection orders.

We will conclude that there needs to be greater awareness of the slavery and servitude offences in order to obtain convictions in domestic violence. We will contend that the new servitude offence will assist to elevate and articulate the seriousness of power and control in intimate relationships to its proper level of gravity.
Dr Adele Murdolo  
Executive Director  
Multicultural Centre for Women’s Health

Preventing violence against immigrant and refugee women: engaging men and boys

In this presentation, we address the key issues to consider in working with men from immigrant and refugee communities in Australia to prevent violence against women. We apply a feminist intersectional approach to the question of men's engagement and examine a range of issues that need to be considered in the development of primary prevention engagement strategies for immigrant and refugee men.

The key issues covered include the role and definition of 'culture' in considerations of violence against immigrant and refugee women, as well as the structural factors that impact on women's and men's lives. The paper considers the factors involved in Immigrant and refugee men's renegotiation of their own masculinities throughout migration and settlement.

We argue that immigrant and refugee women's and men's lives should be contextualised in a holistic way that takes consideration of historical and geographical specificities, diverse media representations, as well as structural factors. A complex definition of 'culture', along with structural factors, need to frame our understandings of immigrant and refugee men's capacity to prevent violence.

The paper concludes by discussing successful strategies for engaging immigrant and refugee men in violence prevention through the leadership of women. Valuing, fostering and harnessing immigrant and refugee women's feminist activism and leadership boosts gender equity within immigrant and refugee communities. In order for immigrant and refugee men to be accountable to, and respect the leadership of, feminist women, coalition building and accountability mechanisms need to be put in place within violence prevention strategies.
Ms Kate O'Brien  
Executive member  
Women's Electoral Lobby NSW

Domestic Violence: Government policy making and the silencing of the feminist legacy

The Women’s Electoral Lobby (WEL) is a national, independent, non-party political, feminist lobby group. For over 40 years we have worked tirelessly to improve the position of women in society.

We lobby politicians, unions, employers, educators, and others on policies that enshrine equality and change attitudes and practices that discriminate against women.

Who should attend: Anyone who wants to stop domestic and family violence in Australia and, in particular, people who are interested in finding out how public policy can better support women and their children who have experienced domestic violence.

Structure: WEL will present a comprehensive analysis of current national and NSW state policy responses to domestic violence in Australia. Key themes and issues in current Australian policy responses to domestic violence will be identified and alternate policy approaches will be discussed.

The presenters will also provide information about WEL’s lobbying strategies and involvement in shaping policy that empowers women and responds to the needs of domestic violence survivors, based on the presenter’s advocacy experience, as well as their work in frontline services that respond to women in or escaping from domestic violence.

WEL’s presentation will address the following topics:

1. Government funding for domestic violence: Separation of women’s refuges funding from homelessness funding stream
2. Government policy making and the silencing of the feminist legacy. Implications for women run services and vulnerable groups (CALD, Indigenous women, women with disabilities, etc).

Intended outcomes
Participants will be able to: Identify gaps and issues in current domestic violence policy responses and develop solutions to these problems and get involved by advocating for these issues within state and federal decision-making forums.
Mr Joseph Oui  
Counsellor and Development Officer  
Royal Flying Doctor Service

**Indigenous Spirituality As An Theoretical Approach: Working With Perpetrators and Offenders of Domestic and Family Violence**

In one in three Australian women have experienced physical violence and one women is killed weekly in Australia. The yearly cost of domestic and family violence in Australia in 2008-09 was estimated at 13.6 billion (DVRCR). Indigenous women are 34 times more likely to be hospitalised as a result of domestic and family violence that their non-Indigenous counterparts (ABC). These statistics are appalling and demonstrate that there is a need for appropriate approaches for perpetrators and offenders programs and intervention.

This paper focusses on Indigenous Spirituality as an theoretical framework with working with Indigenous and non-Indigenous perpetrators of domestic and family violence. In Indigenous communities throughout Australia domestic and family violence is far more prolific and has well established media profile. Domestic and family violence in Indigenous communities alarmingly go undetected and far less reported that main stream society. Through integrating concepts of relevant mainstream theories and approaches and Indigenous Spirituality appraise gendered inequality and dominant masculinity. These are educational tools for facilitators, practitioners and counsellors being considered through an experiential and innovative approach.

Indigenous Spirituality provides definition of main stream theories and approaches used and interpreted into Indigenous frameworks and perspectives that have been used in Indigenous societies from generation to generation. Indigenous Spirituality defines community dynamics and understanding of relationships, rather than the focus on data collection and task orientation.

Indigenous Spirituality takes into consideration the dynamics and multifaceted face of domestic and family violence of the belief and values of perpetrators and offenders, community context, identity, dominative masculinity and representation.
The behavioural change process provide deep self-awareness and mindfulness through innovative therapeutic alliance with perpetrators and offenders and the understanding the development and impacts of post colonisation and the development of dominant societal ideals of dominant masculinities and dominant discourse.

The approach of Indigenous Spirituality can be adapted and used in many forms of therapies and represented to suit a wide range of clientele through assessment, interaction of clientele dynamics and modes of intervention. Indigenous Spirituality establishes the prominent foundation of group work and beautifies the pro's and con's of these mediums towards effective domestic and family violence intervention.
Ms Debbra Phillips  
Gold Coast District DV Coordinator  
Qld Police Service

POLICING DOMESTIC VIOLENCE FROM THE INSIDE OUT

Police have a significant role to play, and often a life or death role.

Everyone has a part to play in the prevention and management. What is problematic is that everyone does different business. There is no ONE business model or Team strategy that collates all resources with a focused direction about how we all work together to achieve the aim. My business firstly is HOMICIDE PREVENTION. Working from that platform assists in keeping me, and my organisational colleagues on the Gold Coast focused on first response actions and prevention through legislative and policy responses.

Whilst that part is fundamental, it is largely flawed without interaction with the other players. Domestic and Family Violence Clients are COMPLEX needs clients. They are blanketed with significant physical, environmental and psychological impairments that make them complex. Whilst those who work with these clients recognise these challenges we tend to use those issues to protect them from further harm by subjecting them to other players whose business we don't really understand.

Research suggests one in ten report to police those statistics reinforce this. A monthly audit of Gold Coast DV Orders revealed 85% had no repeat call for service. Suggesting that a legislative response backed by a support response reduced the incidents significantly. Then why is it that we don't work as a Team and expose our client to the wider support systems?

Policing DV is complex, coordinating that response is challenging, my role is diverse. I oversee legislative adherence, high risk identification, response and referral to external partners. Court and safety follow up. I need to be innovative and at times combative with my colleagues, supervisors and external partners.

Whose job is it to keep victims safe? Who holds the information and how do we manage it. I can enforce outcomes by ensuring legislative responses but I can't manage subjective attitudes, inside or out. What I can do is be 100% committed to the belief it can be stopped and play my part in the team.
Stopping the inter-generational transmission of violence and aggression.

Child and adolescent conduct disorders include aggression, violence, rule-violation and anti-social behaviours. Untreated, these disorders also predict substance use, various adult mental health problems, chronic under employment, inter-personal difficulties, criminality and incarceration. Although conduct disorders are common, families with these children are usually poor, marginalised and difficult to engage. However effective engagement with this population is critically important to stop the inter-generational transmission of domestic violence and aggression, and reduce the high costs this population cause our Health, Social Service and Justice systems.

Multi-systemic Therapy (MST) is an intensive home-based intervention typically used for families with young persons (12-16 years) having severe behavioural disorders. This 4-5 month intervention teaches parent/caregivers appropriate communication, monitoring and problem-solving skills to manage their children’s behaviours, and improve communication between systems, (e.g. family, community and school systems). The program operates a 'family preservation model' prioritising youth at imminent risk of out-of-home placement, and/or school expulsion. Clinicians visit each client family about three times every week in their home (often after normal work hours), and are available 24/7 to support the family by phone throughout the intervention.

This licensed intervention was implemented in the WA Mental Health service in 2005, and has since operated two small clinical teams within Perth’s metropolitan area. This program is unique within Australian Health, and has won leading national awards for crime and violence prevention, substance use prevention, and mental illness treatment. A longitudinal research study indicates most families achieve significant and enduring improvements in the mental health of all family members; and maintain the young person living at home, engaged in school and pro-social activities. This is robust evidence of the effectiveness of implementing evidence-based interventions for young persons at predictable high risk of chronic adult violence (including domestic violence) and very high-costs to our Health, Social & Justice systems.
A/Prof Carolyn Quadrio
A/Prof
UNSW

Victim perceptions in DV

The victim of domestic violence becomes highly attuned to the situation and is often able to apprehend correctly that the violence is escalating to life threatening levels. Mental health assessments often fail to take account of these issues. The author has worked in the field for many years and regularly assesses family violence situations that are the subject of Family Court proceedings as well as cases that are subject to criminal proceedings; including several cases where there has been a fatal outcome.

This presentation will review the research on modes of survival of victims and determinants of their mental state and their perceptions and will also review the mental health issues for victims and their children and the ways in which psychiatric evaluations may or may not be helpful.
Bringing the Margins to the Centre: Applying a feminist intersectional approach to violence against women policy

This paper addresses the question of how gender inequality and sexism intersect with other forms of discrimination, structural inequality, and oppression such as racism or class-based disadvantage to contribute to violence against women. We explore this intersectional question, with a specific focus on those forms of discrimination and structural inequity that have the largest impact on immigrant and refugee women in Australia, namely class and race discrimination and structural racism.

For immigrant and refugee women, class, gender and race discrimination and disadvantage come together to circumscribe experiences of violence, not only increasing women’s vulnerability to gendered violence, but framing experience in gendered, classed and racialised ways. In other words, violence is experienced differently, different forms of violence are experienced and the violence has different harms and consequences.

We discuss the ways in which an intersectional approach to violence against women helps us understand immigrant and refugee women’s experiences of violence in a more complex way, and expands our theoretical and experiential knowledge-base from which to develop effective primary prevention policy that will take fuller account of the experiences of the broad diversity of Australian women.

We argue for a recognition in primary prevention policy and practice of difference across women’s experience of violence, not as an add-on, but as a departure point for the development of inclusive prevention strategies and we discuss the implications of an intersectional approach for developing inclusive prevention policy.
Dark Corridors: Domestic Violence and Family Life

Domestic violence frequently starts as an expression of power ‘power that is progressively interpreted by the perpetrator as justified; usually in terms of the behaviour, those of the family and those living within it. This paper will address the psychological processes that contribute to this 'power imperative' and its enactment in violence towards women and children.

The psychological, social and cultural factors that contribute to these behaviours will be reviewed, include those of earlier life experiences, including childhood 'vulnerabilities' replaced by power and assumed strengths. 'Justifications', avoidance, shame and control variables, wounding of others, atonement and yearning for love and security, safety without violent control, need to be taken into account, in therapeutic endeavours.

The children, their future are vital elements.

A secure and safe environment, free from domestic and family violence, is fundamental to the wellbeing of Australians. It provides the basis for a life free from fear, connection to the community and stable living arrangements. Unfortunately, many Australians experience domestic and family violence and this is a key driver of homelessness.

The interactions between domestic and family violence and homelessness are recognised as a significant issue in a number of policy domains including in the National Plan to Reduce Violence Against Women and Their Children 2010’2022.

Governments and community organisations across Australia provide a range of services to assist those vulnerable to homelessness due to domestic and family violence, including men and children. Groups that are particularly vulnerable to the impacts of domestic and family violence include younger women, older women, and women with an Indigenous or non-English speaking background.

Domestic Violence and Homelessness 2011’14, brings together a range of information from the Australian Institute of Health and Welfare’s Specialist Homelessness Services Collection to present a detailed picture of domestic and family violence and homelessness in Australia from 1 July 2011 through to 30 June 2014.

This analysis will present findings on domestic and family violence client characteristics and demographics, frequency of service use, the types of assistance requested and provided and housing outcomes for clients. Our analysis will highlight the prevalence of domestic violence amongst those presenting to specialist homelessness services, providing a platform to better assist the needs of those escaping violent domestic and family situations.
But he’s a good Dad’. The intersection of domestic violence, complex trauma and child protection.

Many clients who come into contact with the statutory child protection system have histories of complex trauma. This is particularly true of clients who are impacted by mental health issues, problematic use of alcohol and other drugs, and domestic violence.

This paper will focus on the impact of domestic violence on the lives of families who are engaged in statutory child protection services, and will consider the way that domestic violence can sometimes be minimized or denied by services working with families.

There will be a particular focus on understanding the reasons why men who use violence may present favourably to organizations such as police, courts and assessing clinicians, as well as understanding the reasons that victims of violence may find these same systems overwhelming, punitive and difficult to negotiate.

We will conclude by considering innovative ways to work with families in the child protection system that will redress this balance, acknowledge the history of complex trauma and hold the child at the centre of practice.
Domestic violence and homelessness: violations of human rights

In 2013-14, 254,000 people came to homelessness services for assistance. More women than men sought help, and the main reason for needing assistance was domestic violence. An estimated 84,774 adults and children sought assistance because of experiencing family or domestic violence. This was an increase of 9% from 2012’13, including an increase of 14% in the number of children experiencing family or domestic violence.

This presentation is based on a social media campaign, 16 days of activism, conducted by homelessness Australia in 2014. The campaign started on the 25 Nov - Elimination of Violence against Women day and concluded on Human Rights Day.

Each day unpacked an element of physical, sexual, verbal or emotional abuse, and paid particular attention to how the violence contributed to homelessness among women and their children.

This presentation also discusses the financial, legal and employment challenges faced by women, once they become homeless, as well as the on-going challenges of insecure housing.
Miss Teneille Summers  
Preventing Violence against Women Officer  
Darebin City Council

Darebin Says NO to Family Violence - what is the role of workplaces in ending violence against women?

Workplaces have been identified as an important setting for the primary prevention of violence against women. Not only are workplaces directly impacted by instances of family violence, they can influence the behaviour of individuals and groups, reinforce or challenge normative beliefs and model equitable and respectful gender relations. Despite this, the workplace is still a relatively new setting for the primary prevention of violence against women.

Darebin Says NO to Family Violence is a whole-of-organisation approach to prevent violence against women that challenges attitudes about gender and highlights the link between gender inequity and violence against women. The project, which has been implemented in partnership with No to Violence Men’s Referral Service, aims to create an equitable and non-violent workplace that has the capacity to prevent violence against women and promote respectful gender relations.

The program objectives are to strengthen organisational processes that prevent violence against women and support staff experiencing family violence, and build the capacity of staff to prevent violence against women. While the program includes both primary and secondary prevention, all aspects are delivered with an understanding of the gendered nature of violence against women and aim to address the underlying causes.

This presentation will share insights from Darebin Council’s innovative program to explore the role of their own workplace in influencing community attitudes and creating a safe, respectful environment. The presentation will explore the challenges and enables to engage workplaces in an authentic conversation about the key drivers of violence against women, and create environments and processes that support staff experiencing family violence.

Participants will the receive tools and resources developed as part of this program, including Darebin’ s Family Violence Policy and Policy Video, staff induction check-list and content developed for capacity building workshops to challenge sexism in the workplace and prevent violence against women.
Like Father Like Son project: Findings from a national survey of fathers and practitioners about parenting programs

The Like Father Like Son project investigates a range of innovative strategies for enhancing engagement of fathers in evidence-based interventions for childhood conduct problems at the national level. It is well established that childhood conduct problems are the most identifiable and reliable precursor for a lifetime of antisocial behavior and violence, as well as other adult mental health issues. Violence and antisocial behaviour are largely male phenomena, and the key to stopping the intergenerational transmission of these problems is through healthy parenting.

Evidence-based parenting programs are effective in reducing the early signs of violence and antisocial behaviour, however fathers have a relatively low level of engagement with mental health agencies responsible for treating these problems. Importantly, evidence indicates that treatment for childhood conduct problems is more effective when fathers participate. Therefore, fathers have a key role to play in the prevention of violence and antisocial behaviour.

Existing parenting programs were originally developed for and tested primarily with mothers and are in urgent need of adaptation to meet the needs of fathers. At present there is very little information available in the literature about fathers' preferences for content and delivery modalities, or their perceptions regarding barriers and facilitators to participation.

There is also little data available about practitioners' experiences working with fathers and their confidence and skills in engaging fathers. This presentation will report on the findings from a national online survey for fathers and clinicians. The findings of the survey will be used to adapt existing parenting programs, develop new treatment modules, and inform the development of a training program for practitioners to better engage fathers in parenting programs.
The I-Decide Project: Testing the effectiveness of an interactive website for women experiencing intimate partner violence

The I-Decide website is an interactive, online healthy relationship tool and safety decision aid for women experiencing intimate partner violence (IPV). The I-Decide website aims to reduce depressive symptoms and increase self-efficacy, perceived support and IPV awareness for women experiencing IPV, in order to help them move toward greater safety and wellbeing over time. Development of the I-Decide website was informed by focus groups conducted with women who had experienced IPV; workshops conducted with stakeholders in the IPV field; and pilot testing of the website with a small user panel of women.

The website also built on prior work conducted by research teams in the USA, Canada and New Zealand. A Randomised Controlled Trial is now being conducted to test effectiveness of the I-Decide website. Participants were recruited via advertisements posted online and through community partnerships. Participants were eligible to participate if they were female, aged 16 to 50 years, and had experienced at least one of a number of abusive partner / ex-partner behaviours listed, in the past six months.

More than n=426 women enrolled in the trial. Participants were randomised to two groups: the intervention group, who visited the I-Decide website; and the comparison group, who visited a website representing 'usual care'. Baseline data was collected online, and included level of fear of the partner / ex-partner, scores on the General Self-Efficacy Scale and the Center for Epidemiologic Studies Depression Scale (Revised), and perceived support. Immediately following completion of the website visit, participants also completed the General Self-Efficacy Scale a second time and were asked to rate how supported they felt by the website.

These outcomes will be measured online again at 6 month and 12 month time-points. This presentation will include findings from Baseline and immediately following completion, along with tips regarding online research on sensitive topics.
Empowered People, Empowered Lives - Creating purposeful lives after domestic violence

There is significant focus, both internationally and within Australia, on strategic measures that need to be taken to prevent (and reduce) the incidence, risks and impact of domestic violence on individuals, families, communities and societies in general.

Historically, Individuals and families who are exposed to traumatic events (such as domestic violence) are provided with assistance by a multitude of service providers including refuges, mental health professionals, child protection agencies and the criminal justice system to assist them in their recovery.

It is critical that service providers (and any other person or team providing assistance) are well versed in the aspects of trauma-informed care and base their work on evidence-based practices that can be extended across all service systems, aligning approaches and enhancing outcomes.

With the alarming statistics concerning domestic violence, these are the critical areas on which to focus in (hopefully) appropriately dealing with this sickening social phenomenon over time. The key is education.

The reality remains: Whilst prevention needs to remain the focus, there are hundreds of thousands of people who survive each day carrying the scars of domestic violence. Their daily lives and intrinsic sense of self-value (in every way) have been alarmingly effected because of the abuse of power and control over them, by another/s.

Empowered People, Empowered Lives

There remains a large proportion of service providers who are not well versed in educational models that can assist survivors further down the line 'those who are interested in 'moving on from the past' and 'creating a productive future.'

This presentation builds on the trauma-informed care model, and looks exclusively at a twelve-stage educational model that assists survivors create meaningful and productive lives, over time, post domestic violence.
Who should attend?

- Any person working with adult survivors of domestic violence;
- Any service provider wanting to become familiar with an educational model about growth, resilience, communication, empowerment and making good choices after domestic violence;
- Any person living in, or who has experienced, domestic violence;
- Any person who wants to understand more about key components of recovery from domestic abuse.

Intended Outcomes:

- To present a twelve stage educational model that focusses on helping adult survivor's heal over time;
- To educate attendees about the key roles that self-worth, effective communication, resilient thinking, emotional intelligence and making healthy choices play when working with people experiencing, or recovering from, domestic violence;
- To provide attendees with a structured frame-work within which survivors can create more productive future lives;
- To provide practical strategies and techniques that assist in helping survivors re-create more productive lives
The relationships between intimate partner violence, mental health, housing and employment.

The aim of this presentation is to share preliminary findings from an ARC Discovery Grant that explored how experiences of intimate partner violence (IPV) impacted on women’s mental health, housing stability, and employment. We will present the results from an online survey with 658 Australian women, which showed that on each dimension, the majority of respondents reported they did not regain the levels of mental health, the quality of housing or the employment status, which they had achieved before their experiences of IPV.

Nearly half of respondents received a diagnosis of a mental health problem during or after IPV with depression and anxiety being the most common. The majority of respondents reported increased housing costs, having to make a significant geographical move because of the IPV, and lower income brackets because most shifted to part-time, casual or caring roles post IPV.

The presentation will conclude by sharing a poem by a survivor of IPV to raise implications for women’s citizenship over time as IPV functions to erode and potentially exclude women from fully participating in society. This presentation will be relevant to researchers, policy makers and practitioners who work in and across domestic violence, mental health, housing and employment.
Mr Stephen Wilson  
Executive Director  
Protective Group

No Braun, Just Brains ..... and Data”

Our industry is often seen as a provider of end point technologies for security, but our contribution to the prevention of this social dilemma is much more integrated than first understood. Submissions to the Victorian and Federal Governments on how a corporate can play a vital role in the fight against Domestic Violence is gaining momentum.

At Protective Group, our people and business partners are at the forefront of preventative measures for people protection. Whether it is the application of our knowledge to recommend a response to a security risk or the real time monitoring of a client, we are improving the lives of each client by keeping them Safe at Home, through an integrated service delivery model.

Stephen Wilson, Director Protective Group, will explore his journey from first being exposed to domestic and family violence, the paradigm shift in client security management and how data will help the industry make the right security decisions in the future.”
Ms Jennifer Wood  
Manager, San Miguel Family Centre  
BoysTown

Safe and Well: Responding Across Generations to Families Impacted by Domestic/Family Violence and their Mental Health Needs

This presentation presents BoysTown’s responses to family/domestic violence in two accommodation programs and provides perspectives and insights from the lived experience of families who have resided in these community settings, when DFV is further compounded by mental illness.

Workers across all agencies who are seeking an understanding of the interface of these issues and responding to families with children will benefit from the models of practice that our Service Managers will present.

BoysTown’s Domestic/Family Violence Refuge provides more than emergency accommodation and support to women and children. Many who present at the refuge have experienced multiple, unresolved and complex traumas which have been compounded and reinforced over time by further experiences of violence/abuse. As a result of this complexity, the families present traumatized with many people experiencing mental health issues. BoysTown’s refuge practices from a trauma informed, strengths based framework, i.e. understanding the need to respond to individuals impacted by domestic/family violence and the resultant trauma. A collaborative, wrap around approach creates opportunities for family members to rebuild their self-concept and experience control and empowerment over their own lives.

The San Miguel Family Centre, a short term and transitional Specialist Homelessness Service, provides accommodation and support to families with children who are experiencing homelessness. San Miguel responds to a wide range of issues affecting families, including family/domestic violence. Staff assist families who have previously experienced or are experiencing domestic/family violence.

Challenges within this setting include responding to individual experiences of trauma, coupled with the cumulative impact of trauma upon the family unit. Providing family members with alternative (non-abusive) frameworks for interacting with each other is an essential extension of the support provided to families by staff.
Healing Circle Work 'Empowering Aboriginal Woman to Break their Cycle of Abuse from Domestic Violence (DV).

Lateral Violence lies dormant in Aboriginal peoples psyche until that first slap or the yelling of abusive words. How does a victim address this form of violence when their voice is not listened to or heard?

Aboriginal women face violence; sexual abuse; family conflicts; drugs; lack of positive stimulation too much negative stimulation; aggression; actions that demean; disenfranchise; and disempower; just coping with daily life that is fraught with horrendous difficulties. Inveigled into the cycle of DV is the point where Lateral Violence pulls a women down into the abysses where accepting violence as part of relationships means remaining entrapped for life. Lateral Violence is the silent, hidden, historical and unconscious Violence passed down in the oral histories of many Aboriginal families.

Lateral Violence went unnoticed for decades, because the Aboriginal voice was not listened to. Aboriginal families tell narratives of oral histories of how our ancestors were taught Violence to survive the traumas of first contact. Yet Lateral Violence is a Core Violence that not only underpins DV, it presents in Aboriginal family violence, which leads to criminal activities, disregard for Westminster Law and inappropriate social and culturally nuanced personal anti-social behaviours. For years DV has been seen as the Core factor in need of addressing. However, Healing Circle Work (HCW) has exposed Lateral Violence as the intergenerational element of DV that if not understood recognised or addressed, will continue to victimise Aboriginal women, children and perpetrators.

Engaging in a HCW does break the cycle of abuse. Until agencies recognise that DV is only the presenting issue, their work does not touch the Core of DV which is Lateral Violence. 20th Century band aid solutions will continue to be used and swallow up the resources necessary to bring genuine 'Zero Tolerance of Violence in Aboriginal families.