

CDFWRe@der

Volume 11 No. 4
June 2013



Olgeta yarn up - Indigenous family violence prevention forum

Adolescent violence in the home

Fatal assault and neglect of
Qld children

Child sexual abuse - what you need
to know



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Director's message

In the March 2013 edition of the CDFVRe@der, I gave an overview of the changes in CDFVR's funding announced in February by the Honourable Tracy Davis MP, Minister for Communities, Child Safety and Disability Services. Essentially, CDFVR's previous grant funding has been split into two almost equal grants for two areas of activity: 1) CDFVR state-based activities related to professional development and community education in Queensland; and 2) CDFVR National Centre of Excellence activities related to research under a work plan to be negotiated with the National Centre of Excellence to Reduce Violence against Women and their Children. I concluded my message in the March edition by noting that CDFVR is entering a new era which represents exciting new opportunities and challenges in our work. These opportunities and challenges, particularly for our state-based activities, are now much clearer.

With the very significant reduction in the budget for state-based activities, the number of staff has been reduced to less than half the five full time staff previously employed. One-quarter of my position and one full time Education Officer (Annie Webster) will be devoted to planning and implementing CDFVR state-based activities. We will be supported by one part-time (.5 FTE) Administration Officer; and one part-time (.5 FTE) Multimedia Officer. Following is a brief summary of the funded state-based activities we will undertake for the period 1 May 2013 to 30 June 2016.

1. Professional development for Aboriginal and Torres Strait Islander Services

1a) Provide at least one training and/or professional development event per quarter to three specified Indigenous family violence counselling services. For two of the four training and/or professional development events each year, staff of the three Indigenous family violence counselling services will come together. An additional amount of approximately \$30,000 per annum has been provided for this professional development

1b) Plan and implement the Annual Indigenous Family Violence Prevention Forum

2. Service sector support and community education and prevention activities

2a) Each year provide three professional development events (e.g. video-linked seminars), and make video copies available on the CDFVR website

2b) Develop, review or customize domestic and family violence training courses, annually

2c) Each year produce a minimum of four new domestic and family violence resources (the CDFVRe@der may be included) and distribute in electronic format (and distribute hard copies, where appropriate)



2d) Maintain the CDFVR website, providing access to a wide range of information and resources to support service system responses to those affected by domestic and family violence

2e) General promotion of community awareness of domestic and family violence, including promotion of the Domestic and Family Violence Prevention Month campaign

2f) Respond to media requests for information that will help raise the profile of domestic and family violence prevention and support initiatives through media

3. Support the State Coroner with domestic violence related death reviews. The nature of this support will be negotiated with the State Coroner and the Domestic Violence Death Review Unit.

The major impact of the new agreement and its requirements, to date, concerns the CDFVRe@der. We have somewhat reluctantly decided to produce the CDFVRe@der bi-annually, rather than quarterly. This will enable the production of two other resources in accordance with clause c), above. Recognising the challenges related to benchmarking outputs for CDFVR's funded activities, the service agreement between the University and the Department includes a provision for the outputs to be reviewed in August, 2014.

CDFVR remains committed to working in partnership with our stakeholders to identify sector priorities for professional development. With that in mind, we have invited networks and agencies across the state to nominate representatives for the CDFVR Advisory Group. The membership of the Advisory Group can be seen under *Centre News*.

I would like to take this opportunity to thank Minister Davis, staff of the Department of Communities, Child Safety and Disability Services, and our current and former advisory group members for their continued support. I look forward to working with you all over the next three years, and beyond.

Inside this issue

Step-Up resource review	3
Adolescent to parent abuse: Awareness, attitudes and experiences in the Australian population	5
9th Annual Qld Indigenous Family Violence Prevention Forum	6
Forum photo gallery	9
At the coalface	11
Fatal assault and neglect of Queensland children	12
Child sexual abuse – what you need to know: A resource review	16
Forewarned is forearmed - a review of three children's books.....	17
Workshops, conferences, and date claimers.....	18

Centre news

New resource now available online

A video recorded at CDFVR's February research seminar : 'Typologies of intimate partner abuse – theory and practice', is now available to view online.

The seminar was presented in response to a decades-long debate within the domestic violence sector, on gender symmetry in intimate partner violence. Presenters Michael Johnson, Emeritus Professor of Sociology, Women's Studies and African and African American Studies at Penn State; Dr. Shamita Das Dasgupta, co-founder of Manavi (New Jersey), the first organisation in the US to focus on violence against South Asian immigrant women; Dr. Jane Wangmann, Lecturer in the Faculty of Law, University of Technology, Sydney; and Dr. Rae Kaspiew, socio-legal researcher with particular expertise in family law and family violence, explore the theory and practice of typologies of intimate partner violence, including a critique and reflections on practice in the Australian context.



L – R Dr. Rae Kaspiew, Dr. Shamita Das Dasgupta, Emeritus Professor Michael Johnson, Heather Nancarrow (CDFVR Director) and Dr. Jane Wangmann.

A YouTube presentation of the typologies seminar can be viewed at:

<http://www.noviolence.com.au/seminarvideos.html>

**STOP
PRESS!!**

**The CDFVRe@der will
be produced on a
bi-annual basis from
this edition forward...**
(see Director's message
for more details)

CDFVR Advisory Group membership - 2013-2016

Network/agency/area of expertise represented	Name
CDFVR Aboriginal and Torres Strait Islander Reference Group	Shirley Slann
Central Qld Combined Women's Refuge Group	Kathy Cave
Elder Abuse Prevention Unit (EAPU)	Chris Procopis
Indigenous community development	Jenny Binsiar
Immigrant Women's Support Service (IWSS)	Cecilia Barassi-Rubio
North Qld Women's Services Network (NQ WSN)	Lindy Edwards
Qld Domestic Violence Services Network (QDVSN)	Amanda Lee-Ross
Combined Women's Refuge Group (SEQ)	Rosemary Larkin
Qld Sexual Assault Network (QSAN)	Stephanie Anne
Research	Prof. Heather Douglas
Services and Practitioners for the Elimination of Abuse in Qld (SPEAQ)	Mark Walters
Sisters Inside	Debbie Kilroy
Training/professional development	Betty Taylor
Women with Disabilities Australia (WWDA)	Karin Swift
Women's Domestic Violence Court Assistance Network (WDVCAN)	Jodie Dann

Step-Up: A group intervention for youth who are violent in the home

by Lily Anderson and Greg Routt, Step-Up curriculum authors

The Step-Up program in Seattle, Washington, U.S. has been helping young people who are violent and abusive toward family members for almost 16 years. Using a 21 session cognitive behavioural, skills based curriculum in a group setting, youth and parents learn and practice skills for respectful, non-violent family relationships. The program includes a combination of parallel youth and parent groups, and multi-family groups with youth and parents together.

The curriculum employs best practice and evidence-based approaches including cognitive behavioural learning, skill development and solution focused strategies to help young people make specific behavioural changes related to stopping violence/abuse and building respectful family relationships. A collaborative, family based approach is used in family groups where parents and youth learn and practice skills with feedback and support from others.

In the parent group, parents learn skills to help them safely hold boundaries and support their youth in using new skills at home.

Family safety is a priority with youth developing a personal 'safety plan', followed by weekly 'check-ins' to monitor progress in staying non-violent and safe with family members. Weekly behavioural goals are set by the youth with progress reported each week, fostering accountability for behaviour and keeping the focus on using safe behaviours at home.

Step-Up uses a 'restorative practice' approach to help the young person understand the effects of his or her violence and abuse on others, cultivate empathy, and take responsibility for behaviour. Engaging the youth in a collaborative process with the victim (parent/caregiver, usually) in a community of other families, holding a balance of accountability and support, is a key element of the program.

Step-Up has been evaluated by an outside research firm, with outcomes showing significantly lower recidivism than comparison groups at 12 and 18 months post intervention, and significantly reduced violence and abuse in the home and improvements in youths' and parents' attitudes, skills and behaviours over the course of the intervention (Organizational Research Services, 2005).

History and context: A coordinated community response

Step-Up began in 1997 as part of a multi-faceted juvenile justice effort to address the high number of youth assaults toward family presenting in our juvenile court. Parents often say they are afraid to have their youth released home because of the violence. Conventional counselling approaches were not helping youth stop the violence, bringing youth back to court with re-offences at a higher rate than any other type of assault.

As with adult domestic violence in our community, there was a recognised need to respond to the problem on multiple levels in a coordinated and collaborative way, with a common goal of victim safety and engaging youth in changing their behavior. As we have learned from adult domestic violence, intervention programs alone are not enough. Many youth refuse to attend, and parents have limited influence with a teen who is abusing them. While most parents and helping professionals alike do not want to 'criminalise' young people, the justice system can play an important role in helping youth get the help they need.

A Juvenile Domestic Violence Task Force was convened to examine justice system barriers to this issue. Several barriers were identified; most significantly that police and justice system responses

often increase the youth's violence by giving a message that violence toward family members is not a serious matter (i.e. not worthy of arrest or a report, or if reported, dropping charges or failing to hold youth accountable to follow court orders). In addition, youth receive inconsistent messages about their responsibility for their behaviour, often by placing culpability on the parent. Conflicting opinions and perspectives between parties that interface with youth further emboldens the message that their violence is, as youth would say, "not a big deal". This attitude strengthens the chance the behaviour will continue and possibly become more serious. And finally, parents feel confusion by inconsistent responses, and what seems to be disregard for their concerns about their safety.

While challenges continue, policy changes and collaborative efforts have helped to address some of these barriers, with attempts to give a clear, consistent message that violence toward family members is a crime and the court is concerned about the safety of families. Some of these include: a police training video about youth violence



toward family; facilitating 'safety plans' before release home; and more recently, a policy for DV offences to be prioritised and put on a 'fast track' so youth begin intervention as soon as possible. A diversionary process gives youth the opportunity to avoid criminal charges if they complete required intervention. This helps parents concerned about a criminal record for their child, feel more comfortable calling the police for help.

Accountability for behaviour to the court is the 'kick start' in the therapeutic process of behavior change for youth. It also helps them 'stick with it' during the change process.

Lessons learned

When we began developing Step-Up, there were no treatment models to guide us, and no research on intervention for this type of youth violence. Research on intervention with aggressive youth in other areas (mainly peer violence) informed us about evidence-based practices, such as cognitive behavioural learning and skills based approaches (Crick & Dodge, 1994, Bandura, 1973), and that group sessions show better outcomes than individual sessions (Lochman, 2007). Our backgrounds in domestic violence gave us an understanding of the importance of accountability and victim safety, and a framework for weekly monitoring through a check-in process using an adaptation of the Duluth Model's Power and Control Wheels (Pence & Paymar, 1993).

Much of our learning came from trial and error. When we began our first groups, concerns about safety prompted us to hold separate parent and teen groups. Before long, parents started asking: "Why are we in separate groups? We live with our teens every day. We want to be involved with what they are learning..." So, we began having some combined sessions, which has turned out to be the most valuable part of the intervention.

We have found family groups are the most powerful part of the program. Youth and parents learn from each other, challenge and encourage one another, becoming invested in each other's success. The restorative process is engaged in family groups, using restorative inquiry when a youth has been violent. The restorative process is especially helpful in shedding light for youth on how their hurtful behaviour impacts others, and engaging feelings of empathy. When this process is happening, every youth is watching and learning from it – connecting it to themselves and their own experience.

The program has evolved and improved over the years, with youth and parents being our best teachers. Listening to them and observing their progress has guided this intervention. We continue to learn from every adolescent and parent we work with.

We are not in this work alone

In the last several years, there has been an emerging community of colleagues networking nationally and internationally to share experiences, perspectives and approaches in this challenging but rewarding work. Australia and the UK have been leaders in exploring efficacious helping approaches, with a growing number of programs (No To Violence, 2012).

Lily Anderson, co-author of the Step Up Program, had the honor of presenting at Australia's first international conference on adolescent violence in the home organized by Jo Howard at PenDAP, Peninsula Health, in Melbourne on February 18th and 19th. The conference, *Adolescent violence in the home: Supporting collaboration across the criminal justice and community sectors*, included practitioners, youth justice, police and researchers sharing their knowledge, ideas and visions in this work. The learning was inspiring, thought provoking and most importantly, fortified that we are not doing this work alone.

Step-Up trainings were delivered in Melbourne and Adelaide, where much interest was expressed in using the Step-Up model in the Australian context. There were queries about adapting Step-Up to fit the culture and diversity of needs in local communities. Participants were welcomed to adapt the curriculum to suit the needs of the families in their communities. We asked them to share their adaptations with us, and each other, so we can all learn from one another. A refrain throughout the trainings was: *We are all in this together. We can all learn from each other's work. When we share our work and our learning, we all benefit- especially the families we serve.*

You can learn more about Step-Up and view the curriculum at: <http://www.kingcounty.gov/courts/step-up.aspx>

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“Why are we in separate groups? We live with our teens every day. We want to be involved with what they are learning...”

Adolescent to parent abuse: Awareness, attitudes and experiences in the Australian population

by Heather Nancarrow, CDFVR

CDFVR research (Nancarrow, Hanley, & Viljoen, 2012) indicates a substantial level of adolescent to parent abuse within Australia. The purpose of the study was to identify the level of awareness of domestic and family violence; ascertain the prevailing attitudes towards domestic and family violence; and explore the experience of different types of relationship abuse, within a random sample of the Australian population. The study utilised the Australian Health and Social Science (AHSS) panel, an initiative of the Institute for Health and Social Science Research (IHSSR) at CQUniversity, Australia. The panel comprises a random sample totalling 3,273 Australian adults who agreed to participate in online surveys conducted by researchers affiliated with IHSSR. Of the total number of panel members, 49 per cent (1,606) participated in the CDFVR study.

While the CDFVR study explored awareness, attitudes and experiences of domestic violence, elder abuse and adolescent to parent abuse, this brief article summarises key results related to adolescent to parent abuse. Violence by adolescents at home is not always abusive; it can be self-defence, mutual combat or expressive (Gallagher, 2008). Adolescent to parent abuse can be understood as any intimidating behaviour directed by an adolescent towards his or her parent, which aims to physically or emotionally hurt them (Cottrell, 2001). A limitation of the CDFVR study is that, being a quantitative online survey, the context (e.g. motive) in which adolescent to parent abuse was experienced or witnessed by survey respondents is unknown.

Awareness and attitudes

The survey results demonstrate considerable ambivalence about what is acceptable, or normal, behaviour in adolescent and parent relationships. In considering whether it is normal for parents to adjust their behaviour to avoid conflict with an adolescent child, forty-five per cent of the survey respondents either agreed or were undecided. Almost the same number (44.5%) agreed, or were undecided if it is normal for parents to create situations the adolescent approves of; and one quarter agreed, or were undecided if it was normal to tip toe around an adolescent to keep the peace. Further, 18 per cent agreed or were undecided if it is normal behaviour for an adolescent to threaten to leave home, or to harm themselves in order to get parents to do what the adolescent wants.

Reports of experience of abuse and witnessing abuse

Eight per cent (n=125) of respondents reported they had been a victim of adolescent to parent abuse. Of those, (7%) were male and (9%) female; those in the age group 45-64 had the highest percentage (15%) of reports of adolescent to parent abuse. While only eight per cent of the

total sample reported they had experienced adolescent to parent abuse, 36 per cent (n=577) reported that they had witnessed such abuse. For the cases of witnessed violence, however, the victim was reported most often (52%) to be the mother, followed by the father (16%), of the perpetrator. The remainder (32%) of the people who reported witnessing adolescent to parent abuse identified the victim as the perpetrator's partner (6%) and various other family members (26%), indicating a lack of familiarity with the term 'adolescent to parent abuse'. So, in reality, just less than a quarter (24%, n=392) of the total sample had witnessed adolescent to parent abuse; nevertheless a substantial proportion of the total survey sample had witnessed adolescent violence towards family members or an intimate partner.

Willingness to intervene

More than half (57%) of the 577 people who said they had witnessed adolescent to parent abuse had tried to intervene. The main reason for intervening (67%) was that the witness thought what was happening was wrong. Sixteen per cent of those who intervened said they were afraid for the victim's safety. The majority (54%) tried to reason with the aggressor, while 17 per cent physically restrained the aggressor. The main reason given for not intervening was that the witness thought they could not help the situation. Eighteen per cent thought it was none of their business.

Conclusion

These preliminary findings indicate that there is considerable ambivalence about the difference between normal and abusive adolescent behaviour among a random sample of the Australian population. However, it seems that adolescent to parent abuse is prevalent and that a majority of those surveyed who had witnessed such abuse were willing to intervene.

A copy of the full report can be found at: <http://www.noviolence.com.au/reports.html>.

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9th Annual Queensland Indigenous Family Violence Prevention Forum – Olgeta yarn up

by Annie Webster, CDFVR

This is a brief overview of presentations at the 9th Annual Queensland Indigenous Family Violence Prevention Forum. A full report, including 'Hard yarn' contributions as well as speaker PowerPoints, can be accessed at <http://www.noviolence.com.au/indigenousforum.html>

This year's Queensland Indigenous Family Violence Prevention Forum 'Olgeta yarn up' was made up of 82 per cent Indigenous participants and 18 per cent non-Indigenous participants who work predominantly with Aboriginal and Torres Strait Islander people. Participants travelled from locations such as Thursday and Moa Islands, Lockhart River, Cunnamulla, Kingaroy, Woorabinda, Palm Island and Cooktown to listen to and share information. Of the 98 registrations at this year's forum 67 completed the evaluation. Of those 67 people 100 per cent said they agreed or strongly agreed that they had learned new things that they could use in their work. When asked whether they would come back next year, 98.5 per cent of participants said they would, with the remaining 1.5 per cent (n=1) saying they would no longer be working in this field in 2014.

Dr. Jackie Huggins, AM, opened the forum to give an overview of the Alcohol Management Plans (AMPs). She explained how the Aboriginal and Torres Strait Islander reference group, who advise CDFVR on the forum, thought that it was important for participants to hear and discuss issues that may directly affect their lives – information that they regularly see on television, read about in newspapers and hear on the radio, but rarely get the opportunity to discuss. Jackie provided a brief history of the AMPs and explained that while alcohol misuse is not exclusive to Aboriginal and Torres Strait Islander people, alcohol-related deaths are eight times greater for males and 16 times greater for females, compared to non-Indigenous. She spoke about the lack of consultation in the implementation of the AMPs and how historically this lack of community involvement has led to policy failure.

Alcohol Management Plans Panel:

Councillor Ken Bone, Mayor of Cherbourg Aboriginal Shire Council, spoke about how the AMPs currently work in Cherbourg and discussed the initial results of a survey which is being undertaken in the Cherbourg community. They felt that the policy was not about alcohol, but about racism. Ken said it was the community that needed to come up with the solutions.



Councillor Alf Lacey, Mayor of Palm Island Aboriginal Shire Council, also spoke about the AMPs currently in place in his community. Alf said that people on Palm Island wanted to be like others in Australia, with the opportunity to have a barbecue and a drink on their veranda. He said his community wanted flexibility, responsible drinking, not returning to the old ways. Alf talked about the consequence of the AMPs - drug use and petrol sniffing, and asked participants what they thought his community would look like in 30 years if this continued. He spoke about the many important social issues on Palm Island that require discussion, such as lack of housing, economic sustainability, and employment, that are being overlooked by government who are isolating discussion to the AMPs.



'AMP Insights' panel:

Liz Young, Alcohol and Other Drugs, Woorabinda commenced discussions on the afternoon of day two. Liz said that of the 1000 people living in Woorabinda, approximately 150 had alcohol problems and a great deal of time, money and resources was being spent on this group. She wondered what else was happening in her community – domestic violence, unemployment.... Liz said there were also problems with drugs, which were taking over the lives of their young people. She urged the government to come back to her community and talk about the best way forward for them - to look at their community problems, not just the 150 people who use drugs and alcohol. She said that alcohol was a panacea for broader social problems, resulting in their young men being incarcerated; or in aged care with dementia, from misuse of alcohol.



Moir Bligh represented the Queensland Child Death Case Review Committee (CDCRC) at the forum. She gave a brief history of why the CDCRC was established and an overview of child deaths and the associated family behaviours which led to them. Moira advised that Indigenous children are over-represented at every point in the child protection system; nine times more likely than other children to be in out of home care; and that domestic violence was the most common family and parental issue relating to child deaths.



Moira emphasised the importance of providing parents with skills to raise their children because children will always return to their dysfunctional families.

Shane Duffy, CEO, Aboriginal and Torres Strait Islander Legal Service (ATSILS) said that the AMPs discriminated against Aboriginal and Torres Strait Islander People based on their race. He asked why Aboriginal and Torres Strait Islander people are treated differently to the rest of the population. Shane said additional problems with the AMPs included that the legislation was put in place without prior advice to the communities about what it would look like. Support services were not in place; communities did not consent to the relevant provisions; and the relevant provisions did not demonstrate the legislative intentions – that they were a temporary measure. Shane spoke about how the provisions were not based on need, and rather than providing a positive outcome, have led to the criminalisation of hundreds of people, based on their race.



Culture and Healing



Judy Atkinson, Member of the Healing Foundation, was the keynote speaker on day two of the forum. Judy talked about culture and how it can be used to heal. She said that culture is a living process and could be found in families, organisations, communities and passed down through generations. She shared her insight into the seven 'Rs' of healing education – Respect, Rights, Responsibility, Relatedness, Reciprocity, Resilience and Resonance. Judy encouraged participants to link their 'heart place' with their 'thinking place' to help them respond to each other's needs. She discussed how healing can develop through storytelling, making sense of stories, feeling feelings and acknowledging loss and grief. Judy said that each person has the gift of listening to each other, learning from each other, walking together into the future by honouring each other and understanding that each human being has the capacity to heal.

Culture and healing - Children

Lylah Little, Post-Separation Parenting Program, UnitingCare Community, Hervey Bay, spoke about her core business - working with parents contemplating separation, or going through the separation process. She said that their programs provide educational opportunities – such as parenting programs or information on how domestic violence affects children; counselling; and support; and link clients with other services, including domestic violence services. Lylah explained that by empowering parents to see the damage that is being done to their children, they can also be helped to see what they can positively do to make their children's lives safer and more secure.



Sonia Townson, Aboriginal and Torres Strait Islander Legal Service (ATSILS), Bamaga, talked about some of the work she has done with young people at Bamaga to increase their knowledge about their culture and to provide them with somewhere to go, other than on the streets. In her current work with ATSILS, she sees Indigenous youth entering the criminal justice system, going to detention, getting out and then repeating the cycle. She told participants 'it's our business to stop the cycle happening – our young people can't do it alone'. Sonia explained that the draw of detention was the modern technology available; the meals; and the routine. She said that young people are needed in their communities – as leaders, mentors, role models – not going down the path of self-destruction.

Theresa Mace, from Kummara Indigenous Family Care, Brisbane, gave a brief history of Kummara and how it has evolved over the years. She explained that Kummara focuses on working with 'the family', which includes aunts, uncles, cousins and grandparents – whoever has a significant impact on the family. Theresa and her colleagues work with a range of agencies to support families through the system. She discussed the programs they run: child care; a Child Safety funded early intervention service which supports reunification and deals with short term child protection orders for families; a low level family support program (also funded by Child Safety) which is used when people have been through the notification stage but have not yet been investigated; and a family support program called 'Indigenous Parenting Support'. Theresa explained how Kummara works in 'partnership' with families – working alongside them, not telling them what to do. (See 'At the coal face' article, P. 11 for further details).



Culture and healing – Women

Debra Bennet, Director, Aboriginal and Torres Strait Islander Programs, Relationships Australia, Brisbane, shared her personal story and explained how mentoring from grandparents and family members gave a good cultural grounding for her life. She discussed her concept of the 'yarning circle' – a series of milestone ceremonies that is worked through, which takes participants through a process of healing. Debra said it was important that Indigenous models are used to engage Indigenous communities and urged organisations to encourage their Indigenous staff to return to their communities to discuss what healing models they already have, then seeing how they can be strengthened and used. She said an integral part of this process is educating non-Indigenous people that Indigenous ways of healing are legitimate.



Heather Nancarrow, CDFVR Director, discussed the inter-relatedness of healing and justice from Aboriginal and Torres Strait Islander women's perspectives. Drawing on her research, Heather identified that Indigenous and non-Indigenous women disagree on the objectives of a justice response to domestic and family violence. Indigenous women prioritise rehabilitation and building self-esteem for offenders, and healing relationships between the offender and the victim and the offender and the broader community. Non-Indigenous women don't see these healing objectives as relevant to a justice response. For many Indigenous women a justice system intervention without healing, which places the state above community, is not justice.

Isobel Stephen, community leader from Moa in the Torres Strait Islands, spoke about the mentoring program that is currently being used for both men and women on Moa. The program engages cultural mentors (elders) and teachers from the community to teach young people about themselves and who they are. The aim of the program is to rekindle family values and a sense of community belonging, through culture. It focuses on preventative strategies to reduce domestic violence and family dysfunction by supporting young parents through cultural learning and development of parenting skills and provides information sessions on healthy relationships.



Culture and healing – Men

Wayne Laza from Mura Kosker in Thursday Island said that he worked across the whole of the Torres Strait Islands to deliver services. He said that colonisation and living remotely had taken its toll on Torres Strait Island communities and families. He talked about how men in his community, who had taken part in the Red Dust Healing workshop had now been motivated to start a working group to focus on male wellbeing – working with a collaborative, holistic approach. The group, called 'Yuma one mepla way' against domestic violence (we're all working together in the way we know how against domestic violence) was officially formed in March this year and operates from a bottom-up approach.

Lyndon Reilly, Royal Flying Doctor Service, Cairns, spoke about men's groups, particularly the 'Strong Fathers, Strong Families' project that he is involved in and delivers in Mornington Island, Doomadgee and Normanton. The program aims to promote the roles of Aboriginal and Torres Strait Islander fathers, grandfathers and uncles. Lyndon explained that the project encouraged male family members to be healthy role models for their children and to positively contribute to the support of their partners – pre, during and post pregnancy. Lyndon emphasised that strong men mean strong families and if you have strong families, you will also have strong communities.



Glynn Johnston, Remote Aboriginal and Torres Strait Islander Child Care (RAATSICC), Mt. Isa covers an area of 800 km x 350 km from Mt Isa to Mornington Island to Gulf of Boulija and far out as Camooweal to West and East to Cloncurry, working with and referring to, specialist service providers. Glynn works with men's groups and also runs a strengths-based therapy program – empowering families and communities, helping families before Child Safety has to intervene, or supporting families who have had their children removed to reunify them. Glynn said that he believes men are changing their attitudes toward domestic violence because their behaviour is being challenged and because it's now 'everyone's business'.





At the coal face.....



Theresa Mace is the senior Aboriginal social worker for Kummara Association Inc. and Program Manager for Kummara's Indigenous Parenting Program (IPS). We recorded this interview at the 9th Annual Indigenous Family Violence Prevention Forum.

Tell us a little bit about Kummara, especially the work you do there.

Kummara is an Aboriginal family support service established in 1999, however, the essence of Kummara - as it is known now - already existed through the child care service Koolyangarra. Koolyangarra started as an Aboriginal and Islander Child Care Agency (AICCA service) which supported mothers to nurture their children and rebuild their lives, mainly after escaping domestic and family violence. There are four programs currently running at Kummara to support Aboriginal and Torres Strait Island children and their families: child care, through Koolyangarra as an Early Learning Centre; Family Intervention Service (FIS), a Child Safety funded response supporting families dealing with reunification and short term child protection orders; Family Support Program (FSP), another Child Safety funded program supporting families with low level/early intervention; and Indigenous Parenting Support (IPS), an early intervention, prevention and support program that works over four levels of service delivery from basic referral information to in-home intensive support.

What are some of the pressures facing parents who need your services?

A lot of the parents are very young and haven't had much exposure to immediate, positive and sustained role modelling and are taking their parenting cues from media portrayals (television and movies) rather than having access to real life mentors. Peer pressure to be like everyone else and to be accepted within their community is challenging for parents who want to explore other options of parenting different to their social peers or family. Continuing to live in a community and not maintaining the 'norm' can mean parents and their children can become ostracized. Another pressure for young families is the over-representation of our children in the child protection system, and unfortunately this can be due to their own family's historic involvement. The impact of child protection has come from the difference in understanding of Aboriginal child rearing practices within individual families. Traditionally kids played a more active role within the family. A big part of that was looking after young ones and by doing that they learned responsibilities and caring.

Tell us about some of the activities that you might undertake to improve parenting skills.

Many families struggle to understand what we

mean by early intervention support, and for Indigenous families the talk of support is met with fear of statutory intervention (welfare). Kummara strives to build a partnership with the parents, and other significant people within the household who have input to the parenting role. We speak of partnerships as being different to relationships, because in a partnership together we're moving toward an agreed goal with specific timeframes included. We work from strengths, rather than a deficit base. So rather than walking in saying 'this family are experiencing domestic violence and overuse of alcohol', we help parents to see the impact on the children from their style of parenting. All staff are trained to deliver an in-home parenting program, Parents Under Pressure (PuP) which is an individualised program used to support parents explore their parenting journey and how they feel about it, especially getting parents to talk about what they want for themselves and for their children. The group program we run is Circle of Security (COS) which helps parents build their reflective functioning around meeting their children's emotional needs, which builds healthy attachments and long lasting relationships. Other activities include: emergency relief for food and utilities; financial support for school engagement; transport support to attend appointments; advocacy where necessary; basic counselling; and most importantly a space to sit and have a cup of tea/coffee and a chat.

What are some of the challenges that you, as a worker, face on a daily basis?

The biggest one is the notion families' hold of what family support is. Most families' expectations when they approach us are around the provision of money, food, transport, payment of bills, or to 'do for' them. We explain that our support is about walking beside, empowering, and challenging parents 'to do - for themselves', by helping them build skills and knowledge in order to meet future challenges. When families are in crisis it is difficult for them to hear this difference, which in turn can impact on their eagerness to engage with us at that point. Workers are supported through internal supervision, ongoing professional development, regular group peer support, and access to opportunities to re-energise and reconnect spiritually.

What makes you optimistic for a future free from domestic and family violence?

The best things I've seen that makes me optimistic are families that have been through our service referring other families to us because they believe and trust in what we have to offer. What I really love lately is seeing more dads standing up to take on the parenting role. We also support grandparents who have been taking responsibility for the parenting role while the parents are unable to. In particular we have seen an increase in grandfathers being primary carers. I'd like to see Kummara get bigger so we can 'jump the river' because we are currently funded only to work on the south side of the Brisbane river. My vision is that all Aboriginal services get the skills and models we use, so we can provide a consistent and expanded level of service delivery.

Fatal assault and neglect of Queensland children – a précis of the Commission for Children and Young People and Child Guardian's report.

by Annie Webster, CDFVR.

For the purposes of this project fatal assault and neglect are defined as:

Fatal assault: *Where a child dies at the hands of another person who has wilfully inflicted harm to them through some means of force or physical aggression.*

Neglect: *Where a child that is dependent on a caregiver for the basic necessities in life dies owing to the failure of the caregiver to meet the child's ongoing basic needs.*

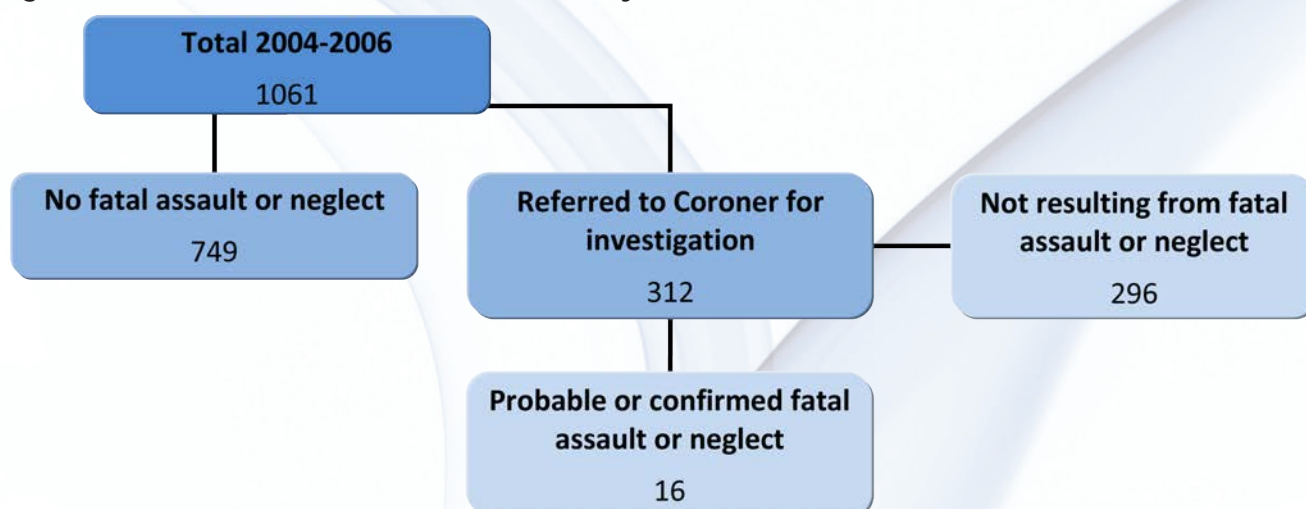
The Commission for Children and Young People and Child Guardian's (the Commission) recent report, 'Fatal assault and neglect of Queensland children', gives voice to children under five years of age who died as a result of assault or neglect over a three year period, between 2004 and 2006. Children under five were chosen as the project sample for this review because of their complete dependence on caregivers for survival and care and because they are defenceless to harm against them. The review grew out of the Commission's concern that cases of child death which involved fatal assault and neglect were being under-reported. The review of child deaths identified cases where: evidence of extreme harm or unexplained injury was found at autopsy, with no action being taken against the parent/caregiver; children died as a result of neglect from treatable medical conditions; profoundly disabled children's deaths were hastened by insufficient care/medical attention; and where more than one child in a socially chaotic family had died in similar circumstances.

One thousand and sixty one children under five years of age died between 2004-2006 in Queensland. Every death that could not be accounted for by disease and morbid conditions was examined for the possibility of having been caused by either abuse or neglect and referred to the coroner to review. Of the 312 (29%) cases reviewed, 16 (5%) were identified as probable or confirmed fatal assault or neglect cases. Domestic violence was evident in 63 per cent (10 of 16) of fatal assault and neglect child deaths with domestic homicide the most common category of death (9 of 16, or 56%). See figure 1.

The Commission is legislated to review all deaths of children under the age of 18. The legislation requires that the Commission:

- Maintain a register of all child deaths.
- Analyse and report trends and issues that emerge in child death data.
- Conduct broad research in relation to child deaths.
- Produce an annual public report (Annual report: Death of children and young people, Qld Series).
- Make recommendations to improve laws, policies, procedures and practices.

Figure 1: Deaths in Qld of children under 5 years



Data obtained by the Commission is contributed from: Registry of Births, Deaths and Marriages; Qld Police Service; and notices of death and autopsy and coronial reports from the Coroner. Additional information is received from Department Communities, Child Safety and Disability Services, Qld Police Service and Qld Health, providing a suite of information to inform identification and assessment of child abuse and neglect cases.

All evidence is analysed using the Commission's screening criteria, which breaks the evidence up into four categories. They are:

- **Not** a fatal assault or neglect – no evidence to support fatal assault or neglect.
- **Possible** fatal assault or neglect – harm or neglect which may have contributed to the cause of death. Risk factors associated with harm or neglect could have played some role in the death without establishing a likelihood of it having occurred.
- **Probable** fatal assault or neglect – a) evidence available indicates that there is a high likelihood the death was a consequence of inflicted injury or neglect; b) medical evidence suggests the death was a consequence of inflicted injury or neglect; and c) perpetrator has suicided in conjunction with the apparent non-accidental death of the child.
- **Confirmed** fatal assault or neglect – a) perpetrator is charged with a criminal offence relating to the death b) coronial inquest indicates the death was a cause of inflicted harm or neglect; c) perpetrator suicides in conjunction with child's death and has either expressed or implied they were responsible.

This framework for assessing the information assists in evaluating and weighing the likelihood of fatal assault and neglect having occurred, based on the quality and quantity of information available for each child death. Only child deaths where it was established that the 'probable' or 'confirmed' fatal assault or neglect criteria was met were used as the project sample.

The Commission has also developed a classification model (which was first applied in the Annual Report: Deaths of children and young people, Queensland 2011-12 and can be used retrospectively to analyse child deaths that have occurred in Qld since 2004). The classification model is used in conjunction with the screening criteria to classify categories of fatal assault and neglect, and for all deaths of children and young people under the age of 18. Fatal assault takes up seven of the nine classification categories which include: neonaticide (the intra-familial killing of an infant within 24 hours of birth); fatal child abuse; domestic homicide; peer homicide; intimate partner homicide; acquaintance homicide; and stranger homicide. Fatal neglect is one stand-alone category and is defined as a failure to provide the child with the basic necessities of life that are essential for them to survive (food, water/liquids, shelter from the elements, good hygiene, failure to seek medical attention/advice when the child has an injury/illness/disability/impairment that requires immediate attention). The one remaining category is 'no fatal assault or neglect'. The classification model was only partially relevant to this project sample because the project scope was only for children under five years of age.

The four classifications identified for this project sample where child deaths were probable or confirmed were: neonaticide 6.25 per cent (n=1); fatal child abuse 25 per cent (n=4); domestic homicide 56.25 per cent (n=9); and fatal neglect 12.5 per cent (n=2). See table 1.

Table 1: Child deaths by probable or confirmed classification

Classification of death	Probable	%	Confirmed	%	Total	%
Neonaticide	0	0	1	6.25	1	6.25
Fatal child abuse	1	6.25	3	18.75	4	25
Domestic homicide	1	6.25	8	50	9	56.25
Fatal neglect	0	0	2	12.5	2	12.5
Total fatal child abuse and neglect cases used in this project sample.	2	12.5	14	87.5	16	100

Table 2: Demographics

Gender	No. of child deaths	Percentage
Male	8	50
Female	8	50
Age		
Under 1 year	8	50
1 year	4	25
2 years	1	6
3 years	2	13
4 years	1	6

Demographics and cultural status associated with the 16 children who died as a result of abuse and neglect was also reported. Male and female children were equally represented in fatal assault and neglect child deaths (eight of each gender). Children under one year, the most vulnerable group, were over represented in the sample with 50 per cent (n=8) of all deaths attributed to this age group. Children under two years made up 25 per cent (n=4) with the remaining 25 per cent of child deaths made up of children between 2-4. See table 2.

Cultural status was made up of three children (19%) from culturally and/or linguistically

diverse backgrounds (CALD) and 13 (81%) from non-Indigenous or non-CALD backgrounds. None of the fatal assault and neglect deaths in this project sample involved Aboriginal and/or Torres Strait Islander children.

Vulnerability characteristics were also considered and based on information provided to the Commission by its available sources. In this project sample vulnerability characteristics that related to the child's physical, mental, intellectual and medical issues were not common (2 of 16, 13%); however at least one vulnerability characteristic which related to the child's family was evident in 94% (n=15) of fatal assault and neglect cases reviewed. These characteristics included: history of domestic violence (63%, n=10); parental drug or alcohol abuse (53%, n=10); criminal history (88%, n=14); previous contact with Department of Communities, Child Safety and Disability Services (81%, n=13); and child protection history (81%, n=13). Half (n=8) of all fatal assault and neglect child deaths involved an alleged perpetrator with a mental illness and in 31 per cent (n=5) of cases involved drug and/or alcohol use by one or more alleged perpetrators immediately prior to the incident which led to the child's death.

As noted, above, the largest category of fatal child death was domestic homicide which made up nine of the 16 cases (56%). In all but one domestic homicide a parental figure was the alleged perpetrator (mother, father or step parent) and in more than half of the cases (n=5) the child's father was the sole alleged perpetrator. The most common type of domestic homicide was murder-suicide (6 of 9, 67%), half of which involved the child's father (3 of 6, 50%). The most common method of domestic homicide was suffocation/asphyxia and carbon monoxide poisoning. In six of the nine cases of domestic homicide (67%), breakdown in the parental relationship was reported as a possible factor contributing to the child/children's death. Mental health issues of the alleged perpetrator were evident in less than a quarter (22%) of the nine cases and also seen as a possible contributing factor.

“The child, their siblings and a parent were discovered deceased in a motor vehicle in the garage of the family residence. The cause of death was due to inhalation of exhaust emissions.....”

In the second largest category, fatal child abuse,(25%, 4 of the 16 cases), the alleged perpetrator was either one or both of the child's parents. For two (50%) of the child deaths the mother was the only alleged perpetrator and for the other two (50%) cases the mother and father were the alleged perpetrators. In two of the four cases some type of blunt force was suspected to have been used against the child.

The one case of neonaticide identified in the project sample related to the child's mother experiencing some denial or loss of a sense of reality to the child's birth and the child being subsequently left to the elements. In this case the father was also aware of the situation, but failed to assist the child.

Of the two cases of fatal neglect (13%), the mother was the alleged perpetrator in one case and the mother and father were identified as the alleged perpetrators in the second case. In both cases the

children's parent/s failed to seek medical attention for the child's physical injury, illness or disability which led to their death.

In analysing the 16 child deaths in this project sample, the Commission summarised three key prevention messages to reduce fatal assault and neglect child deaths in Queensland. They are:

Key message 1:

Vulnerability characteristics such as mental health issues, drug and alcohol misuse, criminal offending and domestic violence are commonly not experienced in isolation and can severely impair family functioning. Effective service systems supporting families should be integrated and co-operative in performing functions to identify and address all aspects of family functioning issues, including risk of harm and injury to children.

Families with one or more vulnerability characteristic present may be placed under additional stress which makes their children at greater risk of harm or injury. The Commission recommends that supports be applied to these cases to enable a level of familial resilience to be developed.

Key message 2:

Medical professionals have a key role to play in comprehensively assessing infant wellbeing, and identifying potential risk of harm or injury, during contact with the infant and their family through medical appointments and engagement with specialised services, as this may be the only point of contact these young children have with support services.

Medical appointments are one contact that children under the age of five are likely to attend. Medical professionals/ community health centres/ child health nurses are therefore in a unique position to identify at risk infants that they come into contact with.

Key message 3:

It is essential that quality and accessible datasets about child deaths in Queensland are maintained to create a necessary and robust evidence base to inform child death research and prevention initiatives.

The Commission's capacity to establish the presence of fatal assault and neglect as a factor in child deaths is only as strong as the evidence available. Limited information may only lead to a classification of a 'possible' threshold of fatal assault and neglect where a more accurate assessment result could have been achieved with more detailed and better quality information.

Continued improvement of investigative processes and record keeping by Queensland agencies can lead to increased information on suspicious circumstances surrounding children's deaths and subsequently increased numbers of fatal assault and neglect being recorded. The planned development of an enhanced Child Death Register will enable the Commission to capture extensive demographics, vulnerability characteristics, risk factor profiles and contextual information about child deaths. This information will meaningfully inform child death prevention initiatives to reduce the occurrence of child deaths in Queensland, including fatal assault and neglect child deaths.

A full version of this report can be viewed at: <http://www.ccypcg.qld.gov.au/resources/publications/fatal-assault-and-neglect-of-Qld-children.html>

Child sexual abuse – what you need to know: A resource review

by Annie Webster, CDFVR.

Child sexual abuse crosses the divide between class, race and gender. Predominantly perpetrated by people that children know and trust, often in their own home or a place they feel safe, it is a crime that preys on the vulnerability of its victims.

The Department of Communities, Child Safety and Disability Services' has a resource to assist adults to support children under the age of 18 to make informed decisions to ensure they stay safe and protected from harm. The title of the resource is *Child sexual abuse – What you need to know*. It contains information on how to identify situations that may indicate that a child is being, or has been, sexually abused; the impact sexual abuse has on a child's life, and what to do when a child discloses that they have been sexually abused.

The resource starts with a clear definition of what child sexual abuse is, and the key factors that can contribute to the sexual abuse of children. It explains the grooming process, often a prolonged investment of time by the perpetrator to create access and opportunities to spend time with the targeted child.

The table of myths and facts related to child sexual abuse is designed to assist caregivers and professionals to focus on the importance of knowing the correct information to give clients/families, to prevent them being confused and failing to seek support.

The resource discusses how perpetrators of child sexual abuse can come from all walks of life, can be male or female or children over the age of 10 years. The impact of abuse varies from

child to child with no two children reacting in the same way. Two examples of the range of reactions to the impact of sexual abuse include:

- No immediate signs of distress, but exhibit signs many years later.
- Serious distress such as depression, anxiety, sexualised behaviour, self loathing, aggression and confused thoughts.

The resource explains how the reaction to and impact of child sexual abuse can be influenced by the support received by the child directly after the abuse is disclosed/discovered as well as the level of protective supports put in place. Its long term impact can include depression, anxiety,

post-traumatic stress, as well as the inability to develop trust and feel safe.

The section on what normal sexual development looks like is broken up into three age groups – 0-5, 6-10 and 11-12. It is followed by behavioural and physical characteristics that may be indicators of a child's experience, or risk of, sexual abuse. Tips on what to do if you have suspicions that a child has been sexually abused include:

- A non-judgemental discussion with the child, expressing your concern for their welfare.
- A reminder that child abuse does not go away and usually becomes more serious over time.

Advice on what to do if a child tells you they are being abused includes:

- Thanking the child for coming to talk to you about it and recognising their bravery for talking about something that might be difficult for them.

Checklists are provided at the back of the resource for both 'suspicions' and 'disclosure' to assist the person in contact with the abused child to respond effectively.

The resource then expresses the need to speak out about child sexual abuse and mounts a convincing argument for taking action. An example is:

If you do report sexual abuse the child will always remember that someone had the courage to speak out and do something to protect them.

The resource acknowledges the difficulties that families face when a relative or friend is involved in the sexual abuse and provides encouraging and supportive advice to assist families that

are faced with this situation. It steps the reader through the reporting process and encourages them to make the call to the authorities, even if they do not have all the information required. A flow chart of the reporting process is provided at the back of the resource and includes contact numbers for when a disclosure has been made, as well as support services.

This is an easy to follow, informative resource that would be helpful for service providers, and families affected by child sexual abuse.

It can be downloaded [from http://www.communities.qld.gov.au/childsafety/protecting-children/what-is-child-abuse/child-sexual-abuse](http://www.communities.qld.gov.au/childsafety/protecting-children/what-is-child-abuse/child-sexual-abuse)

MYTH

Offenders look sleazy, cruel or unusual.

FACT

Offenders come from all walks of life and are ordinary people. It is because they are ordinary people that it is easy for them to offend undetected. They can be family members, family friends, babysitters, coaches, teachers, visitors or neighbours.

Forewarned is forearmed – a review of three children's books to heighten awareness about sexual abuse

by Annie Webster, CDFVR

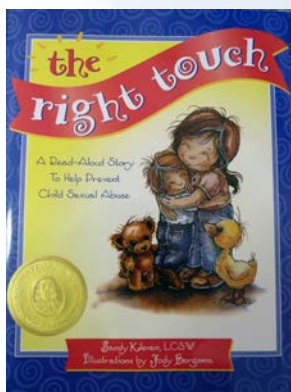
Some parts are NOT for sharing, by Julie K. Federico

If you're looking for a book that introduces small children to basic body safety then *Some parts are NOT for sharing*, designed for children under four years of age, would be a good choice. This small, colourful, large print booklet uses illustrations of sea creatures to simply explain what parts of our bodies can be safely shared – 'our hands when we high five, or shake hands', and the ones we don't share – 'the private parts under our swimsuit'. The basic message in this booklet is that if someone asks to touch a private part the response should be 'No', followed by running to find a trusted adult. It provides a good base for parents/carers/counsellors to start making children aware of what is 'safe' and 'unsafe' touching. Available from Tate Publishing, Oklahoma, US. AU\$6.67.



The right touch – A read-aloud story to help prevent child sexual abuse by Sandy Kleven. Illustrations by Jody Bergsma.

The right touch is designed for parents/ carers/counsellors to read to child/ren to assist them to identify the difference between touches that are positive and touches that are secret, deceptive or forced. The information, which is delivered in a warm, safe way, is supported by gentle illustrations and aims to encourage children to trust their feelings and seek help if they experience 'touching problems'.



Touching problems are explained as any touch 'even tickling' - that you do not want to happen to your body. The mother in the book talks about a little girl who was tricked into going over to her neighbour's house to see, what turned out to be, mythical kittens. The girl escaped a dangerous situation by listening to the uncomfortable feeling she had in her stomach. The mother explains what 'warning feelings', when you're not safe, can feel like – a nervous feeling; an upset stomach; 'tickly and prickly like a nervous cat'. Mum explains that these warning feelings are like safety whistles that should be listened to. She tells her son about 'extra private parts' that no one is allowed to touch, which are hidden by your bathers.

The messages in this book are more complex than *Some parts are NOT for sharing* and would best suit children in the 4-8 year age groups. The author provides some good conversation starters that parents/carers/counsellors can adapt to children's age and understanding and revisit interactively until there is an increased level of understanding. It's published by Illumination Arts Publishing Company, Inc., Washington, US . AUS\$15.22

Some secrets should never be kept, by Jayneen Sanders. Illustrations by Craig Smith.

The author of *Some secrets should never be kept* has put considerable effort into producing a story book about child sexual abuse that is also an excellent resource. The three characters in the book are Sir Alfred, the child knight; his mother, Lady Susan; and Lord Henry, whose castle Lady Susan cleans each day. While Lady Susan is cleaning, Lord Henry looks after Alfred. They are 'like two peas in a pod', until the day that Lord Henry's tickling games move to Alfred's private parts. Alfred is told that if he doesn't keep their 'special secret' his mother will lose her job and it will be his fault when they have no money for food or clothes. Alfred knows that secrets that make him feel bad should never be kept, but he is worried about his mum's job, so the abuse continues. When the secret is eventually told and Lord Henry is banished from his castle Alfred feels proud of his courage and has a renewed understanding that no matter how awful or scary the secret is – it must be told.

The author provides some in-depth notes and questions at the beginning of the book to give the reader information to help maximise the learning opportunities that the story provides. As well as some of the warnings contained in the previous books about personal private body parts, this book advises the reader to also tell children they should not touch another person's private parts, even if they're asked to. The guide advises the reader to encourage the child to think of five people they could trust to tell if they felt they were in an unsafe situation. The end of the book contains interactive discussion questions such as: Should Alfred have told his mother straight away? Who would you tell? This colourful, beautifully illustrated book, suited to children over six years of age, covers the topic of sexual abuse by a trusted person. It supports the author's educational intent of: 'forewarned is forearmed'. Published by Upload Publishing Pty. Ltd. Vic. Aust. \$14.26



Workshops, conferences and date claimers

Conferences

8-11 July

Crime, Justice and Social Democracy Conference 2013

Brisbane, Qld

<http://crimejusticeconference.com/>

17-19 July

Australian Winter School Conference-Connecting the alcohol and other drug sector

Brisbane, Qld

<http://winterschool.info/>

17-19 July

Fifth International Community, Work and Family Conference

Sydney, NSW

<http://www.aomevents.com/CWFC2013/>

13-14 August

Journey to Recovery: The International Conference of Attachment and Trauma Informed Practice

Melbourne, Vic

<https://aifs.govspace.gov.au/2013/04/16/journey-to-recovery-the-international-conference-of-attachment-and-trauma-informed-practice/>

12-13 September

Redefining the Roadmap – Positioning Community Services for the Future - QCOSS State Conference 2013

Brisbane, Qld

www.qcoss.org.au

25 September

National Symposium on Homicide SA

conference@victimsa.org

26-27 September

National Victims of Crime Conference 2013, Enhancing Justice Empowering Victims Adelaide, SA

<http://www.victimsa.org/conference.html>

Training

Brisbane 8-9 July

Melbourne 11-12 July

New Depression Workshops in Australia

<http://www.kassanevents.com/>

30 July

Effective Supervision for Supervisors – targeted at supervisors in child and family welfare and youth support services.

Brisbane, Qld

<http://www.efac.com.au/workshops.htm#Supervisors>

30-31 July

Mental Health First Aid Training

Emerald, Qld

<http://www.centacare.net/events>

2 August

Strengths Based Case Management in Action Brisbane, Qld

<http://www.lighthouseresources.com.au/training/2013-training-calendar/date/2013-08-02/>

Men's behaviour change programs

Every Wednesday and Thursday evenings from 6-8pm

Men's Domestic Violence Education & Intervention Program (MDVEIP)

Southport, Gold Coast

www.domesticviolence.com.au

Contact: mensdvprogram@domesticviolence.com.au

Every Tuesday - 2 open groups:

Morning 9.30am – 11.30am

Evening 5.45pm – 7.45pm

Changing Gears men's behaviour change program Gold Coast

Contact: cqc@centacarebrisbane.net.au

30 July to 19 September

NQDVRS, Townsville

<http://www.nqdvrs.org.au>

Contact: mensprogram@nqdvrs.org.au

(Men will need to attend induction sessions prior to their being accepted into the program.)

16 September to 28 October 2013

Men's Perpetrator Fathering Education and Intervention Program (MPFEIP)

Southport on the Gold Coast

www.domesticviolence.com.au

Contact:

mensdvprogram@domesticviolence.com.au

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

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