

QCD FV Re@der

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Inside this Issue...

1. Directors' Report
3. Research
4. Research Update
4. Education | Training Update
5. Education Matters . . . Training for home visitors
6. Sexual assault and intellectual disability: a review of the barriers
7. Victim Voice in Re-envisioning Responses to Sexual and Physical Violence Nationally and Internationally
9. QIFVP Forum Program
10. Forthcoming Events



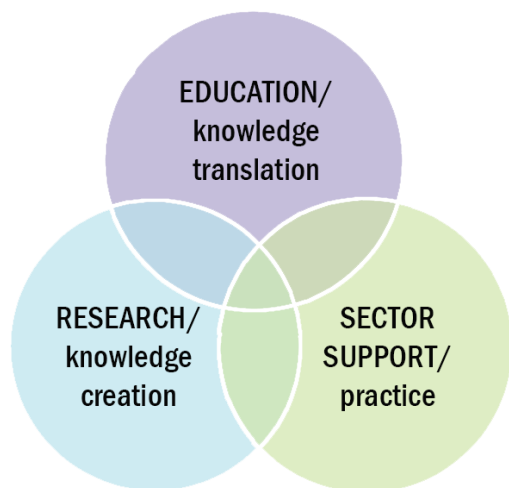
Directors' Report

Kia ora koutou katoa,

Greeting everyone,

They say “two heads are better than one” and we believe they may be right! Regular Re@der readers may have noticed that this Report is actually a Directors' Report, rather than the usual Director's Report, and the proof readers among you will know why.... it's a co-authored effort by Annabel and Heather.

As of Monday 19th March, Annabel assumed her new role as CQUniversity Research Professor of Gendered Violence. This is a flagship position and CQUniversity is to be commended for this significant investment in the field. A day or so later, QCDFVR had a new Director- or rather, welcomed a familiar face back to the Director's position: Dr Heather Lovatt. Many Re@der readers will have been aware that this change was pending, so it's wonderful to be able to now celebrate the changes.



Times of change can be challenging, and as usual the Mackay, Rockhampton, Brisbane and Perth QCDFVR staff have maintained their commitment to excellence across the three areas of work which sustain our unique Centre. Each quarter these front pages of the Re@der seem to allude to the hives of activity which QCDFVR has around the country across a number of domains, and of course, the past three months have been no different.

In our research sphere our staff have been successful in securing projects of national, state, regional and local significance. Congratulations to all involved in what have truly been team efforts, from identifying opportunities and writing tender documents to the extremely practical considerations of ensuring key documentation arrives at its destination in time for interviews and presentations. The ink is drying on a number



of contracts, so we'll share final details in a later edition of the Re@der, or of course you can keep up to date with us via our website and social media.

As you'll see from this edition of the Re@der the sector development area has been immensely active, establishing foundations for events across April and May. Not only will we have the arrival of Regents' Professor Mary Koss from the University of Arizona, who is sharing her expertise in a number of activities in Queensland and beyond, but we'll also host the Queensland Indigenous Family Violence Prevention Forum. The back pages of this edition of the Re@der share details of these great opportunities for learning and networking, and once again, we encourage you to visit our website to stay up to date. The uptake for registrations for all events has been phenomenal, and as always we urge you to book early to avoid disappointment.

Our education teams too have enjoyed a brisk start to 2018. The Higher Education Term 1 commenced on the 5th March and enrolments are very healthy across the Postgraduate Courses. This is in part due to the sponsorship by the (then) Department of Communities, Child Safety and Disability Services (the Department) of places in the Domestic and Family Violence Practice Graduate Certificates and Diploma. Congratulations to the successful applicants, and we wish you all the best for your study journey. We also acknowledge the commitment of the Department to building the capacity and capability of the state's domestic and family violence workforce.

The Department has also been keeping our other

COVER

QCDFVR team members Patrice Zarzecki, Annabel Taylor, Margaret Roche, Petrina Frankham and Lauren Pattie seated on the front stairs of our new residence. We wish Patrice & Lauren all the best on their maternity leave and look forward to welcoming them back soon.

education staff busy too. Besides the Higher Education options available through CQUniversity, QCDFVR also provides accredited and non-accredited professional development. In recent months, the Department and Churches of Christ Care have continued to engage our trainers to develop and deliver workshops. As well, this quarter has seen the first of the training sessions presented in general practices in the Brisbane South Primary Health Network catchment area. We are fortunate indeed to have access to a dedicated and knowledgeable pool of casual trainers who complement our in-house education capacity since we have a range of workshops scheduled before the end of this financial year.

At least some of this training activity will be associated with the integrated service responses in place across the state, and just as “integration” has been a key driver in the current Queensland service system we believe that we too embody integration in our work. Our research, education and sector development are inextricably linked and will continue to be so. So whilst it is clear that the past months have brought us change, and the coming months are likely to bring us more, as we embrace new projects and adapt to changing organisational structures, what cannot change is our passion to make a difference in the lives of Queensland’s families.

Annabel Taylor & Heather Lovatt

(Re-)introducing Dr Heather Lovatt

This is a move for me from Senior Researcher to Director within QCDFVR- or should I say back to Director. Some of you will know that when the long-standing Director, Dr Heather Nancarrow, departed in January 2014 I accepted an Interim Director role at the Centre until November 2014. I had the privilege of overseeing what was a pivotal period in the history of QCDFVR: not only was this a foundational year in its (then) new service agreement- which saw QCDFVR conducting national research for ANROWS- but this was also the year QCDFVR physically re-located from its original “home”.

Annabel’s arrival in November 2014 heralded the opportunity for me to exit ‘left stage’ for a short time to complete (what was starting to feel like!) the never-ending PhD. My thesis was a feminist, narrative study focused on child protection and foster care, which, interestingly, I commenced in Mackay before moving to South East Queensland. How fortuitous that, on returning to Mackay, I had the great opportunity to finish it.

I then re-entered the QCDFVR stage post-PhD in 2015 as a Senior Researcher and immediately embarked on working on a national protection orders project commissioned by ANROWS. Since then, I’ve been involved in leading or contributing to a range of diverse research projects within QCDFVR. Most recently I have been instrumental in two evaluation projects, the Integrated Service Response Trial in three Queensland sites, and the Townsville Sexual Assault Response.

A little personal history is that I lived in Mackay from 1977 to 2005, during which time I raised a family and worked in the child care, group home, neighbourhood centre and disability sectors, as well as roles in the (then) Department of Communities. I then re-located to Brisbane, where I worked in the program and policy areas of the Department before leaving during late 2012 to complete the aforementioned doctoral studies. However, thanks to being offered a number of other academic opportunities in 2012, I reached a hiatus in my PhD journey. Then my study moved even further to the “back burner” when I became QCDFVR Interim Director in 2014.

So for readers who are doing the sums, the completion of the PhD did indeed take more time than intended, but perhaps this will be an inspiration for others undertaking what can be the lonely marathon of doctoral study. In closing let me say that QCDFVR has indeed been kind to me, and has formed a wonderful episode in my career. What’s more, I am very much looking forward to the next chapter in my QCDFVR story, leading the team towards the 2020’s as we continue to play our part in improving outcomes for the women and children of Queensland who experience domestic, family and sexual violence.

Heather Lovatt



Research

By Jude Marshall

ANROWS was established in 2013, and Heather Nancarrow initiated the Practitioner Engagement Group when she was appointed ANROWS CEO the next year. The Practitioner Engagement Group (the PEG) was planned to include practitioners who were involved in women's services relating to the prevention of, and intervention for those affected by, family violence, sexual abuse and wider examples of violence against women. Representatives from peak bodies such as Wesnet and DVVic were also invited to join the group. Expectations of the PEG are to "promote interaction and knowledge sharing among ANROWS, the specialist women's service sector and the broader community services sectors".

The National Plan to Reduce Violence against Women and their Children (the National Plan) promoted best practice through building a strong and lasting evidence base. ANROWS is the national centre of excellence for research into violence against women, and its research is expected to fill gaps in knowledge and increase the understanding of issues across different sectors such as health, justice, education and housing.

Another core function of ANROWS is to provide a bridge between research, policy and practice. In ANROWS documents this is referred to as Knowledge Translation and Exchange (KTE), and the PEG was formed to "assist in the development of knowledge translation and exchange initiatives, promote the take up of evidence in practice, and support monitoring and evaluation of the impact of this within the specialist women's service sector".

The National Plan also promotes the facilitation of greater information sharing between jurisdictions, and the PEG contributes to this, meeting four times a year via teleconferences, plus face to face meetings when members are gathered for the ANROWS conference. Members come from all states and territories and have included workers in the areas of Aboriginal and Torres Strait Islander services, Cultural and Linguistically Diverse services, legal services, LGBTIQ+ services, disability services, rape and sexual assault services, women's health networks, perpetrator intervention and specialist family violence services, and broader community services.

At these meetings PEG members discuss the practice implications of research findings and disseminate information from these findings to their networks. Members are provided with an update on research and activities, and in turn provide feedback and suggestions. Discussion topics have included addressing the perceived gap between policy makers and the services sector, asking for the provision of advice on new and emerging issues and outlining the information needs in the community sector.

In addition, PEG members exchange information on events and concerns from their regions and

jurisdictions. Queensland members, for example, have shared the outcomes from the Not Now, Not Ever report, and the changes brought about by the move to integrated service responses. Victorian representatives have informed meetings of the outcomes of the Royal Commission into Family Violence. Other members have provided updates on initiatives within speciality areas which have been welcomed by those who do not constantly work in those areas, or with those populations. These have included changes in legislation, homelessness services and the provision of new education opportunities.

Many PEG members have been involved in supporting projects across a variety of issues, including through contributing to research initiatives. The Diversity Data project is but one example, where the researchers used information from PEG members to access multiple and appropriate services. As well, the PEG has been invited to identify priorities for future research related to violence against women, with responses including its relationships with child safety, mental health and homelessness. Specifically, issues of consistency in relation to a shared framework that places children's safety at the centre of family violence strategies were discussed and emphasised.

The model for the PEG has been shown to be an asset for practitioners, and their networks, and researchers alike. It is not only a unique forum which represents the research/ practice interface, but at a personal level it is a privilege to have conversations with practitioners from across the country who bring diverse practice experience and expertise to the discussion table.

Valuable information about state and specific service innovations and new resources is exchanged at PEG meetings. While the staff of ANROWS contribute their comprehensive knowledge of government and other information and resources, PEG members sharing their own work and outcomes of projects has been a key feature of this initiative.

References

Chen, J. (2017). *Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia*. Multicultural Centre for Women's Health. Retrieved from <http://mcwh.com.au/downloads/Intersectionality-Matters-Guide-2017.pdf>

Council of Australian Governments. (2011). *The national plan to reduce violence against women and their children: Including the first three-year action plan*. Canberra: FAHCSIA.

Nancarrow, H. (2016) *ANROWS's approach to knowledge translation and exchange: What is it and how is it done?* ANROWS Inaugural National Research Conference. Retrieved from <https://d2c0iky46o3b1.cloudfront.net/anrows.org.au/s3fs-public/ANROWS's%20approach%20to%20knowledge%20translation%20and%20exchange%20-%20Heather%20Nancarrow%20February%202016.pdf>

Spalding, K., Macvean, M., Mildon, R., Devine, B., Falkiner, J., Wade, C., & Forbes, F. (2015). Review of the evidence on knowledge translation and exchange in the violence against women field: State of knowledge paper. *Alexandria (AUST): Australia's National Research Organisation for Women's Safety*.

Research Update

CQUniversity Sexual Assault Survey

Last year's national survey of university students, undertaken by the Australian Human Rights Commission, involved 39 universities and found that nearly seven percent of students reported having experienced sexual assault. In recent months CQUniversity has embarked on its own survey of students, enquiring about sexual harassment and/or assault. The CQUniversity survey is open to enrolled students nationally and has already attracted 251 responses. The findings from this study will inform prevention and response efforts to minimise the risk of sexual harassment and sexual assault from occurring at CQUniversity.

Berry Street

Dr Sue Carswell conducted an evaluation of a joint initiative between the Berry Street Family Violence team and the Department of Health and Human Services (DHHS) Child Protection (CP) service in Ballarat Central Highlands Area in 2017. The initiative developed in recognition that a more 'joined-up' service response across family violence and child protection services was necessary to support women and children affected by family violence (FV). The approach includes co-location and joint assessment/visits of CP workers with Berry Street Family violence specialist and men's engagement worker. A process and outcome evaluation utilising mixed methods showed that the joint initiative is contributing towards many of the expected short-medium term outcomes for service implementation and outcomes for families. Highlights include:

- Enhanced ability for CP to have more comprehensive risk assessments through information provided by Berry Street Family violence specialist and Men's Engagement worker which provided more options about how to work with the family to ensure the safety of children.
- Joint work has improved initial engagement with mother and father at the time of CP investigation which participants thought led to better identification of needs and quicker referrals to services.
- Men's engagement worker had high sustained engagement with male perpetrators of violence and very low reported reoffending. Engaging men in one-to-one outreach work immediately after incident was viewed as holding these men to account and taking responsibility more quickly than the previous system. It importantly allowed for better monitoring of their risk.
- Women's and children's safety was enhanced because CP were able to engage other services in a timely manner thanks to the Berry Street Family Violence specialists' support with referrals.

Education | Training Update

Are you a gendered violence trainer or researcher?

From time to time the QCDFVR team requires "extra hands" in the form of casual trainers with sector expertise, and casual researchers with a passion for exploring gendered violence. If you have worked in the domestic and family violence sector, have training skills and experience, and some flexibility in your lifestyle- there could be a place for you in the QCDFVR casual training team. Or perhaps you have academic skills and the capacity to contribute to the diverse research projects in which QCDFVR is engaged? Does this sound like you? If so, you can submit your expression of interest to QCDFVR by completing this brief **survey**.

Recognise, Respond, Refer: an integrated health response to domestic violence

Since the launch of the Brisbane South Primary Health Network (BSPHN) Recognise, Respond, Refer project in November, it has been a busy time for QCDFVR staff working in the development and delivery of the initial training sessions. Thank you to the BSPHN team for providing such great support as this initiative is being established, and to the training crew for being so adaptable.



Above (L-R):

Amber Davidson (BSPHN Program Support Officer, Child, Youth and Family Team); Haesel Jennings (BSPHN Area Account Manager); Colleen Gunning (QCDFVR Coordinator, Education) and Jim Boden (BSPHN Domestic and Family Violence Coordinator) attended a Recognise, Respond, Refer training session at Calamvale Medical Centre in early March.

Education Matters . . . Training for home visitors

It is becoming clearer as the year unfolds that a range of sectors is interested in working with QCDFVR to learn more about responding to domestic and family violence. This is not only evidenced in the healthy uptake of places in CQUniversity's postgraduate courses, but is also apparent in the sustained levels of requests for training services received by QCDFVR from organisations around the state. With this diversity of education audiences in mind, it is timely to present, across these two pages, outlines of recently published papers which will have implications for training.

This is an evaluation of a training program for home visitors which was conducted in the United States (Abildso et. al., 2018).

The West Virginia Home Visitation Program (WVHVP) uses models which have trained professionals visiting families in their homes, or at neutral locations, who have the ability to screen for issues, including intimate partner violence (IPV). Although IPV screening approaches in these programs vary, where required, home visitors are also encouraged to create safety plans for clients in abusive relationships.

However, according to the authors, previous studies have demonstrated that while home visiting professionals are usually required to assess IPV among clients, they

- often feel unprepared to do so,
- report low levels of confidence in addressing IPV with clients,
- desire training to enhance IPV knowledge and assessment skills, including how to maintain a non-judgmental attitude and to initiate conversations about IPV, and
- require more information about how to promote safety planning behaviours among clients and encourage follow-through with referrals to IPV-related agencies.

Consequently although professional training opportunities have been developed to meet home visitors' needs in recognising and responding to IPV, there has been a gap in measuring the effectiveness of such approaches. On this basis, the authors chose the theory of planned behaviour (TPB) as a framework for such an evaluation. According to the TPB, which evolved in the late 1970s, a behaviour is mainly predicted by Behavioural Intention, which is influenced by three main predictive constructs:

- Attitude Toward the Behavior (ATB): an individual's view toward a behaviour
- Subjective Norm (SN): an individual's view

of a behaviour given their perception of their social ties, and

- Perceived Behavioural Control (PBC): includes an individual's assessment of their power and ability to carry out the behaviour.

In this study, participants were attendees of a day-long IPV prevention training session for HVs delivered through lecture, video demonstrations, and interactive discussion. Provided by a professional trainer, with an IPV survivor also speaking at each delivery, the purpose of the training was to familiarise, reinforce, and demonstrate evidence-based techniques for IPV screening, safety planning, and referring. By way of measure, participants were given pre- and post-training surveys which were completed at the beginning and end of the day's training.

The authors note the limitations of their study:

- the evaluation survey data were collected during a formal training setting under conditions in which risk of social desirability bias was elevated,
- the instrument was created specifically for the purpose of this study and had limited reliability and validity testing,
- participants had a limited period of time to complete the surveys, and
- this preliminary study provided evidence specific to one group in one geographic area during a limited period of time.

However, despite these limitations, ultimately the results of this work highlight the positive impact the IPV training had on HVs' intentions to perform the three key behaviours of IPV screening, safety planning, and making referrals. According to the authors, a promising finding was that the greatest impact of the IPV training was seen in the intention to conduct IPV screenings, the key first step to addressing IPV. However, the authors caution that further study is necessary to examine the critical link between intentions and actual activities in HVs' day-to-day practice with at-risk clients in addressing IPV. They suggest that a reasonable next step would be for researchers to use a study design in which data are collected at multiple time points and linked to rates of actual HV behaviour related to IPV screening, referral, and safety planning.

References

Abildso, C. G., Dyer, A., Kristjansson, A.L., Mann, M.J., Bias, T., Coffman, J., Vasile, E. & Davidov, D., (2018) Evaluation of an Intimate Partner Violence Training for Home Visitors Using the Theory of Planned Behavior, *Health Promotion Practice*, Vol 19, Issue 2, pp. 194 - 202

Sexual assault and intellectual disability: a review of barriers

A recent literature review, presented here in an amended and abridged format, highlights the need for service providers to undertake training in disability awareness, and suggests areas for future research.

Adults with intellectual disability experience sexual violence at higher rates than the general population. The aim of this systematic review and qualitative meta-synthesis was to explore, from the perspective of different stakeholders, the barriers faced by adults with intellectual disability in reporting sexual assault. Such stakeholders included

- adults with disabilities inclusive of intellectual disability,
- staff and carers of adults with intellectual disability,
- sexual assault nurses and support workers,
- representatives from law enforcement, courts and the legal service,
- young people, and
- representatives from disability and justice sectors.

Thirteen studies were ultimately included in the review: six of these were conducted in the United States of America, three in Australia, two in Ireland, one in Scotland and one in England. The studies were qualitative and mixed methods in design, with only the qualitative component of mixed methods studies included in the analysis. From the review, three overarching themes became apparent: the contexts of the interpersonal, professional and social.

Interpersonal context

Whilst interpersonal factors had a strong impact on barriers faced by adults with intellectual disability who experience sexual assault, it is acknowledged that these factors may be dependent on professional and social factors. Fear was one of the sub-themes emerging in this context, and included the fears of people with disability of:

- the repercussions from the perpetrator,
- not being believed,
- being blamed for the assault, and
- how disclosure would affect their personal liberty.

Communication (eg power imbalance and inability to verbalise) and sexual knowledge and understanding (eg a lack of sexual education increases vulnerability to assault) were other sub-themes apparent within this context.

Professional context

The level and nature of engagement with professionals emerged as a barrier to adults with intellectual disability who experience sexual assault.

Sub-themes in this context were providers' skills in identification of intellectual disability; a paucity of collaboration between service providers; the presumption of capacity and credibility (ie the ability to explain what happened during a sexual assault), and a lack of resources. For example, the authors note evidence of stakeholders' disappointment with professional services following disclosure because those who managed, or were involved in support services, were not appropriately trained in dealing with the issues.

Social context

The myths and misconceptions of society in general contributed to creating uncertainty in the veracity of the sexual assault complaints by people with intellectual disability. This paper reports that some stakeholders assert that people with intellectual disability were promiscuous- a misconception which subsequently challenged the credibility of a complaint. In another study, the attitudes of young people towards people with intellectual disability were ambivalent- for example, some expressed compassion whilst others voiced resentment that people with disabilities were able to secure employment.

Conclusion

The authors comment that the findings of this review are not unique to adults with intellectual disability and have also been identified among people from the general population who experience sexual assault. However, it is clear that adults with intellectual disability have additional barriers to overcome in order to access equal rights to healthcare, education and the legal system. It is argued that further exploration of the consequences of sexual assault among people with intellectual disability is warranted.

The review also highlighted a lack of training among service providers in disability awareness, and the authors suggest that further research should explore this gap. Specifically, a focus area of future studies should be on what training is in place regarding procedures to follow if an incident of sexual assault was disclosed by an adult with intellectual disability. Finally, to address issues highlighted in the interpersonal context, the authors propose that qualitative studies should explore the perceptions of how people with intellectual disability perceive sexual education and what they expect to gain from sexual education initiatives.

References

McGilloway, C., Smith, D., & Galvin, R. (2018). Barriers faced by adults with intellectual disabilities who experience sexual assault: A systematic review and meta-synthesis. *Journal of Applied Research in Intellectual Disabilities*, 00:1-16

Victim Voice in Re-envisioning Responses to Sexual and Physical Violence Nationally and Internationally

In anticipation of her visit to Queensland, an abridged and amended version of this 2017 article by Professor Mary Koss, with colleagues Professor Jacquelyn White and Elise Lopez, highlights the importance of listening to the voices of victims of gender-based violence in the shaping of appropriate responses.

Before U.S. programs are implemented in developing countries, they should be examined critically in their home setting for adequacy in meeting the expressed needs of victims, their success in outreach to under-resourced and culturally diverse groups; and feasibility. Although each country has a unique culture and community, the inequality that exists in the US presents settings where exiting governmental initiatives and specific programs can be examined for adequacy in serving the under-resourced. If they are falling short domestically, international application should be cautious. This article seeks to envision a steps toward a re-envisioned service model that by doing better at home, achieves more relevance abroad.

The article includes:

- a. a review of illustrative services and feedback from victims about utilising them;
- b. an examination of structural inequalities and intersections of personal and contextual features that increase vulnerability to victimisation and impact on service use;
- c. advocacy for reintroduction of direct victim voice into service planning to enhance the match of offerings to needs; and
- d. initial steps to reorient delivery systems, community partnerships, and Coordinated Community Response teams to address structural inequality and thereby increase breadth and reach of response to SPV.

International literature has documented many attempts to implement U.S.-program initiatives in developing countries. For example, a protocol similar to U.S. Sexual Assault Nurse Examiners (SANE) screening, assessment, and examination programs including linkage to law enforcement and mental health services was implemented and evaluated in Afghanistan. There were a number of barriers encountered, including the facilities lacking capacity (private exam rooms and referral options), a paucity of trained psychologists, conflicts with cultural beliefs, distance and cost (39% of the victims lived below the poverty line). These challenges could have been better addressed if the model to be implemented had

anticipated and problem-solved similar barriers to access and service delivery that exist in the U.S.

Many people assume that SPV services in the US are longstanding, such as forensic examinations, trained criminal justice responders, shelters, trauma care, and community coordination. However, these services were not widely developed or substantially government-supported until the passage of the Violence Against Women Act of 1994 (VAWA). VAWA focused on law enforcement efforts and required all funded programs to use a coordinated community response (CCR). This model directs the efforts of victim service providers toward enhancing the performance of law enforcement and prosecution. Prioritisation of criminal justice was a substantial shift from the original direction of shelters and crisis services that focused on support of victims and increasing community awareness. The legislation received input from the National Task Force to End Sexual and Domestic Violence, which to this day continues to set priorities and help draft legislation.

However, the authors note that a criminal justice system-centred response is not victim-centred. Whilst the primary purpose of the justice system is to assign blame and impose punishment on those determined to be guilty of crimes, the evidence has shown that only a minority of victims seek, and a fraction receive, the full spectrum of criminal justice services. Yet the evolution of service provision over the past three decades has resulted in a sophisticated, expansive, bureaucratized, and expensive response network with a central criminal justice focus.

Over the years, the policies and practices of communities and organisations have shifted in response to funding mandates and some VAWA-covered services are based and funded through victim service agencies. Moreover, VAWA money creates more stability for justice initiatives compared to historical activities such as support, counselling, and advocacy and fosters more interaction with criminal justice personnel and less connection with other economic support, medical, mental health, and social justice community entities. For a movement that began at the grassroots in the 1970s with victims themselves raising awareness and starting the first support groups, VAWA implementation has ended up pushing them away from the table and suppressed grassroots advocacy.

Despite language in the Violence Against Women Reauthorization Act of 2013 that prioritised

improved responsiveness to specific cultural groups and those who may hesitate to access services (because of sexual orientation, gender identity, and religion), biennial reports from grantees supported by VAWA-authorized funds have documented that a justice-focused response model leaves many unserved. The data indicate that most recipients are white, urban, English-speaking women without disabilities who are not considered elderly. For those victims who seek services, an accumulated body of work over the past three decades reveals a range of VAWA-supported services that improve outcomes for some victims; however, positive outcomes are more numerous for domestic violence than for sexual assault.

Because most victims never report their victimisation to any formal system, published evaluations do not reflect the experiences of SPV victims more broadly. Poor and minority women are more likely to be victimised but less likely to report and seek remedies than are European American women. If they disclose, many victims are more likely to turn to family and friends rather than to formal service providers. Few seek medical or legal assistance related to the victimisation. Furthermore, studies done in larger cities and multi-site studies have found that race, class, ethnicity, sexual orientation, and geographic and jurisdictional characteristics can also reduce program effectiveness.

Clearly, the evidence of program impact cannot reflect those victims who are unknown to any system. Their absence from the database raises questions such as the following: Were the services that existed those that were most needed by victims? Did they know about available resources? What obstacles were perceived in accessing them? Was there pressure from family or friends to remain silent? Did social support resources exist in the community that were not mobilised?

It is acknowledged that there are some (inadequately funded) programs for special populations such as rural areas, the elderly, Native American tribes, and immigrants. However, these funds often go unawarded because eligible entities lack the experience and personnel to complete grant applications that are at a level of complexity geared to large institutions and private contractors. If the current response model is to be re-envisioned, the crucial role of victim voice must be examined.

Victim voice is conceptualised as expressions of needs, priorities, and goals onto which the field could map existing emphasis and guide future resource allocation. A true reflection of victim voice involves hearing directly from victimised individuals who are demographically diverse and is also inclusive of the currently unheard voices

of the majority of victims. These include those who choose not to disclose to law enforcement, seek medical care, visit a shelter or crisis centre; attend once and do not return; and would prefer not to share their views with others. Given that victim-driven, victim-centred, and victim-sensitive have become common buzzwords, the authors were surprised by the lack of relevant material. What was found across multiple disciplines were eloquent testimonies to the impact of SPV in victims' own words. What is available in the professional literature filters victim voice through the perceptions of service providers, who typically listen carefully but nevertheless, interpret what they hear through their own "cognitive architecture".

The authors conclude that all indicators point to less financial support for SPV, threatening the sustainability of the response model that was created and nurtured when VAWA funding was growing. Not only is this model prohibitively expensive in many locations but evaluations indicate that services are distributed inequitably and raise many obstacles to their use by those most in need. National coalitions are documenting an ever-growing demand that is leading to reductions in service delivery from levels that were already suboptimal. Reduced resources do not inevitably lead to doing less, but they will if service models remain unchanged.

Avoiding retrenchment will require evolution from the top-down agenda that has been in effect since the 1990s. Calls for re-centring victim voice in policy and practices are becoming more widespread. Creating space for victim voice means that those who currently set the agenda must come to the table with an open mind, enable and elevate other voices, and share power. If asked for input, victims would likely allocate funding quite differently from the status quo. Using what is learned from them guides a refocusing of CCRs more in line with models of integrated or wraparound care. Principles that have emerged from multicultural counselling, mental health treatment linkages, and wraparound models of service offer specific suggestions for promising directions within SPV; including task shifting, new forms of service, and cost-effective delivery. U.S. models can increase desirability, equity, and thrift at home by utilising methods based in cultural humility, radical listening to victims' voices, and community-based practice. In so doing, U.S. models enhance international relevance.

References

Koss M. P., White J. W., & Lopez E. C. (2017), Victim Voice in Re-envisioning Responses to Sexual and Physical Violence Nationally and Internationally, *American Psychologist*, Vol. 72, No. 9, 1019 - 1030.

Forum Program

It's official! The Queensland Indigenous Family Violence Prevention Forum 'Language of Change' program has been launched! Join us in May at the Mercure Hotel Townsville to hear from Keynote Speakers and Practitioners in the field of domestic and family violence. Here is a glimpse of the program.

KEYNOTE SPEAKERS

Karla McGrady | Our Watch

Violence Against Aboriginal and Torres Strait Islander women: a new national resource to support primary prevention.

Mr Charlie King | CatholicCare NT

Indigenous Family Violence - what works?

YARNING CIRCLES

Victims need practical support

Theresa Mace and Karen Cate | Act for Kids

In this yarning circle Theresa Mace and Karen Cate from Act for Kids talk about what services need to offer to be truly empowering and supportive, and how this can often start with intensive intervention. They will describe the process of moving forward with the client and the need to go beyond organisational boundaries, leading to supporting women while presenting practical choices and collaborating with other services.

Tiddas Domestic Violence Support Group

Enid Surha | Queensland Health
Florence Onus | Healing Waters

Enid Surha from CYMH and Florence Onus founder of Healing Waters share their learnings from the Tiddas Domestic Violence Support Group. The method of group work used for women will be the focus in this yarning circle. Enid and Florence will talk about elements of effective group work and engaging with women; which includes ensuring women are ready and safe, when they are ready and safety.

The dynamics of DV and DV interventions in a remote Indigenous community

Nancy Wilson | Junkuri Laka
Farrah Linden | Mission Australia

In this yarning circle Nancy Wilson from Junkuri Laka and Farrah Linden from Mission Australia explore the use of tools from their everyday practice, and compare mainstream understandings of DFV with their local community. For example, men are victims at almost half the rate of women, and there is a higher acceptance of the rates of physical violence.

Healing our Way

Aunty Peggy Tidyman | Murrigunyah Aboriginal & Torres Strait Islander Corporation

Aunty Peggy Tidyman from Murrigunyah Aboriginal & Torres Strait Islander Corporation for Women will speak about the models of practice that have been used in supporting women who have experienced both DFV and sexual violence, leading onto the differences between the two and how partnerships with key service providers link up. She will share examples of how the Dreaming is present in our everyday lives.

WORKSHOPS

Working with Children and Young People

Presented by SNAICC

This workshop will focus on ways of working with children and young people who experience family violence in their immediate or extended family, and either directly or indirectly. The workshop is designed to provide the opportunity for participants to share their experience in keeping those who are most vulnerable at the centre of our family violence work.

Working with Women

Presented by SNAICC

This workshop will focus on women as those who experience the most family violence and with the most severe or deadly outcomes. The struggles and tensions involved when working primarily with the women who experience violence, along with consideration of the additional protective factors required to ensure the safety of her children will also be explored.

Working with Men

Presented by SNAICC

This workshop will focus on the critical role of working with men who use violence in the home and ways to change behaviour, while taking their needs into account in regard to building strengths, identity and positive roles. This will involve helping men take responsibility to change their behaviour and being accountable for their use of violence and its impact on themselves, their partners and their children.

Tickets are limited, if you are interested in attending the 14th Annual Queensland Indigenous Family Violence Prevention Forum - Language of Change, hosted by Queensland Centre for Domestic and Family Violence Research (QCDFVR), you are strongly encouraged to register as soon as possible: early bird registrations close 22 April. Register today!

Forthcoming Events

FREE PUBLIC PRESENTATIONS

Including victims' voices in response to sexual and physical abuse... the problem and the direction

Presented by Professor Mary Koss

Hosted by Queensland Centre for Domestic and Family Violence Research, CQUniversity

Mackay: 7:45am | Wednesday 11th April

Register [HERE](#)

Brisbane: 12:00pm | Thursday 12th April

Register [HERE](#)



FORUM

Developing Integrated Responses to Domestic and Family Violence in Australia: The Next Step

Hosted by Queensland Domestic Violence Services Network (QDVSN)

Where: Brisbane, Qld

Venue: Hilton Hotel, 190 Elizabeth Street, Brisbane Qld 4000

When: 8th - 10th May 2018

Cost: \$800pp – Government Departments | \$600pp – NGO's | \$400pp – Rural and Remote (more than 200 kms from Brisbane)

Register: <http://www.qdvsn.com/conferences/qdvsn-conference/>

For further information please contact SecretaryQDVSN@dvac.org.au

FORUM

Queensland Indigenous Family Violence Prevention Forum

Hosted by Queensland Centre for Domestic and Family Violence Research, CQUniversity

The Queensland Indigenous Family Violence Prevention Forum (QIFVP) is an event dedicated to celebrating the work done by Aboriginal and Torres Strait Islander people in preventing and responding to family violence. It is an opportunity for Aboriginal and Torres Strait Islander workers to come together and learn from, share with and inspire each other.

The QIFVP highlights strategies and programs that could be used effectively by others, with discussions that relate to working with men, women and children who are either victims, or perpetrators, of domestic and family violence. We are excited to announce that this year's theme is '**Language of Change**'.

Date: 16th - 17th May 2018

Venue: Mercure Hotel, Townsville

Cost: Australian Aboriginal & Torres Strait Islander Delegates: \$450pp

Non Indigenous Delegate: \$500pp

Register: [PAY VIA CREDIT CARD](#) | [REQUEST AN INVOICE](#)

Early Bird Registration closes **22 April 2018** (subject to availability of tickets)

Contact Us

QCDFVR
CQUniversity Mackay
PO Box 135
Mackay MC, 4741
P: 07 4940 3320



Staff

Director

Senior Research Officers

Research Officer
Coordinator, Education
Project Support Officer
Multimedia Resource Officer
Contracts Resource Officer
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We encourage readers to contribute to the QCDFVRe@der. If you have any information or articles you wish to publish, please contact QCDFVR Staff.

HAVE YOUR CONTACT DETAILS CHANGED?

We have become aware that some recipients of the QCDFVRe@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 number or email qcdfvronline@cqu.edu.au 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 contact us on **07 4940 3320**.



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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.