CDFV Re@der

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Culture and healing - The hard yarns

Responding to family violence in Aboriginal communities

Research seminar reviews:
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Director's message

Research conducted by the Domestic and Family Violence Death Review Unit, located in the Office of the State Coroner, reveals that over a six year period there was an average of 24 domestic or family violence related homicides each year. Already this year the community-based Domestic Violence Death Review Action Group has held eight Red Rose Rallies outside Parliament House in honour of those whose deaths in Queensland are believed to be a result of domestic violence related homicide.

On the 21st of June, the State Coroner, Michael Barnes, delivered his report on the inquest into the deaths of Tania Simpson, her daughter Kyla Rogers, her friend Antony Way and the man that killed them all, and then himself; Paul Rogers. This is the first inquest concerning domestic violence related deaths since the establishment of the Domestic and Family Violence Death Review Unit (DFVDRU) in 2011. The purpose of the DFVDRU is to examine the system's response to domestic and family violence, identify policies or processes that, with appropriate changes, may have prevented a death and to assist the Coroner in making recommendations accordingly. Importantly, domestic violence death review processes are not concerned with attributing blame for deaths to individuals or agencies, but are focussed on improving systemic responses for homicide prevention, as far as possible.

The DFVDRU found that nine out of 12 risk factors most commonly present in domestic and family violence homicides were present in this case, as follows:

1. ctual or pending separation;
2. Obsessive behaviour displayed by perpetrator;
3. Perpetrator depressed (in the opinions of professional s and/or family, friends or colleagues);
4. Victim had intuitive sense of fear;
5. Prior threats/attempts to commit suicide;
6. Prior threats to kill victim;
7. Perpetrator unemployed;
8. Prior attempts to isolate the victim; and
9. An actual/perceived new partner in victim's life.

Ms Simpson had raised her concerns with police and had also sought help from a psychologist and a mainstream counselling service. The Coroner found no evidence that any of them had acted inappropriately. Based on its own research, funded by the Australian Institute of Criminology and commencing in 2008, the Queensland Police Service has developed its Domestic Violence Protective Assessment Framework (DVPAF) and in the past two months has been delivering training on the assessment model in conjunction with training on the *Domestic and Family Violence Protection Act 2012*, which will commence on the 17th September. The Coroner has recommended that the DVPAF be reviewed to ensure the relevant risk factors are incorporated, based on the results of the inquest and particularly given the lack of prior physical abuse in the relationship. Although the Coroner also recommended that the Department of Communities consider public awareness campaigns about the risks of non-physical abuse, no recommendations were made in relation to risk assessment training for other professionals working with people affected by domestic and family violence, such as social workers, psychologists and health workers.

Training on risk assessment is provided through CDFVR's accredited *Course in Responding to Domestic and Family Violence (30949QLD)* and although more than 300 workers across the state have attained the qualification from that course, such training is currently not a requirement for those working with victims of domestic and family violence, or those who perpetrate it. CDFVR will continue to advocate for a demonstrated minimum level of competency, as provided in the *Course in Responding to Domestic and Family Violence (30949QLD)* to be a requirement for government funded counselling and support services responding to domestic and family violence.

As the March edition of the CDFVRe@der went to print, the then newly elected LNP Government had yet to announce its Cabinet. Most, if not all, of our readers will now know that Tracy Davis MP has been appointed Minister for Communities, Child Safety and Disability Services. Members of the Domestic and Family Violence Strategy Implementation Advisory Group met with the Minister on 18th April, where she expressed her interest in advice on priorities for action to get the best outcomes for clients of the service system, particularly strategies to achieve long-term stability and minimise the disruption to victims' lives, including the harmful impacts on children's education, which are a consequence of domestic and family violence. The Minister also participated in a number of Domestic and Family Violence Prevention Month activities and recently (and spontaneously) met with members of the Domestic Violence Death Review Action Group at Parliament House. We welcome Tracy to the sector and look forward to working with her to achieve our common goals.

Inside this issue

Centre News

New dataset for Queensland

Over the past eight months CDFVR has been working with its Data Advisory Group to revise the domestic and family violence database, maintained by CDFVR, to support state-wide domestic and family violence policy and program development. Non-government organisations in Queensland that provide services to women and men who are either using or experiencing domestic and family violence in a current or past relationship are invited to take part in the new data collection. The data will provide a profile of clients and their support needs and will be collected over two two-week periods a year. Data is to be collected for three client groups – victim, perpetrator and child exposed to violence. Both ongoing and new client matters will be collected. To assist services understand what is required of them, an online training video will be provided on the web link, together with a hard copy guide, background to the data collection strategy and links to additional information.

The data collection also contains the provision for 'snapshot' questions that respond to a particular trend or circumstance (such as the changes to the *Domestic Violence Protection Act 2012*). The first data collection will take place on a date agreed to by the Data Advisory Group in the second half of 2012. This is a collaboration between the Department of Communities, Child Safety and Disabilities, CDFVR and the domestic and family violence sector and its success lies with domestic violence services contributing to this important information strategy. We urge all relevant services to take part. For more information contact *Annie Webster* on 4940 7838 or *a.webster@cqu.edu.au*.

Aboriginal and Torres Strait Islander resource for women

In November 2011, CDFVR commenced discussion with its local Aboriginal and Torres Strait Islander reference group toward the development of a resource for Aboriginal and Torres Strait Islander women. The 40-page A5 sized booklet, which is almost completed, is designed to target three different age groups – young women, middle aged women and older women. It contains real life stories of women's experience of domestic and family violence, as well as tips and facts. Artwork has been contributed by Matthew Humphries, winner of the 2011 NAIDOC poster competition in conjunction with CDFVR multimedia officer, Clinton Rawsthorne.

This is another product produced by CDFVR which is designed to help people identify domestic and family violence and access support as early as possible. Like all of our resources, the information is presented in an attractive, discreet and succinct format to encourage people to pick it up (in a doctor's waiting room for instance) and to be able to read and understand it. Subscribers to the CDFVRe@der will be advised when this resource is available to order.

At the coalface ...

Venessa Curnow is an Ait Koedal and Sumu woman, tracing her ancestry from Saibai Island in the Torres Strait and Keith in South Australia.

She has been involved in Aboriginal and Torres Strait Islander Aged Care for over 16 years in metropolitan, rural and remote areas, and has a particular passion for elderly people. During her work within management, she was continually frustrated by lack of resources and the overburden of reporting, despite repeated industry discussions with government that did not address causative factors.

She believes that service provision within Aboriginal and Torres Strait Islander communities has additional elements to consider to any other population within Australia, including the unique, ancient culture and intergenerational, major levels of disadvantage.

Venessa saw national unity through Congress as a way to talk with Australian Government with a stronger voice.

CDFVR recently spoke to Venessa about her current role as a National Aboriginal and Torres Strait Islander Liaison Officer for Alzheimer's Australia and secretariat for National Aboriginal and Torres Strait Islander Dementia Advisory Group (NATSIDAG).

You are currently on the national board of the National Congress of Australia's First Peoples. What does that mean?

Congress has a three-chamber structure with two directors from each chamber. We have gender equity right through our representative structures, so each chamber has a male and female director. I'm the female director in Chamber One which is made up of Congress's peak organisational members. Chamber Two includes all other organisations, and Chamber Three is for individuals.

How were the board members chosen?

Board members were elected by delegates at our first National Congress in June 2011, and the co-chairs are elected by all members.

What does the National Congress do? What are their aims?

The National Congress of Australia's First Peoples has been established for the purposes of:

- providing national leadership and recognition of the status and of the rights of Aboriginal and Torres Strait Islander people as First Nations Peoples;
- providing a representative voice of, and a conduit for communications with and between, Aboriginal and Torres Strait Islander peoples;
- securing economic, political, social, cultural and environmental futures for Aboriginal and Torres Strait Islander peoples and communities by working with governments, service providers, communities and other stakeholders;
- building strong relationships with government, industry and among Aboriginal and Torres Strait Islander peoples and communities, based on mutual respect and equality.

What do you hope to accomplish in your role? What are the challenges?

I'm working to help establish a strong foundation for building Congress, so we have resources for maintaining national unity now and for next generations.

Congress being a very young organisation, and having a unique structure to ensure empowerment and equitable dialogue between diverse sovereign peoples across Australia, makes my work challenging. This diversity is also the strength of our unified voice.

What progress has the Congress made since its inception 12 months ago?

Congress is now two years old, but the Board has been in place for just under a year.

We now have close to 4,200 individual members and 140 organisations representing their 50,000 members.

Our members and delegates set five policy priorities at our first meeting:

- health, specifically social and emotional wellbeing;
- education;
- country;
- justice;
- sovereignty (including constitutional recognition).

In each of these areas, we've been sharing resources, evidence of better practice, and consulting with government and other key stakeholders nationally through working groups involving our delegates, members and key groups in the area.

We formed a national health leadership group, involving key health organisations in the area, to work with government on national Aboriginal and Torres Strait Islander health policy.

We also have a strong stance on the Northern Territory Intervention in opposing Government policy that delivers blanket measures, such as compulsory income management.

We support change to recognise Aboriginal and Torres Strait Islander peoples in our Constitution - our co-chairs and members directly shaped the final report and Congress endorses it.

How can people in communities have input into decisions that are being made by the Congress?

Become a member, it's free and easy. You can either sign on as an organisation or as an individual. Visit the Congress website ***www.nationalcongress.com.au*** to print off a membership form. You just need to be over 18 years old and Aboriginal and/or Torres Strait Islander. When you're a member, Congress keeps in contact through newsletters and updates and we ask for our members' views on issues that affect them in their communities so we can develop our communities. When you are a member you can also vote to elect the co-chairs.

You are encouraging people to become members of the Congress. What are members expected to do?

Yarn up, and let other people know about Congress, so we can come together in national unity. We haven't had resources nationally for many years, we need to stand together to make a fairer Australia and improve our communities.

How can I find out more about membership and what's happening with Congress?

All the latest information and news is on the Congress website and - member or not - you can subscribe to our regular e-news through our website. You can also look for Congressmob on Facebook and Twitter, and you can always call our office in Redfern (Sydney) on ***Free Call 1800 266 477***.

For more information about National Congress of Australia's First Peoples, visit the website at *www.nationalcongress.com.au*

The Congress is committed to increasing the profile of the company and will continue to drive membership around Australia.

To find out more about the National Congress, read the *Fact Sheet: What is the Congress?*

To become a Member of the National Congress, read the *Fact Sheet: Membership Information*

Culture and healing – The hard yarns
8th Queensland Indigenous Family Violence Prevention Forum

by Annie Webster, CDFVR

The hard yarns for this forum began when CDFVR met with its Aboriginal and Torres Strait Islander reference group in November 2011! As always, recommendations from participants from the previous forum were prioritised in developing the framework for 2012. This year's theme 'Culture and healing – The hard yarns' encapsulated a range of topic suggestions from the 2011 survey. Other recommendations about the forum structure included: not overfilling the program; providing opportunities for participants to increase their knowledge about programs they could take back to their communities; and providing people with the opportunity to contribute, discuss, network and yarn. With these recommendations in mind and after lengthy discussions the decision was made to cap registrations at 100 - 80% of which would be Aboriginal and/or Torres Strait Islander people; and to have two healing workshops that everyone could attend on day one and speakers and 'hard yarns' on day two - to ensure a breadth of shared information.

The majority of this year's participants were Aboriginal and Torres Strait Islanders (81%), from Queensland (90.5%) and attended from a broad range of locations, including Murgon, Toowoomba, Thursday Island, Bamaga, Weipa, Palm Island, Mt. Isa and Cunnamulla. Of the 74 people who completed the survey at the end of the forum, 98.6% agreed that they had learnt new things at the forum and 98.7% said they could use what they learned in their work (paid or voluntary).

Venessa Curnow from the National Congress of Australia's First Peoples presented the opening address on day one. Venessa's topic was '*Strengthening relationships through culture*' and she spoke about how Australia's Indigenous people drew inspiration and confidence from their culture; and how the survival of culture depended on the strength that could be taken from relationships that had been built over time. She talked about how cultural protocols opened up spaces for talking and learning and how relationships could be strengthened by finding the commonality between the cultures of Australia's first peoples.

Venessa revealed how her work with Aboriginal and Torres Strait Islander elders had enabled her to recognise and appreciate their inherent wisdom and the deep cultural respect traditionally afforded them. She suggested that this reconnection with traditional culture could play a key role in reducing violence in communities – by tapping into the resilience built through cultural understanding of relationships and learning how to keep them strong. Venessa closed by discussing her work with the National Congress of Australia's First Peoples and outlining their policy priorities. She invited participants to become members to ensure the quality and diversity that would lead to its growth and success. Further information about the National Congress can be found on page 4 in this edition of the CDFVRe@der.

Workshops

The two workshops at this year's forum were *Red Dust Healing* presented by **Tom Powell and Randal Ross** of Spread Out and Stick Together Consultancy and *Not Our Way* delivered by **Ed Mosby and Gil Thomsen** of Helem Yumba. Half of the participants went into the Red Dust Healing workshop and the others went into Not Our Way and they swapped over in the afternoon, ensuring that everyone could take part in both workshops.

Red Dust Healing

Tom Powell talked about the philosophy of Red Dust Healing, how there are no right or wrong answers and that it is alright to feel anger and shame. He stressed the importance of using our hearts, not our heads, if we want to heal. Tom acknowledged the strong women who have held communities together for decades and said it was now time for men to resume their place in their families and communities.

Randal spoke about the importance of understanding why Aboriginal and Torres Strait Islander men could be so angry and how the history of colonisation across the globe had produced an epidemic of violence in Indigenous communities. He explained the model of oppression and the importance of knowing and understanding Indigenous history in order to help men become fathers again.

> "When the red dust is settled on our lives all we get to keep and take with us is our dignity, our integrity and the love and respect we share with people".

Tom led the workshop participants through a shorthand version of the three-day Red Dust healing workshop, which incorporated a number of 'healing tools'. One of the tools included encouraging participants to draw themselves as a tree, recognising their family members as 'roots' and the effects of good nutrients such as love, respect, strength and belonging; as well as the negative effects that abuse, neglect, grief, loss and abandonment could have on their lives.

Not Our Way

Ed and Gil shared information about their organisation, Helem Yumba, which delivers programs to men, women, young adults and children.

Their program is broken up into three stages:

- Engagement – preparation for ceremony.
- The healing journey – facing challenges – owning the violence and choosing to do something about it.
- Continuing with a support/healing pathway.

Ed and Gil described some of the strategies they use toward a successful outcome for clients, such as an agreement between the client and the service to assist in the change process. They explained how recognising the connection between anger, powerlessness and poverty was a key element when beginning to work with a client, followed by the importance of listening in order to get past the client's denial and desire to avoid reality.

Ed and Gil attributed Helem Yumba's success to a shared philosophy between team members and encouraged other services to complete a social and emotional wellbeing inventory among their staff members to gain a better understanding of each other's work. This understanding was not only a key element to successful organisational function, but also led to successful outcomes for clients. They closed by emphasising the importance of re-evaluation of culture and reconnection with elders, both personally, as a service, and as part of the healing journey for clients.

Shirley Slann opened day two's proceedings by sharing her history in the domestic violence sector, particularly her work at the North Queensland Domestic Violence Resource Service in Mount Isa. Shirley spoke passionately about how, as domestic and family violence workers, we are familiar with speaking out about power and control in intimate personal relationships; but we sometimes need to recognise that some workers experience an unequal balance of power and control within their workplaces. Shirley suggested that this was one of the hard yarns for forum participants to consider. She emphasised the importance of providing women with choice and empowering them, not telling them what to do.

Shirley bravely shared her own personal journey of sadness and healing with a very receptive audience.

Charles Passi, CDFVR Aboriginal and Torres Strait Islander reference group member and member of the Aboriginal and Torres Strait Islander Healing Foundation; and **Rose Elu**, Indigenous Service Delivery Advisor, Relationships Australia, spoke on the healing panel.

Charles spoke about the trend of Aboriginal and Torres Strait Islander people becoming technically smarter, but losing their wisdom. He reflected on the past and spoke about the importance of bringing men back in to reclaim their warrior identity in order to become the protectors of women and children once more.

Charles told his audience about the origin and purpose of the Healing Foundation, as a product of the apology to the stolen generation. The Foundation, which was set up for a four year period, was charged with the responsibility of funding and developing 'healing projects' around the nation. He said they were almost at the end of their four year funding cycle and were now in the process of trying to source some non-government funding to continue their work.

Rose spoke about 'healing' as being a very deep and emotional word. She said that she had never before attended workshops on healing and had only ever approached it through her role in Relationships Australia and within the context of pastoral care.

Rose reflected on her experience of attending the workshops on the previous day of the forum and how troubled and uneasy she felt at the end of the day. She spoke about examining her feelings and about how she felt healing was a very difficult topic. In her reflection she decided that she had *a right to be troubled and a right to be uneasy*. Rose told her audience: *We have survived as people of the land, of the water and of the sea because we have each other.* She invited the nation as a whole to begin the healing process and urged us all to unite.

JudyKaye Knox's presentation 'Healing people, sharing culture, regenerating spirit' examined the We Al-Li program, which is designed and delivered by Aboriginal people in response to the violence trauma healing needs of their families and communities. We Al-Li, developed by Professor Judy Atkinson, uses a combination of traditional Indigenous processes from Australia, Native America and Hawaii to recognise the generational traumatic impacts of colonisation.

JudyKaye outlined the elements of the program – narrative therapy, sand play, music, dance and corroboree as a process for 'emptying' trauma. She spoke about the importance of understanding the trauma story and where we come from in order to see where we are going. She shared a 'six generation genogram' illustrating some of the elements of the history of colonisation, from dispossession, to substance abuse, to violence. This knowledge, she said, was an important part of mapping out pain and allowing participants in the program to move through the stages of cultural awareness and cultural sensitivity to cultural safety.

> *Cultural safety is defined as being 'spiritually, emotionally, culturally, physically safe, with no denial of identity'*

The We Al-Li program incorporates understanding trauma; cultural safety; control; choices and autonomy; sharing power and governance; integrating care; and recognising that healing happens within relationships.

JudyKaye talked about the development of a Masters Program and Diploma of Community Recovery which has been tried and tested in various locations around Australia, such as Boggabilla, Kalumburu

(WA), as well as overseas in Timor Leste and Papua New Guinea. She gave a brief description of the crises that occurred in each of these sites and explained how We Al-Li responded with trauma specific care and practice healing through 'educaring'. Program participants work through six stages of healing: creating a safe place to heal; finding and telling their stories; making sense of their stories; feeling the feelings; moving through loss and grief to acceptance; and reclaiming the sacred self in order to return to wholeness.

The hard yarns

The hard yarns session was designed to enable a whole of forum discussion in a safe environment and was led by Charles Passi. Charles began the discussion by talking about his experience as a Torres Strait Islander man, about reclaiming the warrior within and examining how we stand together. Participants contributed other hard yarns topics which included:

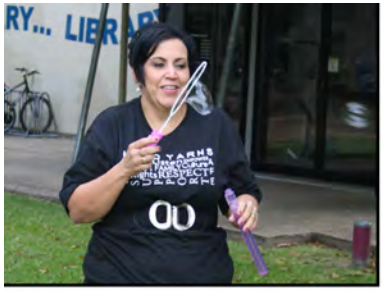
- Non-Indigenous organisations saying they respect Indigenous people, but failing to empower them to take on leadership roles.
- The use of 'tick-and-flick' when it comes to organisations fulfilling their responsibilities toward Indigenous people.
- Government services responding to needs, but for all the wrong reasons. Flying services in and out, but not providing constant support, so Indigenous people are still suffering.
- Funding problems in remote areas because government services need statistics; and statistics in the Cape can't compare to Brisbane. A benchmark for hours of counselling or support in Brisbane is not an appropriate benchmark for hours of counselling or support in remote areas because of the travel and relationship-development needs in remote Indigenous communities.
- Child Safety telling women they're not going to get their children back if they stay with their partner. There is no acknowledgement of the ability for people to change. (More hard yarn topics can be found in the Forum Report available at ***www.noviolence.com.au/indigenousforum.html***)

There was fun to be had at the annual forum dinner and karaoke and many participants took the opportunity to showcase their talents. The tropical theme and delicious food added to the night's enjoyment.

The survey conducted at the end of the Forum was very positive with 97.3% of the 74 respondents (n=72) saying that they would like to return to the forum in 2013. The reasons for returning were broadly grouped into two categories: to increase knowledge; and networking opportunities. Comments included: *All information is so valuable and sharing is so honest and open; and I learned so much in only two days – amazing stuff!*

Thank you to our dedicated Aboriginal and Torres Strait Islander reference group, Dr Jackie Huggins AM, Shirley Slann, Harold Fatnowna, Jenny Binsiar, Pat Cora and Charles Passi, without whose tireless support and generous and patient guidance, this forum would not be possible. Thank you also to all the participants who attended this year's forum. We appreciate your feedback, good advice and commitment to our continued efforts to eliminate domestic and family violence.

The forum report and evaluation can be found at ***www.noviolence.com.au/indigenousforum.html***

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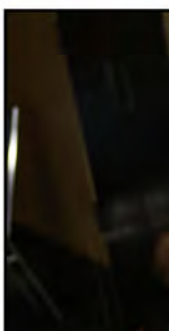


Culture and healing - The hard yarns

Responding to family violence in Aboriginal communities

Aboriginal Family Health Strategy 2011-2016 , NSW

A précis by Renette Viljoen, CDFVR

The *NSW Aboriginal Family Health Strategy 2011-2016* (the Strategy) guides activity that responds to family violence in Aboriginal communities over the next five years by supporting work currently underway and identifying new opportunities to achieve safer and stronger Aboriginal families and communities. As the first step towards working in partnership with Aboriginal communities to address family violence and sexual assault, the NSW Department of Health released the Strategy for the first time in 1998 and presented an innovative approach for working with family violence within a cultural context.

The strategy was reviewed in 2005 and 2008 and the goal of the revised edition of the Strategy is that all Aboriginal people in NSW live safe and healthy lives free of family violence and it builds on a range of new and existing initiatives focussed on reducing the incidence and impact of family violence. The aims of the Strategy that will achieve this goal are:

- to reduce the incidence and impact of family violence in Aboriginal communities;
- to build the capacity and strength of individuals and communities to prevent, respond to and recover from family violence; and
- to nurture the spirit, resilience and cultural identity that builds Aboriginal families.

Family violence is one of the most serious issues affecting Aboriginal communities with its devastating impact on their health, social and emotional wellbeing. Aboriginal women continue to report higher levels of physical violence during their lifetime than do non-Aboriginal women and, in NSW, women remain significantly over-represented among reported victims of sexual assault and domestic violence related to assault (NSW Department of Premier and Cabinet 2009). According to the NSW Bureau of Crime Statistics and Research, the rates of reported victims of domestic violence, in 2008, were 6 times higher for Aboriginal females than non-Aboriginal females, and 4 times higher for Aboriginal males than non-Aboriginal males (2010). This violence has serious long-term effects on women and children in the areas of health, justice, income, security, child support, parenting and social support services. Serious long-term impacts may include an increased risk of depression, post-traumatic stress and eating disorders (Evans 2007), and lead to destructive behaviours such as substance abuse, self-harm and violence (Aboriginal Affairs Victoria 2008).

Various authors affirm that to understand the high incidence of violent crime in some Aboriginal communities it must be seen in the context of the historical, political, social and cultural environments in which it occurs. Factors that have impaired community functioning and increased Aboriginal families' vulnerability to family violence include: dispossession from land and traditional culture; breakdown of community kinship systems and erosion of traditional lores and customs; racism and vilification; economic exclusion and entrenched poverty; effects of overcrowding and inadequate housing; the effects of institutionalisation and child removal policies; inherited grief and trauma; the loss of traditional Aboriginal female roles, male roles, and status (Memmott, 2006; Evans 2007; Aboriginal Affairs Victoria 2008).

> "The term 'family violence' takes place within the extended nature of Aboriginal families. In the case of an Aboriginal person or a Torres Strait Islander, a person has a 'domestic relationship' with another person if the person is, or has been part of the extended family or kin of the other person according to the Indigenous kinship system of the person's culture."
>
> *Crimes (Domestic and Personal Violence) Act 2007.*

Reviews of the Strategy identified that there was no single best service delivery model or organisational type for addressing family violence, but rather effective models that shared common characteristics. Service and program integration is a key theme underpinning good practice approaches and, given that the Aboriginal Family Health Strategy already contains many of the elements of good practice approaches, an Aboriginal Family Health Model of Care has been developed.

The Aboriginal Family Health Model of Care

The Model of Care is built on the foundation of a healing approach, which should be considered in the implementation of actions under each element. These actions will continue to be informed and enhanced by an approach which prioritises evidence-based good practice. The elements of the Model of Care are: strategic leadership; effective service delivery; culturally competent workforce; and strong community capacity.

An integrated approach includes mutual understanding of shared responsibility; commitment; support; accountability and agreed planning processes (Courage Partners et al, 2005) and to addressing family violence at both the operational (local) level and the higher strategic (state and regional) level will require strong leadership and support for the specific actions identified under the key elements of the Aboriginal Family Health Model of Care, which will have at its core Aboriginal family and culture.

Knowing the multifaceted and multilayered characteristics of family violence requires an equivalent response integrated into policy, program development, management and service delivery to improve outcomes for Aboriginal communities. However, a coordinated and integrated response, as mandated by the Strategy, requires leadership, collaboration and partnerships at State and Health Service level that will involve formalised partnerships; action plans, action groups, designated responsibility, workforce development; and advocacy and development of Aboriginal Family Health Service Guidelines (AFHSG).

Effective Service Delivery

Effective service delivery depends on the level of co-ordination and genuine collaboration between the Aboriginal Community Controlled Health Service (ACCHS) Sector and government agencies and involves: focus on prevention and early intervention; engagement of Aboriginal people; tailored responses; service accessibility; active links and pathways between services; education and awareness; and a family based approach and implementation of AFHSG.

Culturally Competent Workforce

Mainstream services should, similar to Aboriginal Family Health Workers (AFHWs), provide a culturally competent service to support Aboriginal clients, recognise community context and approaches, and avoid treating problems as individualistic and isolated. A culturally competent workforce will be progressed through training and ongoing professional development; orientation and supervision; defined roles and responsibilities; mentoring, and peer support and implementation of AFHSG, It will also ensure lower staff turnover and a consistency in approach that will allow clients to build trust with staff.

Strong Community Capacity

Strong community capacity will be based on building on community strengths and resilience; recognising, acknowledging and or identifying community leaders; community devised and owned solutions; promoting and sharing success; community development activities; education and awareness and a focus on healing. When people live in communities, they develop ways and means to care for each other, to nurture the talents and leaderships that enhance the quality of community life; and they handle the problems that threaten the community and undermine its potential which can help it.

Healing and the Aboriginal Family Health Strategy

The Strategy acknowledges that healing is fundamental to building the capacity and strengths of individuals, families and communities to respond to and recover from the trauma of family violence, sexual assault and child abuse. It also recognises that the process of healing will contribute to nurturing the spirit, the emotional and physical wellbeing and cultural identity of Aboriginal individuals and families, which in turn will help in building strong and resilient communities.

Men and the Aboriginal Family Health Strategy

The role of Aboriginal men is increasingly recognised as essential in the work to reduce the incidence and impact of family violence in Aboriginal communities and as such the Strategy includes specific actions to work with vulnerable men and their families. The current scope of the Strategy excludes directly working with perpetrators for family violence, whether men or women, but Aboriginal people are determined the perpetrators of violence accept responsibility for,

and the consequences of, their actions. Ongoing research and evaluation will inform future activity under the Strategy from the perspective of men as victims, perpetrators or those at risk of either, as well as build evidence base for best practice in preventing and responding to family violence in Aboriginal communities in NSW.

> *Healing gives us back to ourselves. Not to hide or fight anymore. But to sit still, calm our minds, listen to the universe and allow our spirits to dance on the wind. It lets us enjoy the sunshine and be bathed by the golden glow of the moon as we drift into our dreamtime. Healing ultimately gives us back to our country. To stand once again in our rightful place, eternal and generational.*
>
> *Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009*

Evidenced based good practice

To reduce family violence in Aboriginal communities, it is imperative that health services develop and deliver programs and strategic initiatives that are evidence based and informed by the best available research on what works effectively in identified communities. Below, common elements and effective approaches are described. These good practices are imbedded into the development of individual actions which will be implemented through each element of the Model of Care:

Community engagement and consultation – extensive community consultation and negotiation is essential to the success of any program and may include holding community forums and workshops and engaging local elders and community leaders.

Holistic focus – by addressing underlying factors (breakdown of traditional social structures and loss of individual community identity as a result of colonisation), situational factors (overcrowded and inadequate housing, poverty, unemployment, substance abuse), and precipitating causes (events that trigger violent episodes) simultaneously, rather than in isolation, may ensure more effective and sustainable outcomes for Aboriginal communities experiencing family violence.

Interagency collaboration – the most successful programs adopt an approach that involves extensive collaboration and integration of service provision between relevant government and non-government agencies, such as integrated referral and assessment processes, streamlined information sharing frameworks, and local interagency networks comprised of key services.

Mixture of services – Aboriginal specific services and culturally competent mainstream services should be flexible and adaptable to understand and meet the needs of community and individual clients.

Mixture of approaches – the Strategy recommends innovative approaches that employ a mixture of both individual and family support and community development strategies, and a focus on prevention, early intervention and access to appropriate health and community support services.

Workforce development – to enhance holistic family centred approaches, workers should be strategically located as part of well-functioning multidisciplinary teams with sufficient support and opportunities to share experiences and exchange information.

Educational campaigns – to ensure the success of educational campaigns it should include extensive community and stakeholder consultation.

Building cultural competency of mainstream services – non-Aboriginal workers should develop the knowledge and skills to join with Aboriginal colleagues to address access and equity issues, thereby enhancing services for Aboriginal clients. Mainstream services can utilise a range of strategies and initiatives to ensure a level of choice in services for Aboriginal people experiencing family violence, such as cultural competency training, mentoring, employing Aboriginal staff and utilising Aboriginal specific resources.

Organisational change – by acknowledging their responsibility to ensure the provision of equitable, appropriate and effective services to all clients, services can build the sustainable capacity of the organisation to achieve outcomes for the Aboriginal Family Health Strategy.

Identification of Aboriginal clients – to develop, monitor, evaluate and improve services that respond to family violence in Aboriginal communities, the utilisation of services by Aboriginal clients should be better recorded in health related data. Currently it is under-represented in statistics and contributes to insufficient levels of culturally appropriate and accessible service provision.

Cultural competency requires workers to understand the principle of community solutions to family violence, and to be open to new ideas and learning new ways of working and sharing knowledge.

A family based approach

The Strategy documents a case study to demonstrate the complex issues involved in the response to family violence in Aboriginal communities, and provides an opportunity to consider the application of the Aboriginal Family health Model of Care (p26). The aims of the Strategy, from the perspective of parents, children and extended family in terms of what they want and what their priorities are, is represented by the following statements:

Aim 1: Reduce the incidence and impact of family violence in Aboriginal communities.
"I want my family to be safe and secure."

Aim 2: Build the capacity and strength of individuals and communities to respond to, and recover from, family violence.
"If I have a problem, I want to get help from someone who understands my people."

Aim 3: Nurture the spirit and cultural identity that builds Aboriginal families.
"I want to stop violence in my family for good, and heal them from all the hurt."

The case study shows how the Aboriginal Family Health Strategy can be successfully implemented on the ground, and how critical the role of the AFHW is to that success. It also demonstrates the importance of service coordination in ensuring Aboriginal families get the respect and support they are entitled to as they seek to access services (p28).

Implementation

Effective implementation of the Strategy will require local health districts to take a leadership role through the development of Aboriginal Family Health Action Plans in partnership and collaboration with ACCHS and non-government organisations. It will build on the significant achievements, dedication and commitment of AFHWs and their organisations and the cultural foundations and evidence of good practice will need to be integrated more broadly across existing service and system response frameworks. Application of the Aboriginal Family Health Model of Care will be central to the implementation of the Strategy.

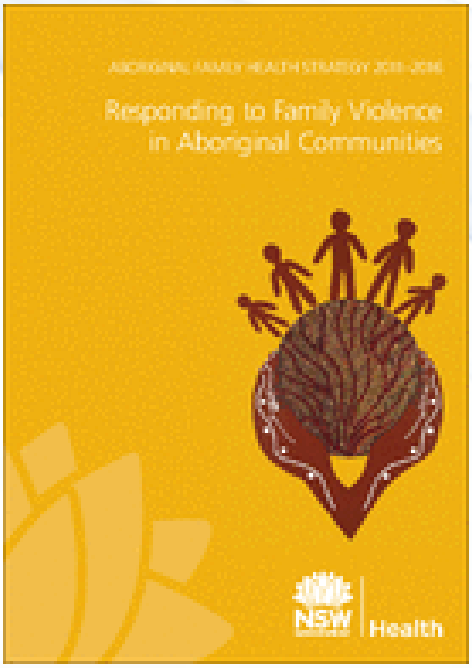
Monitoring and evaluation

The Department of Health will monitor the implementation of the Strategy by undertaking regular data gathering and analyses through annual reporting by local health districts and services funded to employ and AFHW as well as an annual progress report compiled by the Centre for Aboriginal Health against actions specified and responsible for.

The evaluation will also work to streamline and strengthen the collection of data relating to family violence across relevant mainstream health services for future data monitoring and evaluation processes. Evaluation of the impact and effectiveness of the Strategy is fundamental to its ongoing success and sustainability. It is needed to build on the evidence base for best practice and to inform future policy, program and funding processes. The first anticipated evaluation of the 2011-2016 Aboriginal Family Health Strategy will commence three years after its release, with a subsequent review, followed by the release of an updated five year strategy for 2016-2020.

Evaluation of the Strategy will examine the impact and effectiveness of the Aboriginal Family Health Program implemented by the AFHWs; the trial of the Aboriginal Family Health Coordinators; and the Aboriginal Family Health Model of Care in achieving the desired outcomes of the Strategy.

To read the complete report and list of references, visit the NSW Government Health website at ***http://www.health.nsw.gov.au/pubs/2011/aboriginal_family_health_.html*** or link directly to the document at ***http://www.health.nsw.gov.au/pubs/2011/pdf/aboriginal_family_health_.pdf***



Dr Michael Flood seminar – He hits, she hits: Assessing debates regarding men's and women's experiences of domestic violence

In June, Dr Michael Flood presented a seminar on the increasingly prominent debates over men's and women's experiences of domestic violence. There is no doubt that both women and men can be victims of violence by a partner or ex-partner, and that both can be perpetrators. At the same time, Dr Flood emphasised that there is no 'gender symmetry' in domestic violence. There are important differences between men's and women's typical patterns of victimisation and perpetration.

The term 'domestic violence' long has been understood to refer to *a systematic pattern of power and control exerted by one person against another, involving a variety of physical and non-physical tactics of abuse and coercion, in the context of a current or former intimate relationship*. Much of the existing data on domestic violence, however, focuses only on counting violent acts. Claims that men are half or one-quarter of domestic violence victims only are possible if we draw on studies which focus on 'counting the blows'.

The Conflict Tactics Scale (CTS), a popular tool for measuring domestic violence, is widely criticised for not gathering information about the intensity, context, consequences or meaning of violent behaviours. It typically neglects issues of injury and fear, omits sexual violence, ignores the history or context for the violence, relies on reports by either husbands or wives despite evidence of lack of agreement between them, and draws on samples shaped by high rates of refusal particularly among individuals either practising or suffering severe and controlling forms of violence.

Dr Flood highlighted a series of contrasts in women's and men's patterns of victimisation and perpetration. Among adult victims of intimate partner violence, women are more likely than men to be subjected to frequent, prolonged, and extreme violence. Women are far more likely than men to be sexually assaulted by an intimate partner or ex-partner and to sustain injuries, to fear for their lives, and to experience other negative consequences such as psychological harms. In short, women are far more likely than men to live with what Johnson calls 'intimate terrorism' or 'coercive controlling violence'.

There are also contrasts in the intentions, motivations, and nature of men's and women's uses of domestic violence. Women's physical violence towards intimate male partners is more likely than men's to be in self-defense, i.e. in the context of his violence to her. Male perpetrators are more likely than female perpetrators to identify instrumental reasons for their aggression, with their violence directed towards particular goals. Male perpetrators are more likely, and more able, to use nonphysical tactics to maintain control over their partners. At the same time, women are not immune from using violence to gain or maintain power in relationships.

Men are less likely to report their own perpetration of violence, especially severe violence, than women are to report theirs. Most past findings point to a tendency for men to under-report. Both male and female victims under-report their own victimisation. There is mixed evidence regarding whether male victims of domestic violence are more or less likely than female victims to report their experience. In some studies, there is evidence that men were less likely than women to report their experiences of partner violence because they did not find them serious or threatening.

Dr Michael Flood critiqued the claims about domestic violence made by anti-feminist men's and fathers' groups, including in Men's Health Australia's *One in Three campaign*. He noted that there is a slippage in this campaign's materials between all forms of violence in families directed at males and violence against men by their adult *female partners*. *One in Three* neglects violence against males in families by other males, tries to degender highly gendered patterns of violence and of the factors associated with violence, and tries to undermine campaigns against men's violence against women.

Dr Flood concluded that it is simply a falsehood to claim that large numbers of men in Australia are suffering abuse at the hands of their wives and female partners. If we think of domestic violence in terms of a pattern of power and control, it's likely that women are 90-95 percent of victims. We do have to revise downwards our claims regarding the numbers of women living with intimate terrorism. But there is no change to the fundamental point that coercive controlling violence is perpetrated largely by men and against women. If we do not pay attention to the realities of women's *and* men's experiences of domestic and family violence, we will fail female and male victims alike.

A copy of Dr Michael Flood's presentation and a link to the recording will be available later in July at ***www.noviolence.com.au***

Dr Myrna Dawson seminar – Domestic homicide and death reviews: The Canadian experience

by Terese Kingston, CDFVR

Dr Myrna Dawson is the Canadian Research Chair in Public Policy and Criminal Justice, and Associate Professor in the Department of Sociology and Anthropology at the University of Gelph. She has published widely and has recently co-authored, with Holly Johnson, *Violence Against Women in Canada Research and Policy Perspectives*. She is a member of Ontario's Domestic Violence Death Review Committee (DVDRC), the Canadian Centre for Justice Statistics Canada and a co-investigator in the Canadian Observatory on the Canadian Justice System Response to intimate partner violence.

Dr Dawson began by discussing different public reactions provoked by three different homicide scenarios where a man kills a woman; shock and fear when the perpetrator is a stranger, sadness at the 'unhappy end of a love affair' where the perpetrator is the estranged partner of the victim, and hopelessness where the couple are in a relationship and living together. Dr Dawson argued that the last reaction was embedded in a historical acceptance of domestic violence; and a view of domestic homicide (DH) as being spontaneous and unpreventable. She said that with the rise of DVDRCs internationally, there was a growing recognition that DH was the most preventable form of homicide.

Dr Dawson then provided some background to the issue, detailing statistics showing that although the overall DH rate had declined in Canada since 1980 (mirroring the trend in declining homicide rates generally), the rate of female victims had consistently remained three or four times higher than the rate of males victims. These figures exemplified the gender based nature of the crime.

She outlined the 'Exposure Reduction Framework', identifying social trends which parallel the decrease in DH. The first was increasing gender equality, demonstrated through the closing gap between the sexes in employment rates and levels of education from 1976 to 2009. Next was the changing nature of intimate partner relationships, with increased age of first marriage and birth of first child. Thirdly, although there was less supporting data available, experts argued that an increase in the number of DV services also contributed to the declining rate of DH.

The Ontario DVDRC, the first of its kind in Canada, was established in the early 2000s. Impetus for its development arose out of Coroner's inquests dealing with two specific cases of DH, where the court found that there were multiple points of intervention. As a result of this finding, Dr Dawson and Peter Jaffe were invited to develop a background paper regarding the establishment of a DVDRC. The Ontario DVDRC was subsequently formed, and similar committees were established in other Canadian provinces.

The primary goal of the Ontario DVDRC is, Dr Dawson said, 'To better understand, intervene and help in the prevention of domestic violence related killings'. The committee, with a membership drawn from healthcare, social services, law enforcement, criminal justice, research and other public safety agencies, is mandated to assist the Coroner with investigation and review of DV related deaths, and make recommendations aimed at prevention. Over the period of the committee's operation (2003-2010), they have examined 111 cases, involving 178 deaths, in depth. Of these cases: 96% are female victims, and 4% male; 94% of the accused were male, 6% female; 45% of the crimes were single homicides, 38% were homicide/suicide, and 17% were attempted homicide/suicide or multiple homicide. Relationships were categorised as: 52% legal spouse, 28% dating and 20% common law spouses. The length of relationship ranged from less than one year (11%), one to ten years (68%), and over ten years (32%). Forty-seven percent of cases involved partners or ex-partners who had children in common. Utilising the data from these cases, the DVDRC has developed a set of common risk factors for DH, with the top ten factors as follows: (1) History of DV (78%); (2) Actual or pending separation (78%); (3) Obsessive behaviour by perpetrator (63%); (4) Perpetrator depressed (59%); (5) Escalation of violence (53%); (6) Prior threats of suicide (53%); (7) Prior threats to kill victim (47%); (8) Victim intuitive sense of fear (42%); (9) History of violence outside family (42%); and (10) Perpetrator unemployed (40%).

These findings, Dr Dawson said, are consistent with other DVDRCs in Canada and internationally. In closing, Dr Dawson spoke about three elements she saw as integral to the Ontario DVDRC: examining DH cases to identify intervention points; embracing a 'no blame, no shame' culture in the process; and a mechanism to track implementation of the DVDRC's recommendations. Dr Dawson said that although the Ontario DVDRC faced many challenges, she remained optimistic that they could play an indirect role in reducing DH through facilitating systemic and cultural change.

Spotlight on programs for Indigenous men and offenders

A program for fathers, uncles and grandfathers:

- ***Hey Dad! For Indigenous Dads, Uncles and Pops***

This program is the latest adaptation of a program that began in 1995 in NSW and has been written specifically to help Indigenous men to engage with and understand their children. It is designed to be delivered by Indigenous men in their own communities and the content and language of the program is culturally appropriate and local terms and language is used. It also provides a conduit to other family services and contributes to the building of community capacity in those regions in which it is adopted.

The aim of the program is to build individual and community skills and provide the men with the confidence to be strong role models for their kids. It covers a range of topics such as being a dad today, understanding grief and loss, talking with and understanding kids, keeping kids safe, and coaching kids. Embedded in these are sessions on child development, communication, discipline, participants' experiences of parenting and being parented, conflict resolution and other parenting skills.

The program is based around a professional comprehensive manual/workbook that is also available on CD. The program can be delivered in various formats, as a 2-day workshop, a series of shorter workshops, or as an extended, weekly program. It is culturally-appropriate and evidence based and as a parenting program regarded as highly effective and fills a significant gap in the provision of services to Indigenous men.

For more information on the *Hey Dad! For Indigenous Dads, Uncles and Pops* program, email *lynne.slocombe@dbb.org.au* at Centacare Broken Bay.

Programs for offenders:

- ***Ending Family Violence***

This program is culturally specific and designed for Indigenous offenders to help address aspects of their criminogenic behaviour relating to family violence. It is a brief intervention targeting Indigenous offenders who have been convicted of offences related to violence within their family and/or community and is based on a cognitive behavioural model and utilises both active and experiential learning exercises that are culturally appropriate.

The aim of the program is to raise participants' awareness of the impact of domestic violence on the family unit and to investigate options to assist them to change their lifestyle. It is a 10-session program, usually facilitated twice a week in two hourly sessions (a 20-hour intervention and can be delivered over five weeks) with Aboriginal and Torres Strait Islander male and female offenders and is available in both correctional centres and the Probation and Parole service. It focuses on the nature of violence in families; the links between alcohol use and violence in families; awareness and consequences of violence; identifying how violence can be prevented; empowerment; and developing a relapse prevention and management plan to establish positive lifestyle choices.

For more information on the *Ending Family Violence* program, phone (07) 3405 6302 or visit *http://www.correctiveservices.qld.gov.au*

- ***The Indigenous Family Violence Offender program***

This program addresses Indigenous family violence; recognising and responding to anger build-up and calming down; intergenerational aspects of violence; the law and family violence; recognising and responding appropriately to anger; violence and substance abuse; motivation to change and changing controlling behaviours; abuse of power; dynamics of family violence, racism; jealousy; trust; relationships; fathers and fathering; taking responsibility for own behaviours; resolving conflict without violence; and change.

It is a 54-hour group work program and referrals are mostly from courts and the parole board, although voluntary referrals are encouraged and accepted. It is delivered in communities by dedicated program officers based in Alice Springs with assistance from local community Cultural Brokers. Participants in the program learn that family violence is not acceptable, but a crime, and they are taught to take responsibility for their thoughts, feelings and behaviour. The program is available in the community the participants reside in and they get the opportunity to practice strategies learned whilst supported by peer facilitators and the community.

A partner group is also available and attendance is voluntary. Partners participate in a full day program in which they learn a portion of the content the offender is learning and are given strategies to address their own anger, conflict resolution skills and good communication. Women are provided with a list of safe places they can go if required.

For more information, contact Graeme Pearce, Manager Cross Border Remote Area Programs at *Graeme.pearce@nt.gov.au* or phone 8951 5437.

Conferences, training and date claimers

4-6 July 2012

Australasian Conference of Child Trauma: Connected by Trauma: Research, Response, Recovery
Gold Coast, QLD

http://www.cvent.com/events/australasian-conference-of-child-trauma/custom-21-75797459ca3943c3a896a7870ec92cc1.aspx

6 July 2012 FREE SEMINAR

What works to increase Indigenous employment?
Mercure Brisbane, QLD

http://www.aihw.gov.au/closingthegap/documents/presentations_and_seminars/brisbane_seminar_flyer.pdf

18-19 July 2012

Practitioner Workshop: Working with Child Sexual Assault.
Spring Hill, Brisbane, QLD

www.adfvc.unsw.edu.au/PDF%20files/FlyerBraveheart.pdf

25-27 July 2012

12th Australian Institute of Family Studies Conference: Family Transitions and Trajectories
Melbourne Convention Centre, Vic

http://conference.aifs.gov.au/registration.php

7-9 August 2012

Violence Against Women: An Inconvenient Reality
Brisbane, QLD

http://www.violenceagainstwomenqld.com.au/#

14 -16 November 2012

No To Violence Australasian Conference on Responses to Men's Domestic and Family Violence: Experience, Innovations and Emerging Directions. Melbourne, Vic

http://www.ntv.org.au/conference

5-7 December 2012

2012 National Indigenous Health Conference
Gold Coast

http://www.indigenoushealth.net

Domestic violence related laws: Then and now

Research Seminar - August 3rd - State Library of Queensland, Brisbane

CDFVR is hosting a research seminar to discuss changes to the *Family Law Act 1975* which commenced on the 7th of June, and Queensland's new *Domestic and Family Violence Protection Act 2012*, which will commence on the 17th of September. The objectives of both sets of legislative reforms include prioritising safety for children exposed to domestic and family violence and addressing unintended negative consequences of the law. These legislative reforms, and commonwealth law specifically relevant to immigrant women, are the focus of discussion in this seminar.

Speakers:

Dr Rae Kaspiew, Australian Institute of Family Studies
Zoe Rathus, Law School, Griffith University
Professor Heather Douglas, TC Beirne School of Law, University of Queensland
Raquel Aldunate, Refugee and Immigration Legal Service, South Brisbane

For more information and to register online, visit *www.noviolence.com.au*.

Nationally Accredited *Course in Responding to Domestic & Family Violence, (30949QLD)*

Brisbane

Unit 1: 10-12 September Unit 2: 9-10 October Unit 3: 13-14 November	DVConnect (training room)	Full course for 7 days' training $825.00 includes GST $75

Gold Coast

Unit 1: 16-18 October Unit 2: 5-6 February 2013 Unit 3: 7-8 February 2013	Gold Coast Centre Against Sexual Violence (training room)	Full course for 7 days' training $990.00 includes GST $90

For more information, visit www.tavan.com.au or email admin@tavan.com.au

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We have become aware that some recipients of the CDFVRe@der have relocated or changed contact details, including email address. To enable us to update our records and ensure that you receive our quarterly publication, please contact us at the listed phone, fax or email address with your change of details. Please be assured that the Centre does not release your details to any third parties without your permission.

If you would like to be included on, or removed from, the Centre's mailing list, please ring us on (07) 4940 7834.

The Queensland Centre for Domestic and Family Violence Research (CDFVR) is located within the Institute for Health and Social Science Research in the Academic Research Division at CQUniversity. It is physically located at CQUniversity's Mackay Campus.

Queensland Government

The Queensland Centre for Domestic and Family Violence Research receives defined term funding from the Queensland Department of Communities to undertake research and develop educational resources pertaining to domestic and family violence in Queensland.