

CDFV Reader

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Behaviour change programs: Approaches, challenges and risks

Changing abusers and their communities: Recruitment, engagement and accountability strategies

9th Annual Indigenous Family Violence
Prevention forum - Olgeta yarn up

Voluntary intervention orders and
currently approved interventions



Director's message

Minister for Communities, Child Safety and Disability Services, the Honourable Tracy Davis MP, announced on the 20th of February that the Queensland Government will contribute funding of \$896,400 over the next three years to the National Centre of Excellence to Reduce Violence against Women and their Children (the NCE). The NCE is an initiative under the COAG National Plan to Reduce Violence against Women and their Children 2010-2022. It will facilitate and deliver a national research agenda to guide future investment, policy and services focused on reducing domestic, family and sexual violence across Australia.

The Queensland Government funding will be delivered on an in-kind basis through the Queensland Centre for Domestic and Family Violence Research (CDFVR). This means a significant shift in focus for some aspects of CDFVR's work. We are currently working with the Department of Communities, Child Safety and Disability Services on a funding agreement that has two separate service plans - one for CDFVR's state-based activities and one for CDFVR's NCE activities. Arrangements for CDFVR's NCE activities are for the period 1 July 2013 to 30 June 2016.

CDFVR's state-based activities will continue to focus on domestic and family violence, including sexual abuse within intimate partner and family relationships. Within the state-based activities, there are three areas of focus: 1) professional development for Aboriginal and Torres Strait Islander services, including the annual Indigenous Family Violence Prevention Forum; 2) service sector support and community education and prevention activities; and 3) assistance with the State Coroner's domestic violence related death reviews. CDFVR staff met with the CDFVR advisory group on Wednesday 13th March to discuss CDFVR's strategic plan, advisory mechanisms and priorities for service sector support and community education and prevention activities. CDFVR will continue to work with its Aboriginal and Torres Strait Islander Reference Group on professional development, including the annual Indigenous Family Violence Prevention Forum, for Aboriginal and Torres Strait Islander services.

CDFVR's NCE activities will focus on research related to domestic, family and sexual violence against women, and their impacts on children. Additional research expertise and community sector advice specific to particular research projects will be brought in to assist CDFVR staff working on NCE projects, as required. Although the contractual arrangements for this work are between the Queensland Government and CQUniversity, the tasks and timeframes for NCE activities will be negotiated between CDFVR and the NCE itself.



The NCE is an independently constituted company with a Board of Directors, chaired by Emeritus Professor Anne Edwards AO. A snapshot of Anne's distinguished career can be seen at this link: <http://www.assa.edu.au/fellows/profile.php?id=83>. I will leave further information about the board's composition for Anne to reveal, in due course. The NCE is currently being established in Sydney under the direction of an interim chief executive officer, Helen Freeland (pictured).



NCE interim chief executive officer, Helen Freeland

I had the pleasure of meeting with Helen in Mackay on the 14th of March when she visited CDFVR to discuss the establishment of the NCE and CDFVR's role in delivering Queensland's contribution to it.

After 10 years of operation, CDFVR is entering a new era brought about by the partial shift in focus to include work at a national level on domestic, family and sexual violence, while continuing our state-based activities on domestic and family violence. This new era represents exciting new opportunities and challenges in our work. I look forward to embracing the opportunities, and facing the challenges, with passion and the privilege of guidance and support from colleagues across the spectrum, who also pursue an end to violence against women.

A handwritten signature in blue ink, appearing to read 'Helen Freeland'.

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Centre News

Two new resources are now available

CDFVR has two new resources available to view online. The first is the recording of Dr David Adam's research presentation delivered in Brisbane in October last year (and reviewed on p. 7) and the other is an 'in conversation' recording of Betty Taylor and Dr David Adams discussing working with men who use violence. Betty and David talk about topics which include: myths about what abusive men look like; what agencies should look for when identifying abusers; how to identify a narcissistic personality type; tips to avoid colluding with clients; and common risk indicators to be aware of.

This is an educational tool for anyone who works with clients who use, or are subjected to, violence.

Both recordings are available to view at:

www.noviolence.com.au/seminarvideos.html

The research seminar presentation runs for 52 minutes and the 'in conversation' for 38 minutes.



Betty Taylor and Dr David Adams

Resource distribution update

CDFVR is funded by the Queensland Department of Communities, Child Safety and Disability Services to undertake research and to develop educational resources pertaining to domestic and family violence in Queensland. Due to the huge increase in demand for our resources both nationally and internationally and the impact that printing and postage has on our budget, we will no longer be able to provide hard copies of resources to agencies outside Queensland. DVDs of research seminars are now available to view on our website (see link above) and fact sheets can be downloaded from:

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

Behaviour change programs: Approaches, challenges and risks

by Annie Webster, CDFVR

Domestic violence is a long standing, complex, social issue. One in six Australian women has been physically abused by a current or former intimate partner and one in five women over the age of 15 has experienced sexual abuse in their lifetime. In 2005, over 350,000 Australian women experienced physical violence and over 125,000 women were subjected to sexual violence (ABS, 2006). While it is acknowledged that men are also victims of intimate partner violence, the reality is that most violence experienced by males has been perpetrated by other men and most violence experienced by women has been perpetrated by men they know, predominantly their intimate partners.

The domestic violence movement gained ground in Australia in the mid-1970s with the opening of the first women's shelter, Elsie, in Glebe, NSW. Initially the challenge was to prove the existence of domestic violence to persuade communities to acknowledge and address the issue. Activists, mainly women, focused on the immediate need - providing refuge and support for abused women and children. Subsequently, men's behaviour change programs did not substantially emerge until the early to mid-1990s.

Standards, or quality control, of behaviour change programs is important, but varies considerably state to state, both in Australia and the US. There is continued debate about whether imposed standards are either 'too imposing, or not restrictive enough' and if behaviour change programs are not being seen as effective, does that also discredit the standards of practice that governs them? (Gondolf, 2012 p.28). In Queensland *Professional Practice Standards – working with men who perpetrate domestic and family violence* were developed to ensure safe, respectful and accountable service delivery to men who use violent and abusive behaviour and to provide support for their families. These standards are required to be met by organisations that run behaviour change programs in Queensland which are funded by the Department of Communities, Child Safety and Disability Services, and are necessary to ensure a consistent, best practice approach to behaviour change programs. However, the requirement of one level three facilitator (which requires a three year tertiary qualification in a relevant discipline, two years of professional experience in generalist counselling, a graduate qualification in social science and 100 hours' supervision facilitating men's behaviour change programs) in each program, poses difficulties for services in Queensland who wish to deliver best practice programs. In addition to the behaviour change programs funded by the Queensland Government, there are numerous other programs operating throughout the state.

While there is a peak body in Victoria (No To Violence) which governs and supports best practice in the area of men's behaviour change programs (male family violence group facilitation training is currently offered through Swinburne University of Technology in Victoria), there are services in Queensland providing behaviour change programs that do not comply with the state's practice standards. Services that are unable to comply with minimum practice standards can suffer inconsistencies in program design and delivery, lack co-ordination with other services, and fail to attract state government funding.

The range of intervention approaches reviewed in the literature indicate that there is some uncertainty whether perpetrator programs work at all and if they do, whether programs should address either individual/psychological models which focus on men's individual experience of using violence and their personal histories of abuse and neglect; or socio political approaches which address the core social context of gender inequality. Individual approaches such as 'anger management' fail to address the intentional, controlling behaviour that is part of abuse and can imply that the victim 'provokes' the anger (Laing, 2002). Programs that focus on individuals often dismiss the gendered nature of violence and the safety of the victim and focus on the man's account of what happened – rather than the 'actual' (Dobash, Dobash, Cavanagh & Lewis, 1998). Programs for Indigenous perpetrators that do not take into account the contribution of colonisation, racism and dispossession are seen as inconsistent with the preferred model which emphasises family and community healing (Aboriginal and Torres Strait Islander Women's Task Force on Violence, 2000). Couples counselling can lead to women fearing retaliation if they disclose information about their partner's abuse or challenge his version of events during counselling (Gondolf, 2012). While group programs have also been criticised for being dismissive of men's lived experiences (Mankowski et al., 2002), it is widely accepted that group work respectfully challenges men to take responsibility for their violence, prioritises women's safety and enables facilitated group exercises and input to encourage safe and respectful alternative behaviour.

While one size doesn't always fit all, Gondolf and White's (2000) study of 100 perpetrators, which identified six major personality groupings (which fit into Holzworth-Munroe & Meehan's (2004) low, moderate and severe typologies), suggests that gender-based cognitive behaviour groups which have emanated from socio political perspectives do fit most personality groupings. This social context model focuses on stopping violence, abuse and controlling behaviours, and works with men to educate them about gender equality, and the tactics they may use to control their partners.

The Duluth model is one such gender-based

cognitive-behaviour approach, and its fundamental principals are consistently used in varying forms, (either consciously or unconsciously) both in Australia and overseas. These include:

1. Examining the power and control associated with men's violence toward women, exposing the abuses that enforce power and control and holding the perpetrator accountable for their behaviour.
2. Posing ways to interrupt the violence and provide alternative behaviours to replace it.
3. Providing a co-ordinated service response across agencies to ensure women's and children's safety. (Gondolf 2002, p. 13)

Challenges for programs

Justice responses vary across Australian jurisdictions. Most states and territories now have some capacity to make an order or referral for abusers to attend behaviour change programs as part of the protection order process, although the nature of the programs is different in each state and territory. In Queensland the *Domestic and Family Violence Protection Act 2012* enables the court to make a voluntary intervention order when they are making or varying a domestic violence order. The voluntary intervention order can require the respondent to attend an approved intervention program or counselling provided by an 'approved provider' (see P. 11 for approved providers in Qld). Under section 69 of the Act the voluntary intervention order requires the respondent to comply with specific instructions given by the court, such as attend a behaviour change program within a specified timeframe. However, the respondent must be in court and agree to the voluntary intervention order for it to be imposed and the approved provider must assess them as being suitable to participate. Without voluntary intervention orders Queensland relies on a respondent taking up magistrate's referrals to available programs; or abusive men deciding to self-refer to retain their families or jobs. Collaboration with agencies, such as domestic violence networks, police, courts, women's services, schools, child protection, refuges, family support agencies and Centrelink, is vital for men's programs, to help facilitate ongoing risk assessment and demonstrate their accountability to both parties with a specific focus on victim safety. This co-ordinated response seeks to do more than change individual abusers and is part of an overall 'system' response. Gondolf (2002) emphasises that it is the 'system that matters' and that locating programs within a strong system should be the major focus in interventions with men who use violence.

Unsurprisingly, research in countries where behaviour programs are mandated (USA, Canada, UK) shows that there are significantly more drop-outs from non-mandated programs which have no

accountability attached, compared to mandated programs. In a 12 month follow-up of mandated versus non-mandated program-recidivism, 33 per cent of mandated men re-assaulted compared to 75 per cent of non-mandated (Dobash & Dobash 1997). However, in Australia, (and in particular Victoria) choosing to attend a behaviour change program is seen as more important than a legal mandate because it provides a more long term commitment to change (Keys Young, 1999). However, Costello (2006) states that unless behaviour change programs build in consequences for men who continue to use violence in their relationships they can be unintentionally colluding with them.

A consumer's view of behaviour change programs

There has been very little research that explores a consumer perspective of behaviour change programs; however, in 2000 Gondolf studied perpetrators and their partners who were involved in behaviour change programs in four sites in the US. These four programs were well-established and had been operating for at least five years. Program length and services at the four sites varied - two locations (Pittsburgh and Houston) were educational models and two were discussion oriented (Dallas and Denver). The group of 840 perpetrators studied were from racially diverse groups, less likely to be married and less likely to be employed. The majority of men involved in the program gave feedback (70%, n=594) as well as 73% (n= 616) of their partners. Fifty four per cent of perpetrators and their partners responded. The question 'What about the men's program should be changed or improved' (Gondolf, 2000, p. 201) was asked as part of their three month and six month follow up interview. A considerable proportion of men (42.3%) and just over half the women (53.7%) said that they did not have any recommendations for change, indicating that they were happy with the way the program was being delivered. On the other hand, many of the women interviewed said that because their partner had not shared any information with them, it wasn't possible for them to make any recommendations. Men and women both agreed that there should be more involvement of women (14.3% and 13.8% respectively), however, their reasons for wanting women's involvement differed - men wanting women in the program reflected their denial of personal responsibility for the abuse, implying that their partners shared responsibility; and women's desire to be included in the program was so they would have more information and feedback and reflected their safety concerns. A significant proportion of women felt they were 'in the dark' about what happened in the programs and wanted separate counselling for themselves and stricter monitoring of the men. The importance of women's contribution to programs is explored further, later in this article.

Predictably, men wanted shorter programs with

more relaxed program rules and women wanted longer programs with closer observation of the men. Results in the substance abuse and psychotherapy/counselling fields indicated that men preferred well-rounded, understanding, concerned, caring and experienced people running the programs. Male participants from this group rated 'openness' and 'participation' as the most important factors that contributed to their satisfaction with the group.

A similar study of 25 men who had completed a 13-week LifeWorks behaviour change program in Victoria (Brown & Hampson, 2009) was also undertaken over four locations. Men's ages ranged from 21-64 and only two were unemployed. The men in the program reported that when starting the program they knew nothing about it and their level of anxiety in attending was high. They didn't expect other participants to be 'like them' and were surprised when they were accepted by the group. The study reported that the men were happy with the learning materials and the tools for self control, that they were given and saw the facilitators as 'tough but fair' and 'salt of the earth', indicating that they accepted the level of confrontation. What they disliked was mainly associated with other men in the group and included dishonesty, absences from the group and any changes to the group make-up. The two things that men cited as wishing to change in the program related to their concern about maintaining their non-violent behaviour. They requested an extension of groups to a longer timeframe or the development of a 'maintenance' or follow-up group; and further written materials to enable them to stay 'on track' when the program was completed.

Ten of the men's partners or ex-partners and one mother also agreed to be interviewed. Nine of the 10 female partners had been in their relationship for more than 10 years and the women spoke about their reluctance to attend women's groups because of the length of time that they had kept the problem a secret and because they felt they were the only ones who knew about their problem. Only three of the 10 women attended the women's group, all disclosing that it was the only service they had accessed. Gondolf's study of the four US sites demonstrated that having women's service co-ordinators employed in one of the four behaviour change sites doubled the uptake of additional counselling and support services taken up by female partners.

Worth noting in the LifeWorks study was how both men and their partners had contacted one of three telephone help lines in an effort to find a behaviour change program. Long waiting lists and insufficient services which required men to travel long distances were seen as significant hindrances to program take-up.

What about the women?

It is well documented throughout the literature

(Keys Young, 1999; Dobash, Cavanagh & Lewis, 1999; Gondolf & White, 2000; Castellino & Compton, 2002; Costello, 2006; Gondolf, 2012) that working ethically with perpetrators involves being accountable to victims of their abuse, though continuing evidence from women partners suggests this is still not being done to a satisfactory level. Dobash et al's 1998 study on the comparison between men's and women's accounts of men's violence shows a considerable discrepancy between men's account of the violence they perpetrate and women's lived experiences. About 40 per cent of women in the study (which included 122 men and 144 women – 95 of whom were couples) reported being knocked unconscious during their relationship, but only 14 per cent of the 122 men interviewed shared this information. Ten to 25 per cent of women but only 5-12 per cent of men reported women's broken teeth and fractured bones as a consequence of the violence. This research calls into question programs that rely solely on men's accounts of their own behaviour without reference to their female partners. Both Costello (2006) and Gondolf (2002) reported that women wanted contact with the behaviour program facilitator to help them 'understand the reality of their situation' (Costello, 2006, p.42). The women felt that by speaking to the facilitators they would receive an honest assessment of whether their partners would ever change their behaviour. This important feedback may be pivotal in providing women with the information they need to decide to leave the relationship safely (Shaw, et al 1999; Gondolf, 2002; Costello, 2006).

“...working ethically with perpetrators involves being accountable to victims of their abuse, though continuing evidence from women partners suggests this is still not being done to a satisfactory level.”

Assessing risk

While it is acknowledged that risk assessment and risk management can greatly improve the safety of adult victims and their children and enable services to tailor interventions to perpetrators, there does not seem to be a consistent approach or standardised model that has been demonstrated as being effective. The Victorian Department of Human Services (VDHS, 2012) Risk Assessment and Risk Management Guide cite 'several different approaches' (p. 18) to risk assessment which incorporate a clinical approach, an actuarial approach and a structured professional judgement approach. They conclude that a structured professional judgement approach is more accurate than clinical or actuarial approaches alone because it incorporates clinical and actuarial approaches,

draws on evidence based frameworks and takes into account case specific situations and contexts (VDHS, p.19). The VDHS suggests that risk levels should be informed by the victim's own assessment; a sound evidence base that identifies any risk of reoffending; and the professional judgement of the worker who has a broad understanding of the case history. Their lengthy list and explanation of risk factors highlight specific behaviour that indicates increased risk for victims that practitioners should be aware of.

Gondolf (2002) stresses the importance of assessing risk at intake, as well as throughout the program to monitor risk factors such as drunkenness and women's perception of danger, which do not always appear at the beginning of the intervention. This view is supported by Chung, O'Leary, Justo and Lucas (2009) who contend that a coordinated response provides the opportunity for professionals from a variety of sources who work with men, their partners and their children, to contribute to the pool of information. They are emphatic that contact with women is a "central component of the risk assessment process" (p. 147). Women who are provided with support are able to be assessed for their safety, provided with information about the programs their partner is involved in and offered realistic expectations about their partner's ability to change (Chung, O'Leary, Justo & Lucas, 2009). Gondolf's (2002) large research sample of 840 perpetrators concluded that risk of re-assault is greater when men are first in the program and emphasised the importance of a high level of support for women during this time. This continued assessment would better monitor men who are resistant to change; who are able to learn the information and appear to be responding but continue to reoffend; and who are not fearful of breaching orders and the subsequent consequences. Behaviour change programs that are conducted in isolation and that accept the perpetrator's account of their behaviour change progress, risk inadvertently colluding with their client and placing women and children at risk (Costello, 2006).

In assessing risk, the VDHS (2012) highlights the importance of getting it right at intake. When men, in particular, appear at a service as the victim of abuse it is critical for workers to remember that domestic and family violence involves a pattern of power and control. They should explore the history, nature and impact of the abuse, as well as a range of other factors that include whether they feel they are able to assert their opinion or their will, whether they are afraid of their partner and whether their partner was acting in self defence. Only then is it possible to differentiate between the user of violence and the person whose safety is at risk.

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Changing abusers and their communities: Recruitment, engagement and accountability strategies

by Lauren Pattie, CDFVR

In October last year Dr David Adams, co-director of Emerge, Boston, was invited by CDFVR to present a research seminar titled 'Changing abusers and their communities: Recruitment, engagement and accountability strategies'. The seminar was held at CQUniversity's Brisbane campus and video linked to 10 external sites.

Founded in 1977, Emerge was the first counselling program in the US for men who abuse women. The Emerge program, for men with abusive or controlling behaviours, or any behaviour that is harmful to relationships, has a unique self referral rate of 40 per cent, compared to the national US average of 5 per cent. These figures reflect Emerge's strategy of broadening appeal through reaching out to men in the community and victims of abuse.

In his presentation Dr Adams reflected on what his organisation considers to be the key aspects of a successful behaviour improvement program, commenting that the biggest challenge for these programs is creating accountability. Many participants, particularly those who are ordered by a court to attend, see these behaviour improvement programs as an extended form of punishment, which can lead them to take on a detached 'ride it out' attitude. Defining the role of the program and changing the program name improved the wider appeal of the program, but it didn't address the question 'how do we promote internal motivation for change among abusive men?' Emerge found that the answer was to improve their engagement strategies and reinforcing accountability.

The five philosophies of the program outlined by Dr Adams (violence is a choice; abusive behaviour is not an anger problem; abuse is not 'sick' or 'irrational' behaviour; abuse is not 'caused' by alcohol/ drugs and; partner abuse is inherently harmful to children) underpin the notion of making users of violence accountable for their actions. Dr Adams said that questioning the abusers' current understanding of their situations and moving away from blaming or self defeating behaviour are amongst the key engagement strategies used throughout the program.

The Emerge program aims to shift the user's perception that they have been provoked and/ or are using violence in self defence. Dr Adams proposed that many abusers fall somewhere on the narcissism spectrum. He has found they possess common elements of selfishness and a distorted perception of what is owed to them, so that they are constantly feeling underappreciated or victimised. The program works with the person to see that despite feeling underappreciated or annoyed by



Dr David Adams

their partner, they can choose not to use violence by redirecting their thoughts or looking at the situation in a different way.

The perception that violence is an anger problem allows the abuser to avoid responsibility. Dr Adams argues that anger problems are about losing control of emotions; however three quarters of abusers only 'lose it' towards their partner or children, which suggests they do not have a problem controlling their anger. He further argued that most abusive behaviour doesn't actually involve anger, but entails more passive methods of control such as restricting access to money or undermining family relationships. Dr Adams gave examples of men describing how they had abused their partners, highlighting that every abuser draws the line somewhere, again an indication of self control.

This apparent control over when and who they are violent or abusive towards, also supports the program's third and fourth philosophy that abuse is not 'sick' or 'irrational' behaviour, nor caused by alcohol or drugs. These perceptions allow the abuser to detach themselves from the abusive behaviour, and suggests that they have little responsibility or control over their actions. However, the program does recognise that external problems such as mental health, alcohol or substance abuse can impact on a person's ability to change and therefore aims to address any of these existing issues to engage their participants.

Dr Adams concluded by identifying that abusers are often more motivated to change by their children than their partner, especially when they are made aware of how damaging violence can be for them. Emerge's fifth philosophy, partner abuse is inherently harmful to children, corresponds with this point of view and is reinforced through various stages in the program, where participants are asked to examine how they treat their children, how they treat their partner and how they treat themselves.

Each of the methods of engagement not only enables the abuser to internalise the philosophies and attitudes Emerge aims to promote, but also emphasises accountability across the entire program. Collaborating with participants to change the 'internal dialogue' that paves the way for their violence and redirecting negative self talk, enables them to become change agents in their own lives. This is clearly an empowering combination, as 65 per cent of Emerge's clients complete the program.

9th Annual Indigenous Family Violence Prevention Forum - Olgeta yarn up

by Annie Webster, CDFVR

The Hard Yarns session was such a success at last year's forum that CDFVR, in collaboration with its Aboriginal and Torres Strait Islander reference group, has decided to make more time for 'hard yarning' at this year's forum. On the afternoon of day one, two hours has been allocated to 'hard yarning' about alcohol management plans. The hard yarns will draw on information provided in the morning session by Aboriginal Shire Council Mayors Alf Lacey of Palm Island and Ken Bone of Cherbourg; as well as Shane Duffy, CEO of the Aboriginal and Torres Strait Islander Legal Service; Moira Bligh, representing the Queensland Child Death Case Review Committee; and Liz Young, representing Alcohol and Other Drugs service at Woorabinda. More time has also been set aside after speakers' presentations to enable participants to contribute their knowledge and experience to the forum discussions.

Participants at last year's forum also told us they were keen to continue the 'culture and healing' theme, so day two has been allocated to culture and healing for children, women and men. Keynote speaker, Professor Judy Atkinson, member of the Healing Foundation and developer of the We Al-Li program showcased at last year's forum, will commence day two's proceedings. Judy's presentation will be followed by children's panel members Lylah Little, Theresa Mace and Sonia Townson, who will discuss the work they do in their communities in Hervey Bay, Brisbane and Bamaga when working with children exposed to, or experiencing domestic and/or family violence. The women's panel will focus on women who have been subjected to violence and their experience of the justice and community systems. Panel members include Heather Nancarrow, CDFVR; and Debra Bennett from Relationships Australia. The last panel of the day will be facilitated by Aboriginal and Torres Strait Islander reference group member, Charles Passi, who will invite some hard yarns about men's programs and healing from Lyndon Reilly from Cairns; Glynn Johnston from Mt. Isa; and Wayne Laza from Thursday Island.



We have managed to keep forum registration fees for 2013 the same as last year:

- \$350 for Australian Aboriginal and Torres Strait Islander participants; and
- \$450 for all others.

Our famous forum dinner is included in the registration fee and is always a lot of fun. This year we have the added bonus of a live band. 'Hot, Hot, Hot' will play jazz and blues from the 60s to get the dance floor pumping.

Once again numbers are capped at 100 participants to ensure that all voices can be heard. Eighty of the 100 places are designated for Australian Aboriginal and/or Torres Strait Islander participants and 20 places for others who work predominantly with Aboriginal and Torres Strait Islander people.

If you plan to attend the forum we strongly recommend that you register and book accommodation early, as motels in this region are in high demand.

To view the program and to register follow the links from www.noviolence.com.au.



DAY 1 – WEDNESDAY MAY 8

- 8.00 a.m. Registration
- 9.00 a.m. Welcome to Country – **Melanie Kemp**
- 9.05 a.m. **Heather Nancarrow**, CDFVR Director, to open the 2013 forum
- 9.20 a.m. **Dr Jackie Huggins AM** – Overview of the current alcohol management plans policy
- 9.35 a.m. **Alcohol Management Plans – the real story**
Facilitated by **Charles Passi**
Cr. Ken Bone, Mayor, Cherbourg Shire Council
Cr. Alf Lacey, Mayor, Palm Island Aboriginal Council
TBA
- 11.00 a.m. **Morning tea**
- 11.30 a.m. **Alcohol Management Plan insights**
Facilitated by **Shirley Slann**
Liz Young, Alcohol and Other Drugs, Woorabinda
Moira Bligh, representing the Queensland Child Death Case Review Committee
Shane Duffy, CEO, Aboriginal and Torres Strait Islander Legal Service, Brisbane
- 1.00 p.m. **Lunch**
- 2.00 p.m. Hard yarn session
Facilitated by **Charles Passi**
- 4.00 p.m. **Close (followed by bubble blowing in the park)**
- 7.00-11 p.m. Forum dinner, with entertainment by 'Hot, Hot, Hot'

YARN UP

& 9, 2013



DAY 2 – THURSDAY MAY 9

- 9.00 a.m. **Keynote speaker – Professor Judy Atkinson**, Member of the Healing Foundation
- 9.30 a.m. Questions
- 9.45 a.m. **Culture and healing – Children and young people**
Theresa Mace, Kummara Indigenous Family Care, Brisbane
Sonia Townson, Aboriginal and Torres Strait Islander Legal Service, Bamaga
Lyla Little, post-separation co-operative parenting program, UnitingCare Community, Hervey Bay
- 10.45 a.m. Questions
- 11.00 a.m. **Morning tea**
- 11.30 a.m. **Culture and healing – Women**
Debra Bennett, Director, Aboriginal and Torres Strait Islander Programs - Relationships Australia, Brisbane
TBA
Heather Nancarrow, Director, Qld Centre for Domestic and Family Violence Research, CQUniversity
- 12.30 p.m. Questions
- 1.00 p.m. **Lunch**
- 2.00 p.m. **Culture and healing – Men’s programs/business**
Facilitated by Charles Passi
Glynn Johnston, Remote Aboriginal and Torres Strait Islander Child Care (RAATSICC), Mt. Isa
Lyndon Reilly, Royal Flying Doctors’ Service, Cairns
Wayne Laza, Mura Kosker men’s counsellor - Thursday Island
- 3.00 p.m. **From little things big things grow** (led by guitarists **Charles Passi** and **Pat Cora**)

Voluntary intervention orders and currently approved interventions

By Katrina Finn, CDFVR

Commencing on 17 September 2012, Queensland's *Domestic and Family Violence Protection Act 2012* ('the Act'), enables a court making or varying a domestic violence order to also make a voluntary intervention order (VIO). A VIO can only be made if the respondent is present in court and agrees: a) that the order be made; and b) to comply with it.¹ A VIO requires the respondent to attend an intervention program (such as a behaviour change program – see p. 3) and/or counselling service.² The intervention program, and the program or counselling provider, must be approved by the Department of Communities, Child Safety and Disability Services.³

Under the Act, a provider may be approved if the Department considers they have appropriate experience and qualifications; and a program may be approved if it:

aims to: increase participants' accountability for domestic violence and help them to change their behaviour; and increase the safety, protection and wellbeing of the people the program participants have abused.

It appears that the intention of the VIO provision is to ensure participation in counselling or an intervention program *that could help the respondent to stop committing domestic violence*. Whilst the orders are voluntary (not mandatory), the engagement with the legal system and other pressures from family may well influence a respondent's decision to consent to a VIO.

Currently, there are 14 approved providers delivering approved group intervention programs and/or individual counselling under VIOs. They are all funded by the Department of Communities, Child Safety and Disability Services and, under their service agreements, must meet departmental practice standards.⁴ The standards clearly identify what is unacceptable practice and set comprehensive minimum ('essential') standards, which are 'critical to safe and accountable' practice. In addition, the standards set a bench mark for best practice ('optimal' standards) for working with men who perpetrate violence. The optimal standards are aspirational; for services to work towards.

The information shown in the table below was collected from the currently approved Queensland providers using a short questionnaire.

Service, approved program and contact details	Type/nature of program approved for Voluntary Intervention Orders (VIO's)	Length of group program? [†]	Group program regularity	Group program Cost
Anglicare Southern Qld Living Without Violence http://www.betterrelationships.com.au/about/services/counselling/lwv Buranda (Brisbane) 1300 114397	Group program and/or individual sessions (if appropriate). Draws on Ken McMaster's work ⁵ and influenced by a number of frameworks, such as strengths based, CBT, ⁶ invitational and Duluth. Discussion topics help to facilitate the group and therapeutic process.	13 weeks, 2.5 hours per week [†]	5 x per year 26/03/13 04/07/13 03/09/13 TBA	\$120 – can be paid in instalments
North Queensland Domestic Violence Resource Service MenTER (Men Towards Equal Relationships) http://www.nqdvrs.org.au/MEN%20Ter.htm Townsville 07 4721 2888	Group program. ⁷ Based on the Duluth model. Sessions are drawn from the power and control wheel and equality wheel to cover themes such as: non-violence; respect; accountability; responsible parenting; sexual respect; negotiation/ fairness. The process used includes logging (mapping) use of control and behaviour change.	8 weeks, 2 x 2.5 hours per week [†]	4 x per year 07/05/13 30/07/13 22/10/13	\$10/session (\$160 total), negotiable

¹ Section 71 *Domestic and Family Violence Protection Act 2012*

² Section 69

³ Section 75

⁴ *Professional Practice Standards – working with men who perpetrate domestic and family violence*

⁵ <http://www.hma.co.nz>

⁶ CBT is cognitive behavioural therapy.

North Queensland Domestic Violence Resource Service Mt Isa MI – MenTER (Men Towards Equal Relationships) Mount Isa 07 4743 0946	Group program and individual sessions (if required). Based on Duluth model. Educational program that meets diverse needs (e.g. culture / literacy). The program covers 8 themes ⁸ to change the values, beliefs and behaviours that support the use of power and control.	8 weeks, 2 x 2 hours per week [†]	Every 12 weeks ⁹ Next group 01/05/13	Free
HelemYumba - CQ Healing Centre ‘GatharrWeyebeBanabe’¹⁰ Rockhampton 07 4931 8600 or 1800 776 727 or admin@cqhealing.com.au	Combination of group and individual sessions. Culturally appropriate; based on contemporary and traditional healing methods, working with the whole family. 3 phases: 1. Preparation for Ceremony. 2. Contemporary Healing Ceremonies (retreat). 3. Ongoing Healing Pathway (developed by each participant).	10 weeks – 6+ months Steps: ¹¹ 1. 1 week-6 months 2. 4 Days 3. 8 weeks	Open/ ongoing group Phase 2: 4 x per year Can start any time.	Free
Centacare Safer Families Support Service Male Perpetrator Behaviour Change Program Roma 1300 477 433	Group program and individual sessions (if required). Based on the Duluth model. Discussion topics used in sessions to facilitate a strengths based group process. [†] After-group evaluation includes monitoring participant behaviour and attitude.	12 weeks, 2 hours per week	TBC	Free
SCOPE Regional Domestic and Family Violence Resource Service Changing Gears: A D & FV Behaviour Change Group for Men http://www.scopedv.org/documents/ChangingGears.pdf Maroochydore 07 5430 9300	Group program. Uses aspects of Duluth model. Educational and therapeutic process using CBT and elements of a number of other established therapeutic models, such as strengths based. The order of sessions is flexible, using discussion topics to help facilitate the group process. A program review is undertaken after the group has ended.	16 weeks, 2 hours per week [†]	2 x per year Next group 04/07/13	\$15.00 per session (total \$240)
Centacare Catholic Family and Community Services Changing Gears: A D & FV Behaviour Change Group for Men Ashmore (Gold Coast) 07 5556 9900	Group program and/or individual sessions (if appropriate). Partly based on Duluth model. Sessions use a discussion topic to facilitate the group process. The program is a strengths approach, using other processes in specific activities, such as CBT and ACT. ¹²	16 weeks, 2 hours per week [†]	Open group / continuous program Can start any time.	Free

⁷NQDVRS also offer ‘Getting MenTER Ready’ for men who have agreed to a VIO, while they wait for the next MenTER program.

This introduction to group work is run over four weeks. In addition, on the completion of the MenTER program the men are invited to engage in a maintenance program MenTAIN, which has been developed to support for on-going behaviour change.

⁸ The 8 themes are: non-violence; non-threatening behaviour; accountability and honesty; negotiation and fairness; respect; support and trust; sexual respect; and partnerships.

⁹ This is subject to funding. Currently the MI-MenTER program is only funded to 30 June 2013.

¹⁰ In the Darumbal language this means Aboriginal man’s life change. The program is provided across Central Queensland (including Rockhampton, Woorabinda and Mt Morgan) and can involve conducting sessions in appropriate locations, including travelling to country for the healing retreat.

¹¹ Progression through the program’s 3 phases is based on suitability and readiness to progress. Officially, Phase 3 is 8 weeks, but many men decide to stay involved with the program for a much longer period.

¹² ACT is acceptance and commitment therapy.

Service, approved program and contact details	Type/nature of program approved for Voluntary Intervention Orders (VIO's)	Length of group program? [†]	Group program regularity	Group program Cost
Relationships Aust. Qld Alternatives to Aggression http://www.raq.org.au/education/course-regular/alternatives-aggression-men Rockhampton 1300 364 277	Group Program and individual sessions if required. Primarily based on Duluth model. The therapeutic process is a systemic and strengths based model and discussion topics help facilitate the group process. Group feedback and evaluation in the last session.	15 weeks, 2.5 hours per week [†]	3 x per year TBC	Free
Relationships Aust. Qld Alternatives to Aggression http://www.raq.org.au/education/course-regular/alternatives-aggression-men Spring Hill 1300 364 277	Group program and/or individual counselling (based on suitability and course availability). Primarily based on Duluth and the Grad. Cert. Social Science (Male Family Violence). ¹³ Sessions are flexible, based on discussion topics and a therapeutic process (e.g. CBT).	15 weeks, 2.5 hours per week [†]	2 x per year TBC August 2013	\$15.00 per session (total \$225) Negotiable
Relationships Aust. Qld Go Forward for Men – Men's Perpetrator Program (GF4M)¹⁴ Cairns 1300 364 277	2 Programs: 'No To Abuse' (N2A); and 'No To D & FV' (N2D&FV). Mix of group work/ counselling. Therapeutic process informed by several models (e.g. ACT, solution focussed) and concepts of Indigenous spirituality and well-being. 3 phases move men through taking responsibility; into a liminal (threshold) space; and finally to self-awareness/ behavioural change.	(N2A): 13 weeks, 2.5 hours per week (N2D&FV): 6 weeks, 2.5 hours per week [†]	N2A: 3 x per year N2D&FV: approx. 6 x per year, depending on need	Free
Relationships Aust. Qld Alternatives to Aggression http://www.raq.org.au/education/course-regular/alternatives-aggression-men Toowoomba 1300 364 277	Group program or individual sessions (based on suitability). Based on Duluth models of safety; power and control; personal responsibility and accountability to self and others. Sessions combine (50/50) a check-in procedure and adult learning models. Sessions focus on violence prevention and safety of partners/children. [†]	Min. 16 weeks (of 24 session program) 2.5 hours per week	2 x per year Open group with regular intake TBC July 2013	\$15 –one off for intake/ assessment
Gold Coast Domestic Violence Prevention Centre (Inc) (DVPC) Men's Domestic Violence Education and Intervention Program (MDVEIP) http://www.domesticviolence.com.au/pages/mens-domestic-violence-intervention-education.php Southport 07 5591 4222	Group program. Follows Duluth: process of change embedded within an integrated response. Explores the 8 themes on the Power and Control Wheel over three weeks. Week 1: identify the abuse strategy. Week 2: discuss (and log/ map) how participants have used this strategy. Week 3: discuss the alternative behaviour in the Equality Wheel. Individual reviews at 6, 12, and 18 weeks; and a thorough exit report. [†]	Min. 24 weeks, 2 hours per week Extensions for non-compliance	Rolling/ continuous program	Free

¹³Swinburne University, Victoria.

¹⁴The programs are provided at Cairns and, when required, the N2D&FV program can be run in Yarrabah, Mareeba, Kuranda, Atherton, Mossman and Innisfail. GF4M also runs the 'Which Way, Proper Way' group that is run over 7 weeks for Indigenous (A&TSI) people, incorporating inclusive and cultural protocols. It is run based on community need and community dynamics.

¹⁵YFS is one of the services currently reviewing their program and could only provide limited information.

Youth and Family Service D&FV Responsible Men¹⁵ Slacks Creek (Logan City) 07 3826 1500	Group program and/or individual sessions. Each session is based around a discussion topic.	16 weeks, 2 hours per week	Starts every 16 weeks	Free
Uniting Care Community Ipswich and West Moreton Men's Stopping Violence Program Ipswich 07 3816 9600 or ipswich@uccommunity.org.au	Group Program and individual sessions as required. Psycho-educational; components from models such as Duluth, narrative therapy, CBT and solution focussed. Sessions combine (50/50) a check-in process with each participant and a topic for a discussion. [†] Exit interview helps identify ongoing support needs.	16 weeks, 2.5 hours per week	Open group / continuous program Start date based on vacancy	Free

Observations¹⁶

The table shows that a number of the elements of group intervention programs are shared across multiple providers. Shared elements include: an intake/initial assessment process; mid-point and/or exit evaluation or assessment; the use of aspects (in varying degrees) from the Duluth model (see p.4); the use of a combination of established therapeutic models; and the use of discussion topics¹⁷ to help facilitate the group and therapeutic process. Although these elements are shared, the details could not be captured in the table and differed from program to program. Program presentation and the approach to the group process would vary across the 14 services depending on the structure and composition of the program, and influences on the program, including therapeutic processes¹⁸ and the extent to which the Duluth model has been adopted.

In addition to providing intervention programs under VIO's, approved providers (and other programs throughout Queensland that are not funded by the Department and are therefore not required to meet the departmental practice standards) continue to provide perpetrator intervention programs to men presenting from a range of other referral points. Providers are undertaking work with men as a result of probation orders, Parole Board conditions, Probation and Parole directions, or action taken by Child Safety Services. Other main points of referral include courts, self-referral and other community groups, agencies or professionals.

Only 6 months in from the introduction of VIO's, there are many unanswered questions about the role and impact of these orders and, understandably, legal representatives, courts and services are still adjusting to the amendments under the Act.

It is not yet clear how compliance¹⁹ with VIO's and the effectiveness of the related intervention programs/counselling, in both changing behaviour and increasing the safety of victims, will be assessed. However, it is noted that the review of the legislation, required five years from its commencement under section 192 of the Act, provides an opportunity to consider the effectiveness of these amendments.

There is also not yet a clear process for assessing and approving additional providers/programs. It is hoped that any future processes for approving new interventions and assessing the effectiveness of VIO's and the approved interventions, will help ensure some consistency across programs and contribute to the ongoing development and evaluation of these programs in Queensland.

¹⁶Note: A number of providers indicated that they were reviewing their intervention programs. The timing of the reviews suggests a link to the introduction of voluntary intervention orders and, for some, perhaps a change in the nature of their work/client base.

¹⁷Some of the topics identified by services include: What is domestic violence?(including subtle and more refined forms of violence); the dynamics of power and control; attitudes and beliefs that support abusive behaviour; the cycle of violence; the consequences and impact of abuse on those who experience the violence; the use of alternatives to abuse, such as appropriate time out; family of origin; grief and loss; communication; gender and gender equality/equity; defence mechanisms and responsibility/accountability; roles for men; healthy relationships; what kind of man do you want to be?; the process of change; and self –management.

¹⁸Therapeutic processes used or adapted for the group process included: cognitive behaviour therapy (CBT), acceptance and commitment therapy (ACT), strengths based, solution oriented/focussed, client focussed, narrative therapy, invitational therapy, motivational interviewing, experiential methods, motivational interviewing and Maslow's hierarchy.

¹⁹At this stage some providers are reporting low, or at least mixed, rates of compliance.

[†]Generally, sessions for intake or initial assessment; and any sessions for midway and after program assessment or evaluation are in addition to the group program sessions. The programs identified undertake some kind of mid-group and/or after-group assessment/evaluation or follow-up, although the timing and process used was different for each program. For some programs the mid-group or after-group process was 'usual' or 'optional' rather than standard practice.

Customisation of Course in Responding to Domestic and Family Violence (30949QLD)

by Betty Taylor, TAVAN Institute

In February and March this year the Queensland Centre for Domestic and Family Violence Research (CDFVR) piloted its customised Course in Responding to Domestic & Family Violence Qld (30949QLD). The initial course was developed by CDFVR to provide a consistent benchmark of skill for domestic violence service providers who work with women subjected to violence in their intimate personal relationships. The newly customised course provides a more holistic approach and a greater breadth of information both for women who are subjected to, and men who use violence.

The course is comprised of three units of competency:

- Recognise and Respond to Domestic and Family Violence (CHCDFV301A);
- Referring Appropriately and Effectively in Response to Domestic and Family Violence (QLD200RDV01A); and
- Reflecting on Work Practice when Responding to Domestic and Family Violence (QLD200RWP01A).

Over 400 people have successfully completed all aspects of course assessment and have gained a nationally recognised Statement of Attainment in Course in Responding to Domestic and Family Violence (30949QLD). Feedback collated and analysed by CDFVR at the end of each course has guided and shaped the current customisation. Over the past five years there has been a continued request to incorporate skills development in responding to men who use violence against their intimate partner and children. In response to this feedback, CDFVR undertook a project to revise the learner and trainer guides supporting the training and has customised the course to include the new material for working with men who use violence.

Responses to men can be varied in theoretical frameworks, approaches and effectiveness. Providing a response to men who use violence against their female partners needs to be done in accordance with best practice standards which prioritise the safety needs of women and children. The customised accredited course has been reviewed to incorporate an understanding of how men use abuse within relationships, the safety risks this poses and how to provide a response that 'fits' with best practice. Collusion, which service providers can inadvertently enter into with the abusive client, is also addressed within the course.

The review of the course resulted in a new focus and

the inclusion of new information and assessment tasks. The competencies, elements and range statement for each of the three units remain unchanged. What has changed is:

- The melding of individual competencies under eight core topics to enable
- training and assessment to be more efficient and integrated.
- The inclusion of additional information and skills development for workers who
- work with men who use violence.
- A new streamlined learner guide and a trainer guide with 'suggested'
- activities.

The changes will enable the course to be delivered more efficiently, making it more accessible for workers. Melding the competencies has resulted in them being grouped under eight specific topics:

1. Domestic & family violence theoretical framework
2. Work within a domestic & family violence practice framework
3. Client engagement
4. Cultural competencies
5. Referrals and networking
6. Workplace responsibilities
7. Reflective practice
8. Worker self care

The course content, which is already substantial, has incorporated additional information focusing on:

- An understanding of the differing context of men's use of violence and women's use of violence.
- An understanding of what meets best practice in responding to men who use violence.
- Providing a safe response – why anger management, couple counselling and mediation can pose serious safety concerns.
- How to provide responses to men without colluding with them.

The course outcomes provide skills enhancement and information to workers who provide a response to women and children living with violence, as well for workers who provide responses to men who use violence against their intimate partners.

Customised Course in Responding to Domestic and Family Violence (30949QLD) will now provide a more holistic training opportunity for a broad range of professionals, enabling them to improve their skills, gain new understanding and reflect on their practice when responding to domestic & family violence.

At the coalface ...

Paul M.¹ is secretary of Services and Practitioners for the Elimination of Abuse Qld (SPEAQ), a network of services and practitioners working with men who have used domestic and family violence.

He has worked for Anglicare Southern Qld (formerly Spiritus Kinections) as a facilitator and counsellor in a men's domestic and family violence intervention program for nine years, and was a member of the Qld Government's Domestic and Family Violence Strategy Implementation Advisory Group.

Paul agreed to share information about the SPEAQ network to enable a better understanding of how the network operates, and to discuss the contribution that the opportunity to share practice issues makes to workers in the domestic violence sector.

What is the SPEAQ network?

SPEAQ is a network of service providers and individual practitioners involved in, or with an interest in, working with men who have used domestic and family violence, primarily through intervention programs and court work. We are a diverse group, with a core comprising: workers from almost all of the state funded mainstream men's domestic violence intervention programs (including several large counselling agencies and two regional domestic violence services); intervention programs and counselling funded by other means; DVConnect Mensline; and government agencies. We have recently been developing links with some programs for Indigenous men, and I hope we can continue to build on this as I believe we can learn a lot from each other.

Membership of SPEAQ is through payment of a subscription fee and, of course, support for SPEAQ's aims and principles. We currently have seven member organisations, which contribute 57 names to the members' list. Most of these are practitioners (including facilitators, counsellors, partner advocates and court workers) and some are managers. A further 39 people are on our mailing list as guests. We have always sought to be inclusive, so some guests are actually quite regular participants at SPEAQ activities. Last year, 43 people were involved in at least one of the monthly teleconferences or attended our annual forum.

When and why was the SPEAQ network established?

The network was established some 20 years ago by a small group of services in south east Queensland

funded to provide men's domestic violence groups. At that time it was a very new field, and, with few people doing the work, support and sharing of knowledge with colleagues was invaluable. We met monthly in person and organised an annual personal development day.



Though the work is better established now, it is still a relatively small field in Queensland and the support of colleagues is still a real need. Workers in regional areas have particularly mentioned the value of this. New workers anywhere can "plug in" and get more quickly up to speed and all of us benefit from the sharing of experiences, ideas and practice resources and the opportunity to reflect on our own practice. We also liaise with government and have made several submissions.

What are SPEAQ's goals and objectives (purpose)

The exact words to describe our vision and purpose are actually a work in progress. We have

a development committee which is working on defining this and other aspects of our structure and how we operate. Here's part of a current draft:

"... playing a key role in the prevention and elimination of domestic and family violence in Queensland, through the contribution of specialist experience, knowledge and perspectives from the field of working for change and accountability with men who use domestic and family violence... We are committed to increasing the safety of victims, primarily women and children, through working collaboratively for the advancement of practice in ending and preventing domestic and family violence".

When you attend a SPEAQ network meeting what are some of the discussion topics you might expect to take part in?

In our teleconferences over the last few months, we've talked about the introduction of Voluntary Intervention Orders (VIOs) with the new legislation and how that's working (or not) in different courts. Other topics include a range of practice issues, such as: how assessments for programs are being done; how partner contact is done; useful video resources; risk assessment; worker safety; addressing minimisation, denial and blame in a group; and feedback from conferences and training undertaken by SPEAQ members.

For further information on the SPEAQ network and/or to be part of the network

Contact Paul at SPEAQ.secretariat@gmail.com.

¹Name withheld at author's request

Resource review - STEP (Stepping through the process (2nd edition))

by Katrina Finn, CDFVR

STEP is the expanded and updated 2nd edition of a 2007 publication by the Gold Coast Centre Against Sexual Violence Inc. The resource is a CD and brings together a range of resources, relevant information and strategies for adults who have been raped or sexually assaulted and those who support them. It provides information that will assist victims/survivors¹ to: choose whether to enter the criminal justice system; and, if they do, to understand what they can expect from the process and confidently participate.

The Queensland criminal justice system is centred on the rights of a person accused of an offence and the notion of 'innocent until proven guilty'. Accordingly, it is focused on 'proof rather than truth'. As a consequence, without clear information about the criminal law process and support, victims/survivors of violence can be left feeling invisible and even re-victimised by the system. The impact of this can be particularly marked for a person who has been raped or sexually assaulted. Appropriately supporting victims/survivors of sexual violence and providing access to relevant information is an essential part of an effective criminal justice system.

STEP finds the important balance between acknowledging the impact of rape and sexual assault on victims/survivors and providing factual detail they may need to know. The resource is respectful of victims/survivors' lived experience and of their autonomy.

The resource contains information about the Queensland criminal justice system, including: rights of victims/survivors; the law and the criminal justice process, including what is involved in a police investigation and the collection of evidence. It includes information on rights - to claim damages, as well as to access the Victim Assistance Scheme administered through Victim Assist Queensland.

STEP provides specific information about the options for reporting a rape or sexual assault, including information about the process for making both a formal complaint to police, or an informal report to police (if the victim/survivor does not want to go through criminal proceedings).²

However, more than providing information, the resource provides strategies to assist a survivor of violence to: consider the options; make the decision about whether, or not, to make a formal complaint; and to prepare, emotionally and practically for court and for giving evidence. The tips are simple, but provide a good checklist and strategies for self-care for victims/survivors who are already under stress in the lead up to a criminal trial.

STEP also ticks the boxes in providing adequate information and strategies for support workers working with women proceeding through the system.

The role of a support worker in a rape or assault case is very important. The focus must always remain on the physical and emotional safety of the victim/survivor of sexual violence. This role is necessarily limited to prevent any perception that a victim's evidence has been tainted or influenced in any way. STEP contains important information on the support worker role and

acts as a practical guide to assist workers to provide appropriate support and advocacy. Strategies for self-care for the support worker have also been incorporated.

This resource successfully combines information useful for both victims/survivors and support workers. It is comprehensive, well-structured and easy to follow. The CD is easy to navigate with quick access to the contents page and each separate topic. It is an accessible reference for a victim/survivor wanting to check steps in the process, or remind themselves of strategies for self-care throughout the process. It explains the nature of available support and where to find it and provides support workers with information on the process the victim/survivor of the violence is engaged in to enable them to advocate effectively. STEP will also heighten workers' awareness of their personal limitations as a support person and provides critical information for new workers and services about the advocate/support person role.

If you would like to order the STEP resource, please contact Gold Coast Centre Against Sexual Violence Inc. on: admin@stopsexualviolence.com for an order form.

It costs \$12.00 including GST, postage and handling.

¹The term 'victim' can be offensive to adults who have experienced sexual violence. The term victim/survivor is used throughout the review and reflects the terminology used in the STEP resource.

²<http://www.police.qld.gov.au/programs/adultassault/altReportOpt.htm>

Workshops, conferences and date claimers

Conferences

11-12 April 2013

Child Aware Approaches Conference:
Making Child Wellbeing and Safety Your
Responsibility
Melbourne Convention and Exhibition Centre, Vic
<http://www.childaware.org.au/index.asp?IntCatId=14>

16-17 April 2013

Allan Wade Response Based Practice Workshop
Ballarat, Vic
<http://www.adfvc.unsw.edu.au/PDF%20files/Grampians%20Flyer%20Allan%20Wade%20Registration%20April%202013.pdf>

18 - 20 April 2013

Health in Difference Conference 2013
Novotel St Kilda, Melbourne, Vic
<http://www.lgbtihealth.org.au/hid>

28-30 April 2013

National Conference on Eliminating all Forms
of Violence Against Culturally and Linguistically
Diverse Women
Canberra, ACT
<http://www.amarwa.org/conference-2013>

2-3 May 2013

Council to Homeless Persons (CHP) Conference
2013: A vision for ending homelessness
Melbourne, Vic
<http://chpconference.com.au/>

8-9 May 2013

Queensland Indigenous Family Violence
Prevention Forum
Mackay, QLD
www.noviolence.com.au

13-15 May 2013

White Ribbon International Conference
Sydney, NSW
<http://www.whiteribbon.org.au/events/white-ribbon-international-conference-2013>

Training and workshops

17-18th April 2013

Working with Child Sexual Assault
Brisbane, QLD
<https://app.etapestry.com/cart/Bravehearts/default/category.php?ref=759.0.180561947>

16-17th & 24th April 2013

Family Violence Hurts Kids Too: Providing
support to children affected by family violence
Melbourne, Vic
http://www.dvrcv.org.au/wp-content/uploads/DVRCV_Training_Calendar.pdf

30th April, 7th, 14th, 21st, & 28th May 2013

Beyond the Violence
8 week program in Victoria for the non-violent
parent and their children 0 – 18 years
For bookings or more info call 0458 750 754

Men's behaviour change programs¹

Ongoing throughout the year

Men's Stopping Violence Program – Men's
Domestic Violence Behaviour Change Program:
Uniting Care Community Ipswich
Ipswich Qld, 4305
Email contact: angela.mayer@uccommunity.org.au

Program start date:

7 May 2013
MenTER (Men towards equal relationships)
NQDVRs
07 47 212888

¹See also pages 11-14

Fatal assault and neglect of Queensland children – report now available.....

A new report from the Queensland Children's Commission on the fatal assault and neglect of Queensland children is now available.

The purpose of this project was to examine a sample of preventable fatal assault and neglect child deaths in Queensland, with a view to identifying key risk factors and developing targeted prevention messages to reduce the future prevalence of similar child deaths. It grew out of the Commission's concern that cases of child death which involved fatal assault or neglect were being under-identified.

The report on fatal assault and neglect of Queensland children and report highlights are available on the Commission's website:

<http://www.ccypcg.qld.gov.au/resources/publications/fatal-assault-and-neglect-of-Qld-children.html>

Contact Us

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We encourage readers to contribute to the CDFVRe@der. If you have any information or articles you wish to publish, please contact Centre staff.

HAVE YOUR CONTACT DETAILS CHANGED?

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.

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**Queensland
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Disclaimer: The Queensland Centre for Domestic and Family Violence Research welcomes articles from guest contributors. Publication of the articles will be at the discretion of the Director of the Centre. Views expressed in published guest contributions are not necessarily the views of the Centre, CQUniversity or the Queensland Government. Whilst all reasonable care has been taken in the preparation of this publication, no liability is assumed for any errors or omissions.