

CDFWR@der

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Image by Maggie Webster © 2010

The Helping Out Families Initiative

New report calls for comprehensive
response to sexual assault

Breaking the cycle



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Director's message

Welcome to the new-look CDFVRe@der. We hope you find the changes appealing and helpful, and your feedback would be very welcome.

The recent Federal election had us wondering what would become of the proposed national plan to reduce violence against women - a plan that was being negotiated through the Coalition of Australian Governments (COAG) following the release, in April 2009, of Time for Action: The National Council's Plan for Australian to Reduce Violence against Women and their Children. While recognising the immediate and very positive response from the Australian Government to Time for Action, including a \$42 million investment to address urgent priorities and the implementation of the Government's successful social marketing campaign www.theline.gov.au, it was disappointing that a national plan endorsed by COAG had not been finalised before the election.

Speaking at a Federal Labor Women's Policy Forum in Melbourne on 9 August, Tanya Plibersek reiterated the commitment of the Australian Labor Government, under the leadership of Julia Gillard, to the implementation of a national plan to reduce violence against women and their children. Ms Plibersek released Federal Labor's national plan for the period 2010 – 2022 as well as the first three-year action plan. The plan acknowledges, and is built upon, the work of the National Council to Reduce Violence against Women and their Children and the Government's immediate response in April 2009. As such, the Labor plan focuses strongly on prevention, while not losing sight of the need to continue to provide, and enhance, support services for women affected by sexual assault and domestic and family violence, and the children exposed to that violence.

The launch of the Labor plan included a funding commitment of \$44.5 million over four years. This includes:

- \$3.75 million to support local community action to reduce violence against women
- \$8.8 million to provide telephone support for frontline workers such as allied health, child care and paramedics to better assist clients who have experienced violence
- \$4.8 million to improve services for victims of domestic violence through reform projects focusing on the health sector and on services provided to children, Indigenous women and women with disabilities
- \$0.75 million to expand counselling services for male victims of domestic violence



- \$4.6 million for new programs to stop perpetrators committing acts of violence and national standards for perpetrator programs
- \$6.9 million for a new National Centre of Excellence to evaluate the effectiveness of strategies to reduce violence against women, improve best practice and support workforce development
- \$14.9 million for the Personal Safety Survey and National Community Attitudes Survey to track the impact of the new action plans every four years

The plan also includes continuation of the \$17 million national social marketing campaign, 'The Line'; the \$9 million respectful relationships program to support young people to develop healthy and respectful relationships; and the development of a national scheme for domestic and family violence orders.

Further, and consistent with Time For Action's principle that "no law, policy or practice should jeopardise the safety or well-being of women and their children" (p.32), Federal Labor committed to the establishment of an Australian Law Reform Commission (ALRC) inquiry into the impact of Commonwealth laws on those experiencing family violence, including the impact of child support and family assistance law, immigration law, employment law, social security law, superannuation law and privacy provisions. The ALRC is due to report to the Attorney-General no later than 30 November 2011 and will build on the Commission's current inquiry on the family law system.

We look forward to the national plan being finalized under the leadership of Julia Gillard and new Minister for Status of Women, Kate Ellis, and trust this will be dealt with as an early priority for the Australian Government.

Heather Nancarrow

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Centre News



Leda joins the team

CDFVR is happy to welcome Leda Barnett who commenced work end-August as Senior Project Officer. Leda has lived and worked in Mackay for a little over 2½ years, having moved from Brisbane after completing her studies in Psychology and Education, to spend more time with her family. Leda has extensive experience working with Indigenous communities, both in research as well as in a clinical capacity. Most recently, she has worked as a registered Psychologist with the Mackay Division of General Practice.

CDFVR Director to Chair Minister’s Advisory Group

During a recent visit to CDFVR, Minister for Community Services and Housing and Minister for Women, Karen Struthers, announced the appointment of CDFVR Director, Heather Nancarrow, as Chair of her newly established Domestic and Family Violence Advisory Group, along with the appointment of six non-Government members. The members are Amanda Lee-Ross, Shirley Slann, Donna Justo, Rebecca Shearman, Paul Monsour and Colleen Wall.

The Advisory Group has been established to advise the Minister on the implementation of “For our sons and daughters”, the Queensland Government’s four year plan of action to reduce domestic and family violence. The plan includes a comprehensive review of the *Domestic and Family Violence Protection Act 1989*. The first meeting of the Advisory Group was held in Brisbane on 8 September 2010, and the review of the domestic and family violence legislation was a key focus of discussion.

The Queensland Centre for Domestic and Family Violence Research receives funding from the Department of Communities to undertake research, professional development and educational activities pertaining to domestic and family violence in Queensland. The visit provided a great opportunity for CDFVR to showcase some of its work. Minister Struthers congratulated the CDFVR staff on their work and expressed her gratitude for the range and quality of research, expert advice, professional development and educational resources produced by the five-member CDFVR team.



Minister for Community Service and Housing and Minister for Women, Karen Struthers (right), with Heather Nancarrow, CDFVR Director and Dr Pierre Viljoen, Head of Campus and Pro Vice-Chancellor Community and Engagement.

Prevention and early intervention – the Helping Out Families Initiative

by Renette Viljoen, CDFVR

The Department of Communities recently released its Strategic Planning, Policy and Program Framework - Strategic Policy for Children and Families 2007-2011 to articulate the key policy direction and objectives for the Department in building child and family-friendly communities. The policy promotes an inclusive definition of family, recognising a range of different family structures, cultures and experiences.

Regardless of such differences, families have the most significant and influential role to play when it comes to nurturing, educating, protecting and providing for children, and the greatest impact on wellbeing throughout childhood and into adult life. Recognising the importance of this role, and the many challenges facing modern families, government and the broader community has an important role to play in supporting families and promoting positive outcomes for children.

In response, in June this year, the Minister for Child Safety and Minister for Sport, Phil Reeves, introduced the Child Protection and Other Acts Amendment Bill 2010. One of the functions of the bill is to provide the legislative foundation for the government's Helping Out Families initiative. In a joint statement, Minister Reeves and Karen Struthers, Minister for Community Services and Housing and Minister for Women, indicated that \$55 million has been allocated over the next four years for the initiative. The initiative aims to deliver the right type of service to vulnerable families as early as possible and will also provide practical in-home support such as assistance with parenting, home management, budgeting and meal preparation. Families will benefit from help with life management skills, individual and family counselling and specialist services if required. Families will also have access to youth services, mental health, and drug and alcohol counselling.

"Prevention is the best cure, which is why the Qld Government has invested heavily to ensure we have the experts in place who can help families work through the issues that are placing children at risk"

- Karen Struthers, Minister for Women

Since the launch of Queensland Families: Future Directions in June 2002, the government's focus has shifted more towards investment in prevention and early interventions services. Findings of the evaluation of Prevention and Early Intervention (PEI) pilots played a critical role in informing family support policy, program

and service development. In 2006, Referral for Active Intervention (RAI) was implemented across the state, building on the learnings from the PEI evaluations and has shown that the program has numerous strengths and can be regarded as a successful intervention with families most at risk of entering or re-entering the statutory child protection system. Prevention and early intervention strategies aim to influence children's, parents' or families' behaviours in order to reduce the risk, or ameliorate the effect of less than optimal social and physical environments.

An important goal of prevention and early intervention is to change the balance between risk and protective factors so that the effect of protective factors outweighs the effect of risk factors, thus building resilience (Hawkins et al. 2002; NIDA 2003).

Prevention and early intervention is intended not only to prevent the development of future problems such as child abuse, emotional and behavioural problems, substance abuse and criminal behaviour, but also to promote the necessary conditions for a child's healthy development in all areas. Current thinking about early intervention increasingly accepts that early childhood experience crucially determines health and wellbeing and the attainment of competences at later ages, and that investment in the early years will be reflected in improved education, employment, and even national productivity (Keating & Hertzman 2000). Evidence that early intervention can counteract biological and environmental disadvantage and set children on a more positive developmental trajectory continues to build (Brooks-Gunn, Berlin & Fuligni 2000).

The Helping Out Families initiative, informed by the RAI evaluation, will strengthen the capacity of non-government early intervention and family support and will be achieved through the establishment of a lead Family Support Alliance organisation and a network of service providers in three pilot sites – Logan and Beenleigh-Eagleby in October 2010, and Gold Coast by 30 January 2011. In 2010-11, funding for this initiative includes \$4.8 million for intensive family support services, in-home care and brokerage, \$2.5 million to fund a health home visiting program for all children aged 0 to 3 years in these locations, \$850,000 to set up a Family Support Alliance and \$200,000 to streamline referrals for vulnerable families. The funding also includes a \$3 million injection of recurrent funding to provide additional frontline child protection staff in high demand areas as well as \$2 million in recurrent funding for therapeutic services for children and young people with complex and extreme needs.

Under the Helping Out Families initiative, child safety service centres will refer a family, via their

new regional intake service, to a Family Support Alliance organisation. To support this approach, referrals will be made from Child Safety Services to the Family Support Alliance organisation without requiring the family's consent. The Child Protection and Other Acts Amendment Bill amends the *Child Protection Act 1999* to allow this information to be provided and to ensure the referral information remains confidential. Under the new system, supported by this bill, the Family Support Alliance organisation will be established to receive this information, engage the family and coordinate the most appropriate response. The bill will require the consent of families for information to be supplied to other services beyond the Family Support Alliance organisation, and this will be part of their engagement process.

"We understand some Queensland families are doing it tough and we want to provide them with the right support at the right time to keep their children safe"

- Phil Reeves, Minister for Child Safety

Indigenous family support services will link with the Family Support Alliance organisations to provide services to Indigenous families in the three pilot sites. The government has also allocated \$8.5 million state-wide to implement 11 new Aboriginal and Torres Strait Islander family support services to support Indigenous families and \$1.6 million to enhance domestic and family violence prevention services to support the new initiative.

Organisations participating in the Alliance will be able to support children, young people and their families and will be invited to participate in the development of a common practice framework and work collaboratively with other members of the Alliance. Brokerage funding will be available to fill service delivery gaps to meet the needs of families. In turn, the secondary sector will be strengthened by the development of more efficient child safety regional pathways to the secondary system; enhance capacity through integrated and collaborative service delivery to help families reach their full potential; and ongoing monitoring and evaluation to enhance service responses.

Furthermore, a common practice framework will be developed in consultation with government and non-government agencies to ensure (i) consistent practice for identifying needs and responding to children, young people and their families, and (ii) families receive a consistent level of service across the secondary system. Protocols and governance will be developed at a regional level to ensure that specific local requirements are considered. As the initiative grows, new models to facilitate referral patterns will be developed, implemented, monitored and modified to ensure they are refined

in the light of new knowledge. Training and education will be provided to assist government agencies change their referral patterns to ensure that outcomes for children and families continue to improve over time.

Recent collaboration between CDFVR and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) has resulted in funding from the Department of Communities (Child Safety Services) for the delivery of CDFVR's accredited Course in Responding to Domestic and Family Violence (30629QLD) for 80 staff of the 11 new ATSI Family Support Service hubs across the State. QATSICPP sees the role of the Family Support Officers as providing an appropriate first point of contact for people affected by domestic and family violence and being able to refer them on to specialist services (such as regional Domestic Violence Services), as much as possible. CDFVR's accredited course will enable the development of risk assessment, networking, referral and reflective practice skills within staff of the Family Support Services to enhance cultural safety and appropriate service delivery.



CDFVR Director, Heather Nancarrow, and CEO of QATSICPP, Dianne Harvey, sign on to training for Indigenous family support workers

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Domestic and family violence database summary – Abuse of young people

by Annie Webster and Heather Nancarrow, CDFVR

This edition of CDFVRe@der looks at prevention initiatives for young people. Research indicates that people in the age group 18-24 years experience the highest rate of intimate partner violence in Australia. Relationships in this category are largely non co-habiting and the violence is commonly known as 'dating violence' and often goes unreported (Signal & Taylor 2008).

The Australian component of the International Violence Against Women Survey (Mouzos & Makkai 2004) identified that 34 percent of women who had ever had an intimate partner experienced at least one form of abuse during their lifetime. The study showed that younger women reported higher rates of violence (both physical and sexual) than older women, with 23 percent of 18 to 24 year olds reporting physical or sexual violence in the year preceding the study. Further, a recent Queensland study found that women aged less than 30 were more than twice as likely to experience physical violence, and nearly twice as likely to experience non-physical violence from their intimate partner, than were older women (Nancarrow, Lockie & Sharma 2009).

Background

The data used for this analysis represents new client matters¹ for people aged 18-25 years, recorded by 27 non-government agencies contributing to CDFVR's Domestic and Family Violence Database. The results reported do not represent the prevalence of abuse amongst young people in Queensland, but provide an insight into the new client matters recorded - including the reasons for contact and the type of service clients seek out.

For the period 1 January 2007 to 30 June 2010, a total of 19 155 new client matters were recorded for people aged 18-25 years. The majority were female (76.8%, n=14 714) non-Indigenous Australians (92.7%, n=17 761) whose language was primarily English (98.5%, n =18 878). A total of 7.1% (n=1 362) reported having a disability – physical, specific learning, intellectual, autism, acquired brain, psychological, neurological or sensory/speech.

The type of service required was mainly recorded as court support (50.2%, n=9 616) and the primary reason for contacting the service was the experience of violence in a current relationship (53.6%, n=10 265). More than half of the new client matters were reported to police (56.3%, n=10 788) and just over half (58.6%, n=11 224) had either a current domestic violence order or a current application for an order.

Gender differences

Type of relationship by gender

Table 1 compares the type of relationship in this data sample by client gender. For the purpose of this analysis we have only included the two largest relationship categories: 1) spousal relationships, which include people who are, or have been, married or in a de facto marital relationship; and 2) intimate personal relationships, which include couples, whether of the same or opposite sex who are, or were, engaged to be married, promised or betrothed under customary law, or in an 'enmeshed' dating relationship. The sum of new client matters in these two categories is 16 339, representing 85 percent of the total 19 155 new client matters related to people aged 18-25 years. Of the 16 339 matters related to spousal and intimate personal relationships, females comprised 79 percent (n=12 908) and males comprised 20 percent (n=3 329). The remaining 102 matters were made up of transgender (0.28%, n=3) and missing responses (0.6%, n=99). Females comprised 80.1 percent of the 13 572 new client matters concerning spousal domestic violence, and 73.6 percent of the total 2 767 new client matters related to interpersonal relationships.

Table 1: Type of relationship by gender	Client									
	Female n=12 908 (79%)		Male n=3 329 (20%)		Transgender n=3 (0.01%)		No value entered n=99 (0.6%)		Total n=16 339	
Type of relationship	No.	%	No.	%	No.	%	No.	%	No.	%
Spousal	10 872	80.1	2 616	19.3	3	0.02	81	0.6	13 572	83
Intimate Personal	2 036	73.6	713	25.8	0	0	18	0.6	2 767	17

¹ A person is a "new client" if: they access a service for the first time; they stop contact with the service, as planned (e.g. an exit interview has been conducted), and then initiate contact again at any point in time; they stop contact with the service unexpectedly, and then return after at least six months since the last contact.

As illustrated in table 2 below, males were slightly more likely than females to be seeking assistance related to abuse in an intimate personal relationship, rather than a spousal relationship. Twenty-one point four percent of the male contact with a service concerned abuse in an intimate partner relationship, compared to 15.8 percent of contact by females for intimate partner relationships.

Table 2:
Proportionate
breakdown of
relationship by
gender

Gender	Spousal relationship		Intimate personal relationship	
	No.	%	No.	%
Female (n=12 908)	10 872	84.2	2 036	15.8
Male (n=3 329)	2616	78.6	713	21.4
Transgender (n=3)	3	100	0	0
No value entered (n=99)	81	81.8	18	18.2
Total (n=16 339)	13 572	83	2 767	17

Primary reason for contact by relationship type

For 79 percent (n=12 930) of the total 16 339 spousal or intimate personal relationships in this sample of young people, the primary reason for contacting a service was experiencing, or had experienced, violence in a current or past relationship. Currently or previously using violence in a spousal or intimate personal relationship was the primary reason for contacting a service for 20 percent (n=3 233) of the total new client matters.

Table 3 below, shows that more than half (55%) of the spousal relationships involved service contact because of victimisation in a current relationship, compared to 46 percent of intimate partner relationships. In all other categories, the percentages within intimate personal relationships are either higher than, or equal to, those for spousal relationships.

Amongst the new cases involving an intimate personal relationship, a total of 25 percent contacted the service because of their perpetrating violence, compared to 18 percent of those in a spousal relationship.

Table 3: Primary reason for contact by relationship
type

Primary reason for contact	Spousal relationships n=13 572		Intimate personal relationships n=2767		Total n = 16,339	
	No	%	No	%	No	%
Experiencing violence in current relationship	7523	55	1281	46	8804	54
Previously experienced violence in a relationship	1111	8	236	8	1347	8
Experiencing violence from a past relationship	2269	17	510	18	2779	17
Using violence in a current relationship	1910	14	482	17	2392	15
Used violence in a relationship	332	2	102	4	434	3
Using violence in a past relationship	288	2	119	4	407	2
No value entered	139	1	37	1	176	1

Conclusion

A summary of these 19 155 new client matters shows that spousal violence is the most likely relationship for which people in the 18-25 year age group report, with non-Indigenous, English speaking females comprising the majority of those cases. Males comprised less than one-fifth of those in a spousal relationship, and just over one-quarter of those in an intimate personal relationship, contacting a service.

The vast majority of new client matters concerned victimisation in a current relationship. This was more often in spousal relationships, compared to intimate partner relationships, suggesting that those in a spousal relationship were less likely to end the relationship. Further, perpetrators of spousal abuse seem less likely than perpetrators of intimate partner abuse to contact a service to address their abuse.

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New report calls for comprehensive response to sexual assault in Queensland

by Heather Nancarrow, CDFVR

Twenty non-government sexual assault services across the State have collaborated to produce a comprehensive, evidenced-based report "The right to choose: Enhancing best practice in responding to sexual assault in Queensland". The report is the sector's response to the Queensland Health commissioned review of its funded sexual assault services for adults. The review was conducted by KPMG during 2008 and its report was published on-line in 2009.

Of the 20 sexual assault services across Queensland, five provide specialized services to specific client groups. They are the Immigrant Women's Support Service; Zig Zag Young Women's Resource Centre; Murrigunyah Aboriginal & Torres Strait Islander Corporation for Women; Sisters Inside, working with women in prison; and WWild – Women with an Intellectual and Learning Disability. All 20 of the non-Government sexual assault services across Queensland contributed in various ways to the compilation of the report.

As the name of their report suggests, the overall position of the non-Government sexual assault services is the need for a range of service models to adequately respond to sexual assault in Queensland. This includes responding to diverse community needs in regard to the experience and long-term traumatic effects of sexual assault, as well as initiatives to address the causes of sexual assault through primary prevention initiatives. Of particular concern to the non-Government services is the focus of the proposed establishment of a single service model to be delivered through Queensland Health (that is, government controlled) service hubs, with an emphasis on forensic medical investigation to support criminal charges of rape or sexual assault. The non-Government sexual assault services argue that a medical-oriented approach to sexual assault service provision will have the effect of deterring women from accessing support, particularly in the case of women who are already marginalized from mainstream services and at increased risk of sexual assault. This includes immigrant and refugee women, young women, Aboriginal and Torres Strait Islander women, and criminalised women. Specifically, they are concerned about the impact of institutionally-based sexual assault services on privacy and confidentiality; Aboriginal cultural considerations, including dealing with men's and women's business separately; and the presence of men in positions of authority, including the presence of police, which could inhibit women's ability to disclose as well as

possibly re-traumatizing sexual assault victims.

The Queensland sexual assault services' report, and its emergent 25 recommendations, is structured around a focus on the elimination of sexual violence, including six solution-focused approaches: 1) a gendered analysis; 2) a cost effective approach; 3) access to holistic, appropriate support; 4) responding appropriately to diversity; 5) health promotion, community education and prevention; and 6) a state policy framework. Within this framework, and drawing on recent research on best practice and policy initiatives, community based sexual assault workers highlight the absence of any coherent Queensland Government plan to systematically address sexual assault. The point is highlighted by contrasting the gender analysis and comprehensive approach adopted in Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, with the gender neutral language and exclusion of sexual assault in For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014.

While the report acknowledges that not all sexual assault occurs within a domestic or family violence context, it notes that most sexual assaults are perpetrated by a male known to the victim and many of them are family members, including intimate partners. The report provides an opportunity for further consideration of the most effective way to engage government, service providers and the broader community in responding to and preventing sexual assault. Queensland Health has not yet committed to continued funding for community-based sexual assault services beyond 31st December 2010, and has indicated that existing funding will be directed to hospital emergency departments from 2011. The need for discussion about the future of community-based services responding to sexual assault in Queensland is urgent.

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IWSS Multilingual Domestic Violence Resource launched

by Stephanie Anne, IWSS and Renette Viljoen, CDFVR

The Immigrant Women's Support Service (IWSS) is proud to announce the recent launch of their multilingual domestic violence resources. IWSS, a community based crisis and support service which provides culturally appropriate support, information, counselling and referral, values cultural diversity and recognises the disadvantages faced by women and children of non-English speaking backgrounds (NESB). IWSS works to assist these women and their children to live in safety and security and access services and facilities to make their independent survival possible.

Being able to communicate in one's first language with appropriate and effective engagement of professional interpreters by service providers is essential to obtaining assistance from relevant support services. The Multilingual Domestic Violence Resource includes essential information on:

- **What is Domestic Violence?**
- **Cycle of Violence**
- **Power and Control Wheel**
- **Equality Wheel**

The resources were developed and translated into English and 15 community languages that include **Arabic, Bosnian, Chinese, Dari, Farsi, French, Hindi, Japanese, Juba Arabic, Russian, Spanish, Tagalog, Thai, Turkish and Vietnamese**. Although IWSS recognises that there are a vast number of languages spoken across Queensland, IWSS was restricted to fifteen languages when translating this resource. Domestic violence exists in all communities and the selection of languages does not reflect the incidence of domestic violence within these specific communities.

Using translated resources in working with women from NESB who may be experiencing domestic violence, requires some specialist knowledge, cultural consideration and skills to ensure that information is contextualised and appropriately disseminated. IWSS has developed and delivered a training workshop to promote best practice in using the Multilingual Domestic Violence Resource.

The resource was designed specifically for workers to use when engaging in dialogue with women from NESB on the subject of domestic violence. It should not be used in place of professional



Image by Rachel Apelt © 2008

interpreters but rather seen as an additional tool when communicating about domestic violence. It is also not IWSS's intention for the resource to be distributed directly to community members as 1) it contains information and concepts that may be unfamiliar to women from some cultural backgrounds and therefore must be contextualised through dialogue; and 2) translated information resources about domestic violence in the Australian context cannot be relied on as a sole means of communication - information resources, if provided directly to community members without dialogue, may unintentionally cause confusion, distress and misunderstanding of key concepts.

IWSS advocates for workers to utilise sound cross-cultural frameworks that support a gendered analysis of violence against women and children in working with these translated resources.


Copies of the Multilingual Domestic Violence Resource have been provided to the State Library of Queensland, Queensland Parliamentary Library and the National Library of Australia and it should be on the IWSS website at a later date.

If you would like to order copies of the Multilingual Domestic Violence Resource or to enquire about training on using translated resources with women from NESB, please contact IWSS on telephone: (07) 3846 3490 or email: mail@iwss.org.au


Acknowledgments

IWSS acknowledges funding for the Multilingual Domestic Violence Resource project from Department of Communities: Domestic and Family Violence Prevention Month Initiative. IWSS also thanks the Gold Coast Domestic Violence Prevention Centre and Multicultural Families Organisation for their generous permission to utilise and adapt existing domestic violence resources. IWSS acknowledges the artist, Rachel Apelt, for granting permission to use the image by copyright found on the cover of the resources.


While some behaviour, like violence against women, is clearly crossing the line, there is some behaviour, such as circulating inappropriate text messages and spreading rumours about someone, where the line becomes a bit blurry. **The Line** invites people to draw a picture of how they felt when someone crossed their line by behaving inappropriately, or how they felt when they realised that they had crossed someone else's line. This is a wonderful way to encourage young people to think about the consequences of decisions they make, using a medium they are comfortable with. Currently, there are 1753 depictions of these feelings on the website, providing a platform for young people to illustrate their past hurt.



Using threats to cause fear or hurt towards another person – is crossing the line



Another interactive element of **The Line** is the chat room where bloggers are encouraged to address a range of issues such as fake tagging (such as writing someone's name on the electronic photograph of a pig), spreading rumours, name calling and spying on someone else's emails. The prelude to the discussion encourages bloggers to think about whether these actions are either harmless or malicious and to ask themselves whether the same action would be equally as funny or acceptable if it happened to them.



Helping your friends by helping to stop the spread of rumours and photos which could cause hurt to someone – is respecting the line


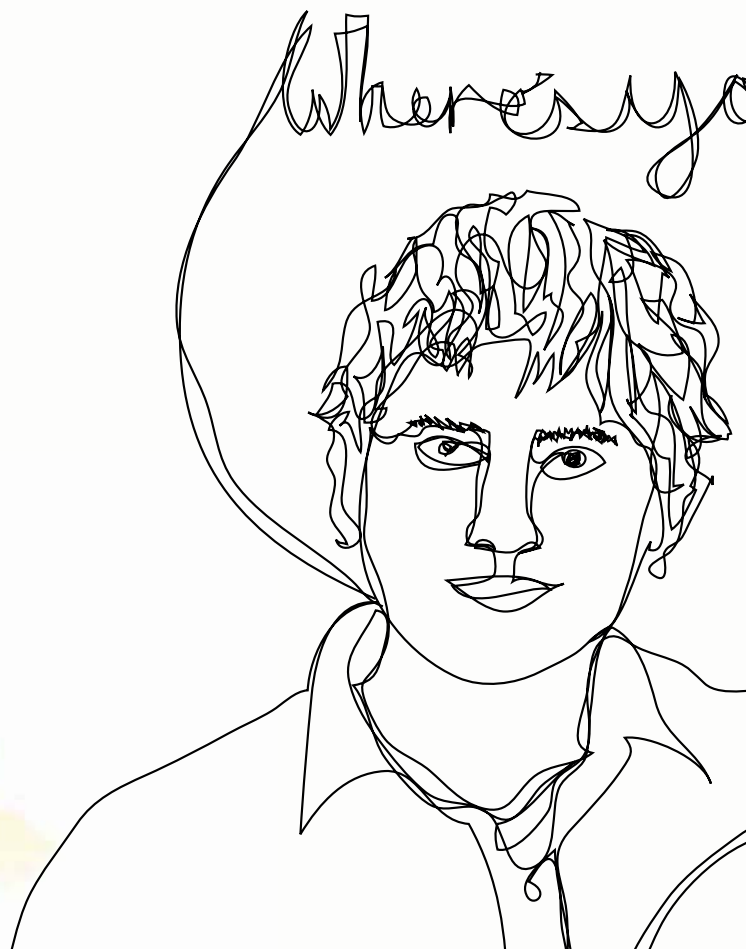



Image by Maggie

Introducing **The Line** Campaign

One of the recommendations from the 2009 report *Tackling Violence against Women and Children* was to 'help enable people to develop and sustain ethical, non-violent relationships'. The **The Line** campaign, **The Line**, has been developed in response to this.

The Line is a four year Australian Government initiative, managed by the Department of Community Services and Indigenous Affairs (FaHCSIA). It is using an area that young people are most likely to be receptive to.

At **The Line** launch on 20 June this year, Tanya Plibersek, Minister for Community Services, said the campaign is important because it enables young people to 'have a say'. It targets the audience that young people listen to more than any other. The website gives young people the opportunity to advise, comment on and share a range of relationship behaviours.

The title 'The Line' is used to represent the threshold of 'apology line' when you know that certain behaviour cannot continue far or made a wrong decision. **The Line** aims to educate young people what behaviour is acceptable and what behaviour is crossing the line. Relationships is up to them, but there is plenty of discussion and values with other young people. At the time of publication, the campaign has been 'liked' by many young people. Further information about The Line campaign is available on the website.

the line?



Webster © 2010

Time for Action: The National Council's Plan to Reduce young people learn the values and practice the skills that violent relationships'. The new Australian Government recommendation.

managed by the Department of Families, Housing, is aimed at reducing the incidence of violence in Australia tive to – social and online media.

then Minister for the Status of Women, said that this talk about what is appropriate in respectful relationships. an their parents or their government – each other. This ment, agree, disagree – but most importantly, to think about

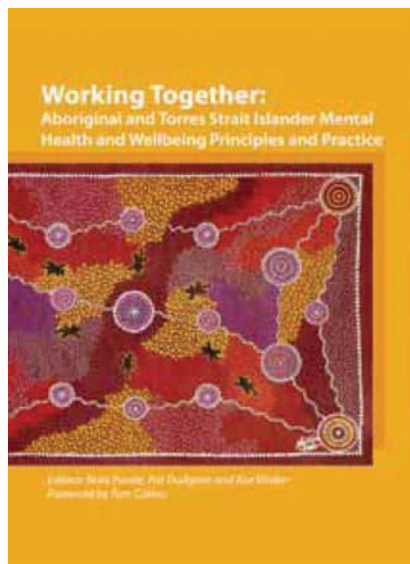
appropriate behaviour, referring to the terms 'drawing the ie - and 'crossing the line' when someone has gone too ing people about how to behave within their peer group – ng the line. Ultimately where young people draw the line in n on the website to help them compare their own beliefs and 31 299 people had accessed **The Line** website and registered paign is available at <http://www.theline.gov.au/>

Kids need to talk about sex, relationships, drugs, death and everything else, with the people they trust. If they ask the question they are ready for some information.

A range of factsheets for parents and teachers are also available on **The Line** website. These include Building better relationships – communicating with your kids; Bullying – bully-proof your kids; Online behaviour – Keeping your kids safe online; and TXTing/SEXTing – Safe talk and text. These fact sheets are designed to help parents and teachers negotiate the environment in which young people live. There are tips and advice on a range of issues like texting and online bullying that most parents and teachers would not have dealt with in their youth.

Each fact sheet provides 1-800, 24-hour helpline information which links callers to experienced counsellors who can then connect them to other support services. A link to an anti-bullying website, a translating and interpreting service number and a link for hearing impaired or deaf callers is also included.

.....sometimes there's a fine line between what's ok and what's not. What crosses the line for one person might be perfectly ok for another. And while sometimes the line is crystal clear, other times it's a bit blurred. It all comes down to respect.



Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

Reviewed by Leda Barnett, CDFVR

My first response to this book was that I was impressed with the list of contributors as I have had the pleasure of working with a few of them and am familiar with the work

of others. Of particular interest to me was the inclusion of work by the late Dr Mark Sheldon, a non-Indigenous psychiatrist whose work in remote Aboriginal communities I read about during my undergraduate years.

This book is a "... resource for a range of health professionals who work with Aboriginal and Torres Strait Islander people, including health workers, counsellors, and other staff of Indigenous health services. It provides a comprehensive, culturally relevant, and specific resource to support the provision of services to Indigenous people who are striving to effectively deal with the effects of past policies and practices." (p. xxvi) A fundamental feature of this book is the understanding that health needs to be addressed holistically, a concept incompatible with what are often 'siloed' health services.

The text comprises four parts, each with a theme to which its chapters are written. The first part, with the theme of History and Contexts, includes four chapters:

1. "Australian Aboriginal and Torres Strait Islander Mental Health: An Overview" provides a history of mental health and an overview of evidence that suggests various avenues of practice (e.g., more culturally informed approaches directed by client groups) as contributory solutions to better wellbeing.
2. "A History of Psychology in Aboriginal and Torres Strait Islander Mental Health" outlines the role psychology played in its infancy as a health discipline in Australia and in the relationship between colonising practices and Australia's First Peoples (e.g., psychological testing and institutionalised racism).
3. "The Social, Cultural and Historical Context of Aboriginal and Torres Strait Islander Australians" provides a historical tour of Indigenous Australia and current conventions such as cultural identity and racism.

4. "The Policy Context of Aboriginal and Torres Strait Islander Mental Health" outlines the desired change from mental health, including: reflecting a clinical perspective to one that encompasses Indigenous wellbeing concepts; national policies that continue to direct further education, training and service provision; and a timeline (from 1987 to 2008) that outlines key undertakings in policy reform.

Part two, themed "Issues of Aboriginal and Torres Strait Islander Mental Health and Wellbeing", comprises seven chapters:

5. "Mental Illness in Aboriginal and Torres Strait Islander People" discusses four clinical conditions (i.e., depression, anxiety, psychosis and personality disorder), alongside contextual considerations unique to Aboriginal and Torres Strait Islander cultures; issues to consider when working within the context of familial relationships; forensic issues such as high incarceration rates; and differences in the manifestation of mental illness and treatment requirements.

6. "Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing" identifies and discusses influential factors that prompt, facilitate and constrain social and emotional wellbeing in children, young people and the Indigenous community. Discussed at length is how finding a manageable balance between the number of stressors and the capacity to cope determines an individual's level of psychological distress.

7. "Preventing Suicide among Indigenous Australians" outlines the over representation of suicide amongst Indigenous populations worldwide, explains how Indigenous suicide is different and discusses what needs to be done with respect to addressing risk factors.

8. "Anxiety and Aboriginal and Torres Strait Islander Young People" states there is little anxiety-specific information about Indigenous youth, consequently the authors relate mental health information in the general population to Indigenous circumstances (e.g., how household factors influence anxiety levels).

9. "Substance Misuse and Mental Health among Aboriginal Australians" provides grim statistics on substance misuse and explains it is often a manifestation of poor social and emotional wellbeing. Different approaches to managing substance misuse, co-morbidity, requirements of

effective treatment, rehabilitation services and long-term macro-level planning are presented.

10. “Trauma, Transgenerational Transfer and Effects on Community Wellbeing” discusses the ongoing affect of unresolved trauma on Indigenous Australians. Particularly interesting are the segments on the cost of unresolved trauma and challenges of community recovery, which provides a how-to guide for community-based interventions.

11. “Indigenous Family Violence: Pathways Forward” highlights characteristics of violence in the Indigenous context including the use of ‘language of minimisation’, reasons for underreporting violent occurrences, contributory factors to violence in Indigenous families, an overview of the recommendations made in the plethora of reports done over the past decade and issues relating to accessing services.

“Mental Health Practice” is the theme overriding the five chapters in part three:

12. “Working as a Culturally Competent Mental Health Practitioner” relays the core competencies of mental health practitioners and the need for improved cultural competence based on the understanding that current approaches to improve Indigenous health have been largely unsuccessful. A better understanding of concepts such as cultural respect, cultural safety and the various components of cultural competence provide an avenue for improved practice and critical reflection.

13. “Communication and Engagement: Urban Diversity” brings attention to Indigenous communities in urban contexts, as opposed to the widely referred to stereotype or ‘traditional’ notions of Aboriginal people. Important considerations for engaging on an interpersonal level, perceptions of community, the importance of family and community obligations and other cultural considerations are presented to facilitate cross-cultural understanding.

14. “Issues in Mental Health Assessment with Indigenous Australians” discusses the ongoing search for accurate assessment when culture, as a pervading variable, is inextricably influential in the diagnosis of mental illness and service provision for Indigenous Australians. Issues like cultural bias, lack of understanding of Indigenous culture, transgenerational impacts of colonisation and different concepts of mental health and positive cognition make the quest to find solutions difficult, but keep the challenge alive.

15. “Reviewing Psychiatric Assessment in Remote Aboriginal Communities” provides detailed instruction with regard to the fundamentals of working with Indigenous clients from remote

Indigenous communities (e.g., contact with the community, interacting with clients, history taking, use of language, etc.).

16. “Promoting Perinatal Mental Health Wellness in Aboriginal and Torres Strait Islander Communities” highlights the importance of working within a comprehensive practice model to enable identification of individual, family and community needs to promote and maintain wellness during what is a particularly important time in the lives of all involved.

The final five chapters in part four relates to the theme “Working with Specific Groups: Models, Programs and Services”:

17. “Ngarlu: A Cultural and Spiritual Strengthening Model” provides insight into cultural constructs and how they relate to mental health, such as: healing the spirit and connectedness, the correlation between culture and mental health, and working with traditional healers.

18. “Principled Engagement: Gelganyem Youth and Community Well Being Program” presents an inspirational cross-cultural wellbeing program developed by traditional owners and a university in response to a cluster of youth suicides in a remote Indigenous community.

19. “Dealing with Loss, Grief and Trauma: Seven Phases to Healing” outlines a model of healing devised by the author and informed by her personal experiences, providing explanations of how each phase originated.

20. “The Marumali Program: An Aboriginal Model of Healing” is a healing program initiated by the author in response to her personal healing needs and devised to support survivors of Australia’s governmental removal policies.

21. “Mental Health Programs and Services” is a list of mental health services, programs and organisations that offer support for issues relating to social and emotional wellbeing.

I anticipate wide use of this book throughout disciplines related to wellbeing. The text is easy to read and understand. Those with a limited understanding of the history of Australia’s First People may need further familiarisation with Australia’s history of colonisation and current issues to better appreciate the importance of addressing inequalities.

The book can be downloaded from http://www.ichr.uwa.edu.au/files/user5/Working_Together_book_web.pdf or hardcopies ordered through http://www.ichr.uwa.edu.au/kulunga/working_together/book

“No way to live” A précis of Dr Lesley Laing’s report on how Australia’s family law system responds to victims of domestic violence
by Renette Viljoen, CDFVR

The No Way to Live report looks at how women negotiate the Australian Family Law System after leaving a violent relationship and how they and their children are impacted by the process. Dr Lesley Laing, senior lecturer at the University of Sydney, highlights in her research the inadequacies of the current system in protecting women and children from abuse and makes recommendations for legislative and other reforms.

The research and participants

Twenty-two women, aged between 24 and 54, from economically diverse areas of Sydney and a regional area of New South Wales, participated in the study. The women had 51 children aged from one year through to young adults at the time of the interview, and had been separated for periods ranging from six months to eight years. There had been a high rate of legal intervention and the women were at various stages of the family law process. All the women had experienced domestic violence both during their relationship and since separation. The forms of abuse most frequently reported were emotional/psychological, financial, controlling behaviours, and “using the system” to exert control and physical violence.

The research questions posed were: 1) How are current family law policies and practices experienced by women who have been subjected to domestic violence as they negotiate parenting arrangements? 2) Are women able to disclose domestic/family violence and achieve parenting arrangements that are safe for themselves and their children?

The study outlines categories and concepts that were compared and explored to identify key themes relevant to the research questions. This methodology is used for generating rich data that provides a detailed picture of the experiences of women as they attempt to navigate complex service systems. Although, by using this methodology the findings of a non-representative sample (only 22 women) cannot be generalised, they can complement the findings of larger quantitative studies and together can assist in building our understanding of the success or otherwise of our policy responses to complex social issues, such as domestic violence within the context of separation.

This research adds to the body of studies previously undertaken by the Australian Institute of Family Studies (Kaspiew, Gray, Weston, Moloney, Hand, & Qu 2009) and other inquiries into the management of cases involving family violence. It gives insight into the effects of current

legislation, policy and practice on a vulnerable group within the courts and provides rich, contextualized data that helps us to understand the process of decision making around the difficult issue of disclosing violence in family law processes (Moloney, Smyth, Weston, Richardson, Qu, & Gray 2007).

The following key themes emerged from the data:

The interconnectedness of woman and child abuse

The study found that domestic violence and direct abuse of children frequently co-occurred. Twenty one of the women reported that their ex-partner had directly abused their child/ren and the children were frequently subjected to multiple, overlapping forms of abuse.

From the women’s descriptions it was clear that abuse was intertwined – children were exposed to violence against their mothers; mothers were exposed to violence against their children; and many forms of abuse were directed simultaneously to both women and children.

“... he threw my son into the cupboard and slammed the door on his head, and then he rammed me in the living room, had his arms folded and just rammed me...”

The interconnected nature of these experiences may assist our understanding of the way in which the women often saw their safety and well being and that of their children as intertwined.

A complex and uncoordinated system

In trying to protect themselves and their children, the women found that they had to navigate a fragmented and uncoordinated service system, marked by delays and barriers to accessing accurate information. This emphasises the lack of adequate coordination between state and territory child protection systems and the Family Courts, as has been well documented (e.g. Family Law Council, 2002; Higgins & Kaspiew 2008).

The research further highlights the inadequacy of the statutory child protections agency “leaving it to the Family Court” to protect children, given the federal Courts’ inability to investigate allegations of child abuse and the time that will have elapsed between the incidents leading to the allegations and any assessment of the family.

Shifting the responsibility of child protection to the Family Courts means that child protection is no longer funded by the state, but moves into the realm of private law where the protection of children depended on the resources – both financial and emotional – of the women. It also shifts the focus from child protection to a ‘parenting dispute’.

The women in this study's only option were of returning to court if they continued to hold fears for the safety of their children. The ability to take further protective action depended on their financial resources or the availability of Legal Aid.

Common beliefs that shaped responses to mothers' efforts to achieve safety

Layered over this systematic complexity and lack of coordination was a range of beliefs held by professionals (including Family court judges and magistrates, mediators, legal practitioners, contact services staff and child protection caseworkers) about women, about allegations of abuse and family law, and about the appropriate form of post-separation parenting. The women found that their motives were under question and they encountered assumptions that they were motivated by bitterness towards ex-partners rather than by a desire to protect their children.

Beliefs such as these reflect broader community attitudes that women falsify or exaggerate claims of domestic violence to increase their tactical advantage in parenting proceedings (Victorian Health Promotion Foundations 2009).

Lack of understanding about domestic violence dynamics and consequences

The women in this study, apart from some exceptions, encountered professionals in a range of agencies who failed to demonstrate adequate understandings of both the complexities of domestic violence and its harmful effects on the development and well being of children and young people.

Women were dismayed that many professionals have very limited understanding of the tactics employed by their abusers and of the abusers' ability to manipulate and deceive them. Contact service staff seemed to be particularly susceptible to the man's ability to be charming in interactions with them, despite interactions such as these being a poor basis on which to assess the risks posed to children.

Women also thought that some professionals demonstrated naivety in their responses to their ex partners, given their level of documented violence, and found that there was limited understanding of forms of abuse other than physical violence that post separation domestic violence can take. These include financial abuse, abuse through litigation, exerting control through shared parenting requirements. the impact of trauma on women and children and on the mother-child relationship, the impact of trauma on how a woman may present in legal contexts, and what is required to rebuild a relationship between a child and someone who has abused the trust inherent in the parent-child relationship.

Consequences in the lives of women and children

- Women under pressure agreed to unsafe arrangements

Many of the women in this study received the strong message that contact, substantial time with the other parent and in some cases shared care, was an inevitable outcome in the Family Courts, even where there was violence towards women and children. Pressure from legal representatives and other professionals consequently lead to women, in an effort to avoid worse outcomes, consenting to arrangements that they did not consider the best option for ensuring the safety of themselves and their children.

- Silenced about violence and abuse

The women also got the messages from various sources that if they alleged violence and abuse, they would be seen as 'unfriendly' parents or as undermining the father-child relationship. As a consequence, the women did not feel that they were able to disclose the full story of violence and abuse before the court, which in turn has important effects on the quality of the decision making of the courts.

- Inadequate risk assessment – failure to focus on either the safety of the children or the women

Linked to the lack of understanding about the dynamics and effects of domestic violence among key professionals in the court system was a failure to assess and manage the safety of the women and children. In cases where the risk to women was identified, proactive protective actions were not necessarily initiated by professionals.

- The emotional toll on children and women

The women lived with the impact on their children of past and ongoing abuse. The abuse not only has a damaging effect on the children, but also on the mothers' relationship with their children in that they have to cope with the children's distress at being forced to have contact with their father to avoid breaching court orders.

The overriding emotional response by the women was fear for the well being and safety of their children as they continued to feel controlled by their ex-partners through the issue of the care of their children. They also felt lonely and unsupported.

- Children denied counselling

Despite the high levels of distress of the children described by the women, obtaining professional assistance for them was not possible in most cases. For some, the decision was made by the Family Courts, while for others, the lawyers advised that

seeking counselling could jeopardize their legal position. In some cases, agency policies precluded the children from receiving counselling while they were going through the family law system.

- Mothering under adverse conditions

Whilst the women were mothering under extremely stressful conditions (e.g. coping with financial pressures, ongoing harassment, emotional impact of their experiences of abuse and loss of their home, and exhausting court proceedings and agency visits) they showed determination to support and assist the children to cope with the trauma they had experienced as well as assisting the children to develop a positive relationship with their fathers.

- Inadequate response in one part of the system flows on to the Family Court

The Family Court relies on evidence from interventions in other parts of the domestic violence and child protections systems. If the response of other agencies (e.g. police, contact services and child protections services) were inadequate, the women did not have evidence of the violence and the Family Courts have to make difficult decisions with incomplete information.

- Perpetrators are not held accountable

A source of the women's sense of injustice was their observation that their ex-partners were rarely held accountable, either for their violence and abuse, or for accepting their responsibilities as parents. This seemed to contrast with the scrutiny that they experienced as mothers.

Recommendations

The current legislation is clear in its aim to protect children from child abuse, neglect and exposure to family violence (Section 68F(2)(g); (i)(ii); and (j) *Family Law reform Act 1995*). However, the women's experiences of negotiating the family law system to protect themselves and their children from abuse, led them to conclude that the current arrangements are not working for separations involving domestic violence and child abuse. The Reform Act legislation fails to provide guidance about how to reconcile the competing principles of child protection in cases of domestic violence and the child's right to contact with both parents (Jaffe, Lemon & Poisson 2003).

This failure, however, is not that of the Family Court alone, but also limited information, scepticism about women's allegations of violence and abuse, poor or non-existent risk assessment, lack of specialist knowledge about trauma and the interventions associated with recovery and an emphasis on fathering regardless of its quality.

The research suggests five recommendations for legislative and other reforms:

1. The National Framework for Protecting Australia's Children and the National Plan to Reduce Violence against Women and their Children should work together to keep women and children safe.

2. Amendments recommended in the Family Court's Violence Review regarding 'friendly parent' provision, costs orders, and family advisers should be adopted in addition to recommendations from the Family Law Council regarding the definition of family violence in the legislation.

3. All professionals and services which play a role in the family law system need comprehensive, ongoing training in understanding and responding to domestic violence.

4. State-level agencies, child protection, police and health, should not defer investigations because the Family Courts are or may be involved in a case. Agencies should employ proactive policies of investigation, evidence-gathering, documentation and risk-assessment on reports of domestic violence.

5. Investment in a long-term, national education campaign targeting professionals, schools, workplaces and the general public in order to give a better understanding of the dynamics of domestic violence.

This research highlights the importance of the ways in which the family law system identifies and responds to domestic violence in deciding parenting arrangements. Decisions can affect the safety of women and children and the long-term development and well being of children.

The full report can be accessed on <http://www.bensoc.org.au/uploads/documents/no-way-to-live-full-report-june2010.pdf>

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QDVSN plans 16 days of activism

by Heather Nancarrow, CDFVR

The state-wide Queensland Domestic Violence Services Network (QDVSN) is planning a series of 16 events across Queensland, each calling for action to end violence against women. The coordinated effort represents QDVSN's contribution to the global campaign 16 Days of Activism Against Gender Violence (also known as 16 days of activism against violence against women). The annual campaign resulted from the first Women's Global Institute on Women, Violence and Human Rights, a forum involving women from 20 countries convened in June 1991.

The 16 days dedicated to activism against violence against women begin on 25 November, the International Day Against Violence Against Women; include 6 December, the anniversary of the Montreal Massacre, when a lone male shot dead 14 women engineering students; and end on 10 December, Human Rights Day. In keeping with the theme of amalgamating various campaigns with the same agenda, the QDVSN members will uniformly dress in black and wear a white ribbon on Thursday the 25th of November to begin the 16 days of activism.

Thursdays in Black and White Ribbon Day are both global campaigns in their own right. The Thursdays in Black campaign was initiated by Argentinean women in the 1970s and demands a world without rape and violence. The White Ribbon Campaign was initiated by a group of Canadian men in 1991, on the second anniversary of the Montreal Massacre, and the White Ribbon has now become a symbol of the International Day Against Violence Against Women. Members will promote awareness of the issues and their planned activities by uploading images from that Thursday, 25 November, to various social networking media.

For each of the 15 days following 25 November, a QDVSN member agency will convene an event, or undertake a specific activity as part of QDVSN's coordinated campaign. Activities planned to date include, the following:

November		
25th	Queensland	Black Thursday - White Ribbon Day
26th	Ipswich Women's Centre	Communities working together to eradicate domestic and family violence - dinner with speakers, entertainment and information at the Queen's Park Café.
27th	CDFVR	Män som hatar kvinnor – (Men Who Hate Women), the Swedish film version of Stieg Larsson's book The Girl with the Dragon Tattoo in the Cook Theatre, CQUni Mackay.
28th	Mackay and Region Domestic Violence Resource Service	In her shoes - River walk featuring domestic and family violence/sexual assault information and lived experiences.
30th	Caboolture Regional Domestic Violence Service and the Young Parents Collaborative Action Network (YPCAN)	Strong Woman's Morning Tea at Deception Bay, with guest speaker Debbie Kilroy from Sisters Inside. The event will also showcase the works of local artists & musicians.
December		
1st	Domestic Violence Service of Central Queensland (Emerald)	Airing the Dirty Laundry (Art Activism) with finished art pieces to be displayed at the libraries.
2nd	Gold Coast Domestic Violence Prevention Centre	The purple tent - a women survivors' event .
3rd	Cairns Regional Domestic Violence Service	Women survivors of domestic violence art exhibition .
8th	Working Against Violence Support Service – Logan	Lunchtime Forum entitled Male Models – community discussion circle with local men who identify as non-violent (i.e. 'top' role models) speaking out against violence against women and children.

Further details can be obtained from the QDVSN website at: <http://www.dvcairns.org/qdvsn.html> or on CDFVR's homepage at www.noviolence.com.au.

Breaking the cycle – trial integrated response to domestic and family violence

by Heather Nancarrow, CDFVR

In July 2009, the Minister for Communities and Housing and Minister for Women, Karen Struthers, travelled to Rockhampton in Central Queensland to launch the Queensland Government's 2009-2014 strategy to reduce domestic and family violence. Minister Struthers simultaneously announced that a trial integrated response to domestic and family violence, a key element of the strategy, would be conducted in Rockhampton throughout 2010 and into early 2011.

The trial, Breaking the Cycle (BTC), involves a three-member case co-ordination team comprising 1) a police officer, a child safety officer and a domestic violence specialist worker; 2) a specialised court process to streamline court responses to domestic and family violence; and 3) court assistance for female aggrieved and male perpetrators, specialist counselling services, and an intensive case management process involving the range of agencies involved in individual cases. The trial integrated response is directed to people in relationships covered under the *Domestic and Family Violence Protection Act 1989* and priority is given to those with children and other high risk cases.

Prospective clients can be referred to the BTC by Child Safety Services, the Queensland Police Service (QPS), the Magistrates Court, Legal Aid, or other legal services and community-based domestic and family violence services. Referrals to the BTC trial generally involve prospective clients being provided with information, including a brochure, about the BTC and asked for consent to have a representative of the BTC case co-ordination team make contact with them for follow up. Although participation in the BTC trial is voluntary, some cases involving suspected child abuse or neglect will be referred to Child Safety Services without the client's consent, as per usual practice.

Prospective clients are contacted within 24 hours of the BTC case co-ordination team receiving consent to contact. The case co-ordination process begins with a comprehensive assessment of safety risks and support needs, including the application of QPS risk assessment processes and, where relevant, Child Safety Services' risk assessment processes. The risk assessment processes result in a personalized case management and safety plan. The risk assessment includes assessment of property security and funds are available for safety upgrades to property, as needed. Those with multiple, complex needs are referred to a community-based intensive case management support system involving female aggrieved court support service, male perpetrator court assistance service, male perpetrator behaviour change programs (Indigenous and non-Indigenous), and other domestic and family violence specialist and universal support services.

Additional counselling and support positions at Anglicare, Relationships Australia, Centacare, Rockhampton Women's Health Centre and Helem Yumba (Central Queensland Healing Service) were funded to support the trial and facilitate the intensive case management process. As well as additional services for the trial, specific legislation has been enacted to allow agencies to share client information for the purpose of addressing risks and enhancing safety.

The trial is overseen by a Local Governance Group, based in Rockhampton, and includes the range of local agencies involved in the trial and the Queensland Government's Rockhampton Inter-Agency Steering Committee, based in Brisbane. The Department of Communities (Evaluation and Research, Major Projects and Reviews) is conducting the evaluation of the trial.

In addition, CDFVR is planning to undertake research on the experiences of, and outcomes for, clients of the trial to contribute to the further development of integrated responses to domestic and family violence in Queensland. The research will involve in-depth interviews with up to 60 clients of the trial. Research participants will include three groups of people over the age of 12 years, as follows: 1) people who have participated, or were invited to participate, in the trial because they had been victimised; 2) people who have participated, or were invited to participate, in the trial because they had perpetrated domestic or family violence; and 3) children and young people who have participated in the trial because of their exposure to domestic or family violence.

The research project, led by Heather Nancarrow with assistance from Renette Viljoen, Leda Barnett and Laurie Armstrong, is expected to be completed by mid-2011.

Workshops, Conferences and Date Claimers

18 October 2010

International Serious and Organised Crime Conference 2010

Melbourne VIC

<http://www.aic.gov.au/en/events/aic%20upcoming%20events/2010/isoc.aspx>

1-3 November 2010

2010 Global Domestic Violence Conference

Kuala Lumpur, Malaysia

18-19 November 2010

National Indigenous policy and dialogue conference

Sydney, NSW

<http://ipdru.arts.unsw.edu.au/news-and-events/the-inaugural-national-indigenous-policy-and-dialogue-conference-317.html>

19-21 November 2010

National Rural / Regional Law and Justice Conference

Warrnambool, Vic

<http://www.deakin.edu.au/buslaw/law/rrjc/index.php>

19-21 November 2010

Connecting Women, Respecting Differences
Waikato University, Hamilton, New Zealand

<http://www.wsanz.org.nz/conference-2010.htm>

22-23 November 2010

National Conference for Victims of Crime

Hobart, TAS

<http://www.cdesign.com.au/voc2010/>

25-26 November 2010

Children Communities Connections Conference:

Developing effective integrated place-based support for children and families

Adelaide, SA

<http://www.cnet.ngo.net.au/content/view/48159/451/>

3 December 2010

Building blocks to safe sexual assault counselling
Melbourne, VIC

<http://www.aifs.gov.au/institute/conf/docs/secasa.pdf>

6-9 December 2010

TASA Conference: Social causes, private lives
Sydney, NSW

<http://www.soc.mq.edu.au/tasa-conference/>

16-18 February 2011

Nursing Network on Violence Against Women -
Stopping Violence: Innovations and Partnerships
for Sustainable Change

Auckland, NZ

<http://www.confer.co.nz/nnvawi>

CDFVR Research Seminars

Every year, CDFVR invites various visiting scholars with relevant research interests to present their work via a video-conferenced seminar.



Dr Ang Jury

In September, Dr Ang Jury, manager of Palmerston North Women's Refuge, New Zealand, presented her research, titled, **'Shame on who? An exploration of the constitution of women's shame within abusive intimate relationships'**. Her presentation outlined the result of research conducted with a group of 25 women who had lived through abuse within their intimate

relationships. DVDs of Dr Jury's presentation can be ordered from CDFVR's website at no cost.



Assoc. Prof.
Moira Carmody

In October, Associate Professor Moira Carmody from the Centre for Educational Research, UWS, will share with us the work she's been doing with young people to find alternative ways to prevent sexual assault, pressured and coerced sex. Her presentation, titled, **'Educating young people about ethical and respectful relationships'** will discuss the origins of the Sex+Ethics Violence Prevention

Education Program and the research that underpins its development, implementation and evaluation.

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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 Faculty of Sciences, Engineering and Health at CQUniversity. It is physically located at CQUniversity's Mackay Campus.



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

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