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# Director's Report



**The past three months have been action packed as usual, with seven evaluative studies (national, state and local) underway. Additional research includes examining contemporary practice approaches to women who use force and, on a very different note, exploring service models for working with mental health for children impacted by domestic and family violence.**

As previously advised the Centre is also undertaking research and sector development support in relation to sexual assault, and with October being Sexual Violence Awareness Month this issue is loosely themed around this complex phenomenon. Across the Queensland Government a range of commitments is contributing towards sexual violence prevention and response. This includes the Centre's recent two-year evaluation of the Townsville Sexual Assault Response Team (SART) Trial, a North Queensland initiative that has helped inform Queensland Health's latest sexual assault Directive and Guideline.

These two documents reflect the importance of agencies working together, a principle which is applicable across geographical contexts, and discussed in a research summary drawn from the United States (page 03). Not only are advocates key in multi-agency responses to victims of sexual violence, but police are critical frontline responders and essential, too, in interagency efforts. The importance of police adopting trauma-informed approaches to sexual violence is also emphasised in a recent American article, summarised on page 05.

A population sometimes overlooked when considering victims of sexual assault is older people. The Royal Commission into Aged Care Quality and Safety has contributed to increasing awareness of elder sexual abuse, as does the article provided by Di Macleod (Director, Gold Coast Centre Against Sexual Violence Inc.) on page 07. Women with a disability are also particularly vulnerable to sexual assault and WWILD is a specialist service working with this population. You can learn more from Leona Berrie, the Manager of WWILD, on page 09 where she shares updates about emerging trends and advice for other service providers to consider when working with victim/survivors who have a disability.

We are exceptionally proud of our efforts in education and training; an area of emphasis over the past few years. Building the capacity of those currently working, or aspiring

to work, in responding to gendered violence complements our sector development activity on many levels. On page 11 we share a student's experience of completing her CQUniversity Graduate Diploma of Domestic and Family Violence Practice.

One of our Senior Lecturers, Dr Brian Sullivan has contributed a thought-provoking conversational piece on page 13 around 'time outs' in group programs for men who have perpetrated violence. I say 'one of our Senior Lecturers', as once again we have two on staff: Dr Emily Hurren-Paterson joined us in July on the departure of Dr Andrew Frost. This brings our postgraduate full-time teaching staff to four, with sessional lecturers/markers also providing support, and our Associate Lecturers ably conducting vocational and other training.

Although it seems like only yesterday that we held the 2019 Indigenous Family Violence Forum, planning for next year is up and running. The date claimer is available, so please mark your calendars! Our valued community presentations will feature again in 2020, so if you know someone who could contribute, the Expression of Interest process is now open. Mr Les Stewart, a faithful Forum attendee over the years, has painted the wonderful logo for next year's event. I was moved to read his story of the art, and its relationship to our Forum. It is indeed humbling to know that the intent of the Forum, planned with our valued Aboriginal and Torres Strait Islander partners each year, is being met.

A handwritten signature in black ink, appearing to read 'H Lovatt'.

**Dr Heather Lovatt**  
Director

Queensland Centre for Domestic and Family Violence Research



# GROWING STRONGER

Queensland Indigenous Family Violence Prevention Forum

## *The meaning behind the* **Growing Stronger image**

Mr Les Stewart

If you look at the bottom wave of dots – the white dots are smaller in size than those at the top. The yellow (the Giver of Life) surrounds the white, and the yellow is surrounded by the red dots (the blood shed through domestic and family violence in communities).

The little white dots represent the small weakened spirits that have come through life (yellow). Tears and blood (red) are being shed from violence in our families.

The Dancing Crane creates stronger blood that gives stronger life, and this creates stronger spirits. Like the bird and the design, everything becomes flowing and beautiful. It comes to a peak above with a strong flow – stronger dots over the beautiful bird showing strength. It connects all the strength and power with its wide spread wings of hope that we all have for our women, families and community.

It is also still painted on the background of darkness that can over take if we do not keep adding to the painting to

block out the sad and harmful dangers that hide in the shadows.

To me this painting represents the first time I attended the Queensland Indigenous Family Violence Prevention Forum and what it has become, since then. The bird represents the beauty of the Forum, its people and the attendees. The lines are the waves of change, getting stronger as we add to the discussions and services. Under the umbrella of services, we head in one direction together to bring strength and support to our communities that are now providing the safety our women, children and families deserve. This then supports our communities to become as one and beautiful like we want.



## **Calling for Expressions of Interest** ..... **Queensland Indigenous Family Violence Prevention Forum**

Expressions of Interest for breakout sessions and community presentations are now open for the QIFVP 2020. For more information, visit our [website - Indigenous Events](#).

# Working together to respond to sexual violence

In Queensland there is a changing landscape surrounding sexual violence prevention and responses. For instance, many readers will be aware of the June release of the Queensland Audit Office's (QAO) *Delivering forensic services Report 21: 2018–19* (QAO, 2019) whose recommendations were accepted by Government. Consequently, the state has seen the introduction of 'just in case' rape kits to allow victims to receive a forensic exam without committing to making a complaint to police; \$1.39 million allocated to increase forensic training and education programs for doctors and nurses; and updates in health and Queensland Police Service guidelines and directives to better support victims and improve access to appropriate support services. July brought two Queensland Health (2019) releases: a new Health Service Directive, *Caring for People Disclosing Sexual Assault*; and a new *Guideline for the Management of care for Adults (14 years and over) disclosing Sexual Assault* (updated in September).

The Health Service Directive is shaped by the four principles of compassion, person-centred care, information and collaboration. These principles are also reflected in the Response to sexual assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault (Queensland Government, 2014). The concept of interagency collaboration has been identified as a key success factor in the Townsville Sexual Assault Response Team (SART) trial, commissioned by the Queensland Government. This trial also included 'just in case' forensic examinations and its findings have contributed to the new Directive and Guideline.

A very recent article from the United States discusses the nature of the "multidisciplinary relationships", which enables the working of SARTs, and warrants exploring. Those with an interest in SARTs are encouraged to read the article in full. This segment is abridged and amended from:

Greeson, M., Watling Neal, J., & Campbell, R. (2019). Using Social Network Analysis to Identify Successful Relationship Patterns Within Sexual Assault Response Teams (SARTs). *Violence Against Women*, 25(8), 968-998.

The authors (Greeson, Watling Neal & Campbell, 2019) point to the importance of this study because:

*the quality of multidisciplinary relationships... may affect a SART's ability to improve community resources for victims. Specifically, the structure of relationships—in other words, how relationships between SART members are patterned and function as an interconnected web—may be associated with SART effectiveness. Structural characteristics such as the degree of connectedness in the team or the extent to which relationships are spread evenly versus unevenly throughout the team may be associated with SART team functioning.*

This study used Social Network Analysis to examine the structure of interorganisational relationships within three effective SARTs. The research answered the following questions within each of these three groups:

- 1:** How connected are organisational members via feeling their role is valued by other team members, perceiving other members as a resource in their own work, and interorganisational communication? (Density)
- 2:** To what extent are relationships (i.e., feeling one's role is valued by other team members and perceiving other members as a resource) mutual? (Reciprocity)
- 3:** To what extent do organisations vary in the number of other organisations they are directly connected to via feeling one's role is valued by other team members, perceiving other members as a resource, or interorganisational communication? (Variability in degree centrality)
- 4:** To what extent are relationships (i.e., feeling one's role is valued by other team members, perceiving other members as a resource, and interorganisational communication) dependent on one key organisation? (Network centralisation)
- 5:** To what extent do relationships (i.e., feeling one's role is valued by other team members, perceiving other members as a resource, and interorganisational communication) exhibit a core-periphery structure that is dependent upon a core group of members? (Core/periphery structure)

## Implications for Practice

Although prior research has examined relationships within SARTs generally, this research was different in that its focus was on teams “with high perceived effectiveness at improving victims’ help-seeking experiences and improving the criminal justice response to sexual assault”.

The authors found that the three SARTs investigated were very connected by team members feeling valued and perceiving one another as a resource, and when these types of relationships occurred, they tended to be reciprocated. The authors suggested that

*this condition of most organisations perceiving other team members as a resource and feeling valued in return may be a necessary foundation for SART success. Valuing others’ work may be necessary for team members to find attempts to coordinate worthwhile. It is also possible that feeling valued and perceiving others as a resource helps teams to effectively manage disagreements and conflicts when they occur. In the absence of such strong connections, conflict may be more contentious and also lead organisations to give up on the collaboration altogether, rather than continue working to find a shared solution.*

### Further Readings:

Queensland Audit Office (2019). *Delivering forensic services Report 21: 2018–19* <https://www.qao.qld.gov.au/reports-parliament/delivering-forensic-services>

Queensland Government (2014). *Response to sexual assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault* <https://www.publications.qld.gov.au/dataset/victims-assistance-sexual-assault/resource/3b3958c9-504f-4698-a64d-e56ca7e5248e>

Queensland Health (2019). *Guideline for the Management of care for people 14 years and over disclosing Sexual Assault* [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0033/861765/qh-gdl-472.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0033/861765/qh-gdl-472.pdf)

Queensland Health (2019). *Health Service Directive: Caring for People Disclosing Sexual Assault* [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0022/855031/qh-hsd-051.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0022/855031/qh-hsd-051.pdf)

**01.** Teams may benefit from carefully considering different specific types of relationships between SART members (e.g., feeling valued, perceiving others as a resource, communicating outside of team meetings) and the extent to which all members can and should be equally and highly involved in each of these types of relationships. Prior research has shown that certain types of relationships, particularly trusting relationships in which team members value and feel valued by one another, can be difficult for SARTs to achieve. Technical assistance and training on strategies that can help SARTs bridge disciplinary divides to value and feel valued by one another may be needed.

**02.** Teams may want to allow for engaging in some additional communication outside of official team meetings. Team group meetings and coordinating in the context of individual cases may not be sufficient to accomplish the team’s goals and some extra communication relationships, even if they involve infrequent communication, may be helpful. However, rather than adopting a “large amount of relationships is always better” approach to communication outside of team meetings and individual cases, teams could focus on whether additional communication relationships are necessary, and if so, which ones are worth the investment of resources. Such a strategy would also need to carefully consider how to do so without sacrificing group buy-in, trust, and an inclusive climate.

**03.** SARTs may benefit from systematic assessment of their relationships, through for example, a Social Network Analysis or similar. The SART could determine the types of relationships that they were hoping to achieve (e.g., communication, resource exchange) and investigate whether their team had reached their relationship goals, including their levels of connectedness, the reciprocity of relationships, and the extent to which relationships are distributed more or less evenly within their team. Such a local assessment may be particularly beneficial for SART leadership in assessing their team’s current functioning with respect to relationships and to consider strategies for moving forward.

Greeson, M., Watling Neal, J., & Campbell, R. (2019). Using Social Network Analysis to Identify Successful Relationship Patterns Within Sexual Assault Response Teams (SARTs). *Violence Against Women*, 25(8), 968-998.

# Responding to rape: trauma-informed policing

Police play a critical role in the response to sexual assaults and interagency efforts in Queensland. Another very recent article, also from the United States, speaks to the importance of trauma-informed policing in rape cases. In particular, when working collaboratively (such as in Sexual Assault Response Teams, as featured on page 03) this approach is fundamental. Karen Rich provides those working, or seeking to work, in interagency partnerships, such as SARTs with a set of useful considerations, based on her review of a range of literature.

Amended and abridged text is presented from the following source: Rich, K. (2019). *Trauma-Informed Police Responses to Rape Victims*. *Journal of Aggression, Maltreatment & Trauma*, 28(4), 463-480.

Not only is rape an under-reported crime, the actual reporting of the assault may worsen victims' post-rape anxiety and depression. It is now acknowledged that a reason for not reporting these violent crimes is the victim's expectation of poor treatment by the justice system: some victims have compared reporting the rape with the actual crime itself. According to Rich (2019) a way to increase the reporting of these acts of sexual violence is the "implementation of trauma-informed victim interview protocols" which avoid re-victimisation while gaining useful evidence.

In the US patrol officers are often the first responders to a rape, and their treatment of the victim is decisive in the life of the victim, as is the conduct of detectives who undertake the investigations and determine subsequent possible legal steps. This article presents an over-view of trauma-informed care for rape victims making police reports, including the importance of this approach; how it can be implemented; obstacles to its implementation; and promising practices in the field.

Incorporating a trauma-informed approach to victims reporting rape includes having positive attitudes towards victims, a broad knowledge of sexual assault dynamics,

and effective interview skills. For example, other research has pointed to the persistence of 'rape myths' that permit people to neutralise violence, particularly against marginalised groups (e.g. prostituted women, transgendered or bisexual people, immigrants, racial minorities, those on public assistance, homeless people, and individuals who use drugs or alcohol). Police officers are not immune from adhering to these myths, which influence people to blame or doubt victims of sexual violence.

This doubt of victims may in part be contributed to by the survivor's inability to recount an accurate account of the assault. If a victim of trauma is not treated with empathy, the consequent physical manifestations (including inappropriate affect) may resemble, for example, drug misuse. The cycle of doubt may continue for the police officer who is not trained to understand the powerful impacts of post-assault trauma.

## Trauma-informed approaches, on the other hand, include

- removing potential triggers in the environment,
- granting control, choice and agency to clients,
- demystifying the process,
- adapting to individual client needs,
- educating employees on how trauma affects clients,
- providing "time out" options for clients,
- respecting clients' privacy and dignity and
- supervising staff to address vicarious trauma.

These are principles, Rich argues, that can be applied to police interviews of rape victims.

Effective interviewing skills meet two important objectives: they increase the level of victim comfort and safety, and they enhance the victim's working memory of the assault.

## Specific techniques to enhance victim comfort and safety include

- conducting the interview in a private setting,
- encouraging the victim to use her own words,
- sit at the victim's eye level,



## The presence of an advocate during a police interview can result in better treatment of the survivor.



- using a calm, accepting tone,
- acknowledging the survivor's bravery in coming forward,
- making occasional eye contact,
- asking how the victim would like to be addressed,
- placing weapons/handcuffs out of victim's line of sight,
- allowing the victim to sit near the door or keep it open,
- allowing the victim to take breaks,
- asking whether the victim would prefer a female officer,
- asking only for necessary details of the crime,
- spending sufficient time on the interview,
- explaining each aspect of the process and its importance,
- stating that it is acceptable to say "I don't know" to any question,
- conveying apparent belief in the victim's account
- periodically asking how the victim is feeling and
- having a victim advocate attend the interview.

Research recognises such advocates as a component of trauma-informed police care because their role is to prevent re-victimisation of clients: their presence during a police interview can result in better treatment of the survivor by the officer.

### Strategies to expand the victim's capacity to recall the sequence of events surrounding the crime are somewhat similar and include

- use of open-ended questions when starting the interview,
- asking the victim to begin at a point they can remember,
- encouraging and recording the expression of emotion,
- allowing the victim to use their own words,
- eliciting information from each of the five senses,
- avoiding pointing out contradictions in the narrative until later in the interview,
- providing breaks when these are requested,
- stating that it is acceptable to say "I don't know" to any question,
- conveying apparent belief in the victim's account, and

- periodically asking how the victim is feeling.

In addition, it is important to avoid compiling the final statement prematurely as it will evolve with time. Inevitable contradictions are addressed later in the process, framed in terms of clarification rather than disbelief. Although videotaped interviews may reduce trauma to victims (through avoiding the need to re-tell the story), accounts may change as memories evolve, and the author suggested the best use of this technology requires further exploration.

Rich suggests that obstacles to trauma-informed interviewing of rape victims include victim disempowerment, police culture and a resistance to collaboration (e.g. with victim advocates). However, researchers have developed recommendations for trauma-informed policing with rape victims that focus on individual officers, departments, and police culture overall.

### Such recommendations may be categorised as

- careful assignment of police to sexual assault investigations,
- gender balancing within police forces,
- eliminating of sexual harassment- the application of trauma-informed practices with staff, as well as clients,
- initiatives to improve victim interview skills (e.g. training on trauma),
- interdisciplinary task forces (e.g. Sexual Assault Response Teams),
- new reporting mechanisms (e.g. use of computer technologies),
- attention to vicarious trauma (giving police the place and permission to discuss their reactions to crime victims),
- supervision and recognition of skilled officers, and
- accountability to the public (a fundamental aspect of trauma-informed practice is accountability to survivors).

# Hidden in plain sight?

## Elder Sexual Abuse

Di Macleod, Director, Gold Coast Centre Against Sexual Violence Inc.

Age is not a protective factor in relation to sexual abuse. Ageism and sexism combine to render older women invisible. Then if we combine this with the issue of sexual violence, which is also largely invisible, the result is that the sexual abuse of older women is doubly invisible. The lack of prevalence data on the sexual abuse of older women further obscures the problem. However, the lack of data does not equal the absence of sexual abuse. The fact that Elder Sexual Abuse (ESA) is under researched and under reported has led to the misconception that it rarely happens.

Elder Sexual Abuse can hide in the terminology of Elder Abuse when it is really domestic and/or sexual violence in later life.

Victims of ESA are less likely to have someone believe them, especially if there have been no signs of trauma to the body. Those ESA victims are the least likely to get a conviction out of the acts perpetrated against them. (*Burgess, 2006*)

Although ESA can happen to anyone, research indicates that women are six times more likely to be victims of elder sexual abuse. However, less than 30 percent of elderly victims of sexual abuse report the abuse to authorities. (*Pennsylvania Coalition Against Rape, n.d.*)

### What is Elder Sexual Abuse?

Elder Sexual Abuse (ESA) is any unwanted sexual behaviour, language, or activity that makes an older person feel uncomfortable, frightened, or threatened. It is about power not sex. It can be anything sexual that a person does not consent to. This includes when a person is afraid, sedated, asleep or has a disability that makes it difficult to understand what is happening.

The offender is often a partner, son, grandson, family member, carer or worker. Elder Sexual Abuse includes rape and sexual assault and other behaviours such as:

- Forcing or tricking someone into sexual activity
- Repeatedly making explicit sexual remarks
- Forcing someone to look at sexual picture or videos
- Photographing a person's body or private parts without permission
- Looking for excuses to perform unnecessary cleaning and/or treatment of a person's private parts

### Why talk about it?

ESA can be hidden by shame and secrecy. That doesn't mean it's not real or that it's rare. Knowing that this does happen and that there are people who will listen, can help an older person speak out. A person may have been living with abuse for decades without being able to name it as abuse. This is more complicated if the abuser is also their carer.

### What are the signs?

There are many signs that ESA is occurring. These can be physical or behavioural and may include the following signs:

- Appearing overwhelmed, anxious, or afraid
- Withdrawal from people and activities previously enjoyed
- Injuries that don't match the explanations
- Problems walking or sitting
- Recent incontinence (bladder or bowel)
- Bruising to the body
- Sleep disturbances
- Sudden changes in mood
- Self-harm
- Torn or stained underwear
- Fear of a specific individual or location
- Sexually transmitted infection (STI)

It is important to note that abuse may occur without any signs and sometimes the signs may be caused by something other than abuse.

### What are the risk factors?

Sometimes as people get older, they become more vulnerable. The known risk factors for ESA include:

- Other types of abuse including financial
- Dependence on a family member or carer
- Difficulties with language or communication
- Mental health issues
- Dementia or impaired capacity
- Alcohol or drug misuse
- Social isolation
- Diverse sexuality and gender (e.g. LGBTIQ+)



- History of domestic and family violence
- Past trauma
- Disability
- Homelessness

## What can you do?

If an older person discloses sexual abuse, it is important to start by believing. Don't immediately assume it is arising from confusion or dementia.

**LISTEN** to them carefully, with empathy and without judging.

**RESPOND** with phrases like "I believe you" "Thank you for telling me" "It's not your fault" or "I'm sorry this happened to you".

**SAFETY** of the older person should be the focus. They should control decision making. Explore their needs and concerns to help find safe options.

**SEEK** medical treatment if there are any injuries or immediate health concerns.

**REPORT** to the police and any relevant health service providers. In an emergency call 000.

**SUPPORT** Domestic Violence and Centres Against Sexual Violence are for older people too. Provide information and let them know support is available.

## Elder Sexual Abuse training is available

Gold Coast Centre Against Sexual Violence has developed the first Australian two-day capacity building training for workers specifically on ESA.

This specialist trauma and elder informed training is aimed at increasing workers' confidence, knowledge, skills and capacity to recognise and respond to Elder Sexual Abuse.

### The content will include:

Broader context // Elder abuse, sexual violence and DV // Elder sexual abuse definition, nature, myths and statistics // Legal and ethical considerations // Impact of Elder sexual abuse // Needs of victim/survivors // Cultural considerations // Tools and resources // Referral pathways // Facilitating and responding to a disclosure

### By participating in this training, you will:

Understand more about the complex nature of Elder Sexual Abuse // Improve confidence in identifying Elder Sexual Abuse // Enhance capacity in responding to the issue // Increase skills in providing appropriate support // Develop knowledge of referral pathways // Gain knowledge of resources that will assist you in your work

This training can be tailored to your organisation's need. Please contact Di Macleod to discuss

E: [director@stopsexualviolence.com](mailto:director@stopsexualviolence.com) or  
P: 07 5591 1164



*Extracts adapted from Shamaskin-Garroway, Giordano & Blakley (2017)*

**Sexual abuse among older adults is devastating not only because of the psychological consequences of abuse and increased risk of mortality and morbidity, but also because the survivors of the abuse may be in situations where the abuse is likely to continue.**

Aside from the moral and ethical imperative to focus research and advocacy efforts on this topic, there is a public health need to develop effective screening, assessment and intervention. Given the frequent interactions between older adults and the health care system, part of this effort must include training front-line medical providers of older adults.

Sexual consent capacity among older adults is a noteworthy issue that can complicate assessment of ESA. Given that the prevalence of cognitive impairment increases with age, it is critically important to assess whether a person has capacity; that is whether these are present:

- rationality (person's ability to make a knowledgeable decision),
- knowledge (awareness of the risks and potential consequences of sexual activity),
- and voluntariness (individual's ability to take self-protective measures against unwanted sexual advances/activity).

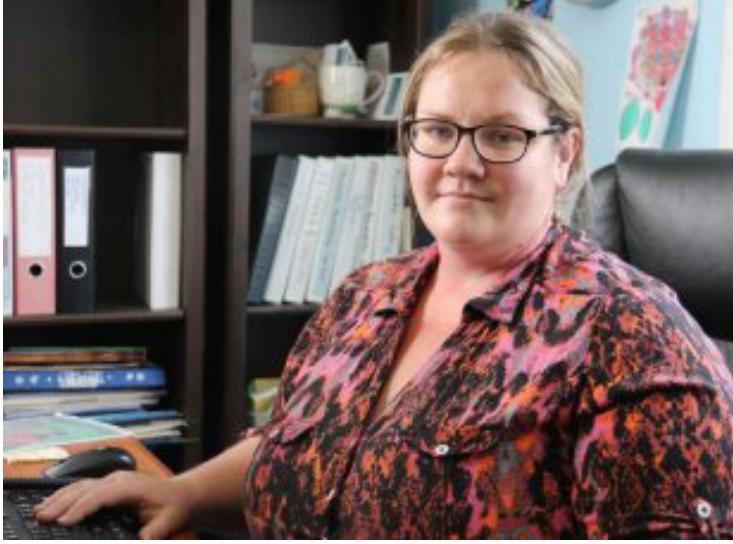
Furthermore, an older adult who lacks capacity to consent to sexual activity may be a victim of sexual mistreatment but may not recognise and report they have been abused. At the heart of this ethical issue is balancing one's rights to autonomy with the need to protect older adults from harm.

### References:

Burgess, W. A. (2006). *Elderly Victims of Sexual Abuse and Their Offenders*, Report National Institute of Justice, Washington, DC. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/216550.pdf>

Pennsylvania Coalition Against Rape. (n.d.) *Elder sexual abuse: The hidden victim. A training program for law enforcement*. Retrieved from <https://pcar.org/resources>

Shamaskin-Garroway, A., Giordano, N., & Blakley, L. (2017). Addressing Elder Sexual Abuse: The Critical Role for Integrated Care. *Translational Issues in Psychological Science*, 3(4), 410-422.



WWILD Manager,  
Leona Berrie

# At the Coalface: Insights from practice

**WWILD is a lead agency in Queensland supporting people with intellectual or learning disabilities who have experienced sexual abuse or have been victims of crime. Here we present a conversation with Manager Leona Berrie about the service.**

## **01. Could you describe your service and what it offers?**

WWILD is focussed on the over representation of people with intellectual and cognitive disability as victims of violence, abuse and exploitation. We're funded by the Queensland Government under two programs to deliver services – the Department of Child Safety, Youth and Women fund WWILD to provide sexual assault services; and the Department of Justice and Attorney General fund us under their Victims of Crime support program. The two programs are quite similar.

The services we provide are individual counselling, groups, victims of crime support- which is short to medium term case management to help people understand what their options might be, to look at what might be keeping people in unsafe situations and what we can do to promote recovery and safety for the longer term. We also do a fair amount of professional development and community education as part of both of those programs. As well we provide information, advice and referral for our colleagues, family members or for individuals who have experienced violence or are supporting someone who has experienced violence.

## **02. Who is eligible to seek support from your agency and how might they contact you?**

Primarily people need to have an intellectual, cognitive or learning disability. This doesn't need to be diagnosed but it needs to be identified by someone that this is probably an issue at play and may be impacting on individual's ability

to receive a service that is meeting their needs. Generally, we help people who are 11 years old and over for the direct support services and individual counselling. In terms of direct service provision, we are based in Brisbane, in Woolloowin, and we do outreach to Logan and Caboolture. For counselling people need to access those service points, but the Victims of Crime program has some capacity to do some outreach- which is vital for people needing to access that service.

## **03. What are the current and emerging trends in relation to prevention, as well as service responses for people with intellectual disability who have experienced sexual abuse?**

I think we are at a point in time where there is a greater acknowledgment of people's right to access information that meets their needs around relationships, around sexuality, around safety. It's not broadly accessible, but I think there is a growing recognition that not having that knowledge can increase people's vulnerability to those who may seek to do them harm. In terms of trends, we have a Disability Royal Commission underway in Queensland and I know that part of its Terms of Reference is focussed on looking at prevention. I think it will be similar to the Royal Commission into Institutionalised Child Abuse, in that the report will have a lot to say about what makes safe institutions and what makes safe communities. I would also say we are at a major transition point with the NDIS and whilst there are a lot of issues which need ironing out, I think we are seeing people receiving support and services and accessing things they hadn't ever before. I'm hopeful

“  
**I think we are at a point in time where there is a greater acknowledgment of people’s right to access information that meets their needs around relationships, around sexuality, around safety.**  
”

that over time – perhaps over a decade – we might see a greater expectation from people with a disability about what they’re entitled to, about what their rights are, and an improved capacity to raise issues, and to speak up when things aren’t right or aren’t working for them. I think that also means that the broader service sector needs to be thinking about accessibility to mainstream service supports and how as a community we become more accessible and inclusive as well.

#### **04. Has WWILD had the opportunity to contribute to the Royal Commission?**

We’ve had some early consultations with the Royal Commission. There are very broad terms of Reference for the Commission, but they are going to begin by looking at justice and education as some key focus areas. Obviously, we have a lot to say about the experience of people as victims who are going through the justice system, about what supports people need to recover as victims, and what justice might look like beyond the criminal justice system: that includes complaints processes and people having control over what their home space is, and what makes a safe life.

#### **05. For other service providers who are responding to those with intellectual disability who have experienced sexual abuse what is the most important advice you would give them?**

I would encourage people to think about their communication – needing to use very concrete language. In the service world we can get very caught up in jargon, so really taking responsibility for our communication and practising being ‘different’ is something I’d encourage. I would ask people to think about what flexibility and what accessibility look like in the way we deliver programs, and how we design service delivery for people with disabilities. Often a key part of access in your initial interactions is going to be the capacity to outreach, particularly if clients don’t have structured supports that are going to support them to access you, so give thought to the flexible ways we can meet people’s needs. Also think about how people with a disability know about your service and can feel confident that they are going to get a welcoming response. Usually it’s about the time you need to take, and do your best to adjust your communication so it’s about that flexibility in service delivery.

#### **06. What resources and support are available for service providers working with people with disabilities?**

Well, there’s WWILD – if you are working with a client and you want to be able to discuss it, strategise and do some case conferencing, we really love having those kinds of conversations with people. If you’re looking at reviewing accessibility to your organisation more broadly there are different websites that have ‘accessibility audits’ which are good places to start if you’re looking at continuous improvement for your organisation. WWILD also has some online training that looks at things like understanding intellectual disability, responding to disclosures and supporting someone to recover from trauma. They are free and available on our website: <https://wwild.org.au/>

As far as specialised training goes, I think the Understanding Intellectual Disability training available on our website provides a good foundation to understand what the common communication issues are and provides strategies to mitigate them. People won’t always identify themselves or it may not be obvious, but if we are able to identify when those issues might be a factor, it improves our communication more broadly because there are many parts of the community that can benefit from more deliberate, more simplified and clearer communication as well. It’s a practice, it’s not something you can perfect, but awareness is a starting point.

#### **07. What gives you hope in this area?**

When we are on people’s journey or pathways to safety, we get to be part of seeing people’s confidence rebuild and we often get the privilege of seeing people develop what we would call self-advocacy skills or skills when they learn how to contribute to making things better for those coming behind them who may have experienced the same things. This pathway is about giving people greater opportunity to have more control over their own lives and their own safety. I remain hopeful that more people will get involved over time.

# Thinking of study?



**Have you ever considered further study in the area of responding to domestic and family violence? If so, you may be wondering what difference a postgraduate course could make in your area of practice, and what it's like to be a student today.**

*Tola, a worker in a regional domestic and family violence service, has just completed the CQUniversity Graduate Diploma of Domestic and Family Violence Practice (Course code: CV79). She kindly agreed to share a little of her study experience and how this course has impacted on her practice.*

In a prior role, Tola worked in case management, assisting families by providing general support on a range of issues including pregnancy and parenting and linking with other specialist services. It was then that she came to the realisation that many of the women with whom she was working were either experiencing, or had experienced, domestic and family violence. Tola acknowledged that while she was able to assist them with general matters, she wanted to give them the best support she could. This prompted Tola to explore options to enhance her knowledge and understanding and led to her enrolment in the Postgraduate Diploma course.

Through her study journey, Tola was able to engage with other students and had direct access to the teachers across the eight units of the course. Now that her study is behind her, Tola is able to recognise the elements of the course that she was able to transfer directly into her practice. She is now definitely more confident that she is providing more useful support. For example, Tola reflected that her expanded knowledge of domestic and family violence and the effects on the non-offending parent and children has changed her perspectives of and responses to clients.

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**The data I gathered from the course were great to share with clients. I felt better, for example, about being able to explain the power and control wheel. It's really useful to have the visual, and clients will say 'That's happening to me right now!' ”**

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During the course, though, Tola was able to realise her own personal and professional limitations in working with children who had experienced domestic and family violence. “I have always wanted to work with children, however while doing the course I realised I am probably not ready to move into this specialisation yet. Learning more about the trauma that children go through consolidated that I can support them on the periphery of domestic violence, but my area of focus will remain on the needs of their mother.”



Tola is a working mother of young children and juggles employment with family responsibilities. Adding study to her day could be challenging sometimes. “There were moments where it was hard, however I think it makes a difference on how you set out your workplan. Don’t over commit. It was a lot- working and having kids- and then study on top of that, but having a supportive family helped a lot. It was great that the lecturers were accessible to answer questions and the CQUniversity Library was really helpful.” Tola also enjoyed the online learning environment where she was able to connect with other students.

*“The units gave me valuable knowledge. There is a lot of information out there about domestic violence... (but if it isn’t used correctly) while you may be able to provide some form of support, you might be doing more harm than good... Going in and really learning about domestic and family violence through specialist study is a really good thing if you are in the industry so that you can confidently provide the best support.”*

## Did you know...

**You can enrol in a single unit of study if you don’t think you’re ready to commit to a full course.**

If you are interested in a course such as a Graduate Certificate, Diploma or Masters of Domestic and Family Violence Practice, two of the core units Domestic and Family Violence Theories and Perspectives (DFVP20001), and Domestic and Family Violence Responses and Interventions (DFVP20002) are available to study in Term 3 2019. (Term 3 commences on the 11 November 2019 and concludes in mid-February 2020.)

Study application closing dates are generally two weeks prior to the commencement of each term: you are encouraged to apply before 28 October for Term 3.

You can learn more [here](#).

Visit the [CQUniversity handbook](#) to learn more or to get started, or call Education Coordinator Colleen Gunning on 4940 3348.



# Let's take a time-out on 'time-outs': The risk of unintended consequences

A discussion by Dr Brian Sullivan

**Although programs, in various forms, for male perpetrators of domestic and family violence have been operational for about forty years or so, in both criminal justice and non-criminal justice settings (Barner & Carney, 2011), little research has examined how the group participants use or mis-use the skills and strategies taught on the programs or how partners or ex-partners and children may experience these 'learnings' (Wistow, Kelly, & Westmarland, 2016).**

Intervention systems at large can lead to harmful unanticipated outcomes for women who suffer violence from intimate partners (Meloy & Miller, 2011). Therefore, it is incumbent on facilitators in men's domestic violence behaviour change programs to be especially alert to the risky unforeseen consequences of tools and techniques that men are taught in the hope of supporting them to become non-violent. These unintended consequences can compromise a victim's safety (Shoener, 2016).

Women partners directly experience the ways in which their men can manipulate and use their participation in the program as a way of blaming or controlling the women, or providing the perpetrator with yet another reason to continue verbal abuse or physical violence (Gregory & Erez, 2002). Women's feedback, via women's advocates, can

provide valuable information on the effects (positive and negative) of intervention programs on their partners. This feedback can "act as a barometer" (Gregory & Erez, 2002, p.227) of men's behaviour during and after the program. Women's input and feedback should be discretely used and included in the assessment of intervention effects on their male partners. Such feedback should inform facilitators and guide practice so as to avoid unintended consequences and remediate those when they occur if at all possible.

At first sight, a skill that facilitators teach men may seem on the surface to be effective and safe in helping men desist from abusive behaviour. However, on deeper investigation a program may in fact be providing men with further means by which to control and intimidate their partners. Do we really know and understand how the technique is being used by

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**This guided process, while seemingly well-intentioned may in fact have a more sinister side to its implementation.**  
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the offender with his partner? Do we understand the impact on her? Have we asked victim/survivors who may be on the receiving end of these supposedly non-violent techniques about how is it working for them? What does it mean for the survivor/victim? What are the consequences of the perpetrator's use of the technique for her?

Before endorsing and recommending any technique or tool we need to understand whether and how it can increase and enhance not just women's (and children's) safety but also their freedom to become an equal partner in the everyday negotiations and interactions that comprise relationships. Facilitators need to critique and analyse the dynamics of how a skill may be used- and abused- by a perpetrator and the unintended consequences programs may cause for survivor/victims.

As a case in point, let's look more closely at the “time-out” strategy! The time-out has been a popular and much-used strategy taught in men's behaviour change (MBCPs) and anger management programs. It is intended to assist violent and controlling men in preventing such behaviour toward their partners. Even the much-lauded Duluth men's curriculum promoted the time-out technique albeit under strict conditions (*cf Pence & Paymar, 1993, pp 56-58*). Although Gondolf and Russell systematically dismantled the use of anger management programs for male perpetrators of domestic violence in 1986, it seems that ‘time-outs’, a staple strategy of most anger management programs (*Novaco, 1975*), are still being used indiscriminately in many perpetrator intervention programs.

The technique was originally introduced and taught with the belief that it would interrupt potential physical violence. **However, as group facilitators we need to ask ourselves some critical questions.**

- Where is the extensive research supporting this approach?
- What are the premises upon which our use of ‘time-outs’ have been taught?
- What are our assumptions about the reason for the use of ‘time-outs’ with perpetrators? Do we think perpetrators will be abusive when they are emotionally excited?
- Is it because we believe they will be violent if they feel victimised?
- Is it because we believe that they don't have the communication skills or emotional literacy necessary to behave respectfully and non-violently?
- Do we believe they have to be separated in this moment to ensure that he will not become more abusive to her?
- Do we think he needs ‘to collect his thoughts’ or ‘get himself together’ so he won't behave violently and ‘do something he wishes he didn't do’? (*Garvin, 2009*).
- Is it because we believe the survivor/victim must acknowledge that he is doing what the program requires to end his abuse and that she must agree to this or else she is not helping him cease his violence?

Before addressing some of these questions, let's look at a proponent of ‘time-outs’ and the circumstances under which they are to be used.

Sonkin (2014) outlined the specific conditions under which ‘time-outs’ are to be operationalised by the violent man. He advised “whenever you feel your anger rising, your body getting tense like it is going to explode, or you begin to feel frustrated or out of control, follow these instructions to the ‘T.’”

According to Sonkin (nd), the ‘time-out’ process typically follows these steps below. As a counterpoint to the time-out process, I have offered what is an alternative perspective in the table below.

	<b>Time Out Steps:</b>	<b>Yes but...</b>
<b>01</b>	<b>I’M...</b> An “I” statement. You begin by talking about yourself and talking about yourself immediately puts you in charge of yourself. You aren’t name-calling or blaming.	<i>What about her needs in this situation? Perpetrators typically want to control and dominate their partners. Is this just another way of getting what he wants and leaving her needs neglected?</i>
<b>02</b>	<b>BEGINNING TO FEEL ANGRY...</b> You are talking about how you feel. It’s a direct communication. Nothing unclear about this statement. Saying you feel angry may in fact make you feel less angry. Try it--you’ll like it!	<i>Because of the violent history of the relationship, could this declaration of anger be interpreted as a threat and a warning?</i>
<b>03</b>	<b>NEED TO TAKE A TIME-OUT...</b> Another “I” statement. You are also saying to your partner that you are not going to hit her; instead, you’re going to do something else, take a Time-Out. Taking a Time-Out helps build up trust with the other person--that in fact there will be no violence.	<i>Again, what about her needs? What might a ‘time-in’ achieve in terms of accountability that a ‘time-out’ avoids? Is this another way of isolating her and leaving her ‘up in the air’?</i>
<b>04</b>	<b>LEAVE FOR AN HOUR...</b> If you stay away for the full hour, you and she should be sufficiently cooled off by the time you return.	<i>Again, what is she supposed to do in this hour? Has he dumped responsibilities for household, family, etc., on her as he walks out the door? Is she left fearful and anxious about his impending return?</i>
<b>05</b>	<b>DON’T DRINK, USE DRUGS OR DRIVE...</b> Drinking and drugs will only make the situation worse. Don’t drive because there are already enough angry people on the roads!	<i>She doesn’t really know what is going on during that time and is left to worry about what his return will mean for her. There is a history and context to this man and woman. A ‘time-out’ is viewed and interpreted through the lens of that context.</i>
<b>06</b>	<b>DO SOMETHING PHYSICAL...</b> Going for a walk, a run or a ride on your bicycle will help discharge some of the angry tension in your body.	<i>Does this perpetuate the myth that his violence and abuse is something external to him that overpowers him and that he has no control over? Is it really his angry tension that makes him abusive?</i>
<b>07</b>	<b>COME BACK IN AN HOUR - NO SOONER - NO LATER...</b> If you agree to come back in an hour, live up to your agreement. It helps to build trust. In addition, an hour will give you enough time to cool off.	<i>What does she do in this hour? Does she have to maintain the routines and responsibilities of home and family, while he is avoiding his responsibilities there?</i>
<b>08</b>	<b>CHECK IN - TALK ABOUT WHAT IT WAS THAT MADE YOU ANGRY...</b> If you do no more than check in, you completed the exercise. If you go on to talk about what it was that made you angry, you get experience and practice in communicating and discussing emotional issues.	<i>Yet again, isn’t this blaming her for making him angry and that she must change or else she will always be to blame for his abuse and violence? Isn’t the ‘time-out’ behaviour already communicating something to her about the priorities of his experience and the subjugation of hers?</i>



This guided process while seemingly well-intentioned may in fact have a more sinister side to its implementation. Not all practitioners are as optimistic about time-outs as Sonkin is. In fact, some practitioners believe that there is a lot not to like about time-outs (Garvin 2009; Gondolf & Russell, 1986).

Garvin (2009) from the Alternatives to Aggression Program in Michigan, USA stated why his program has stopped using 'time-outs' altogether. Below are some of the reasons for this decision:

**01.** 'Time-outs' are Men's Behaviour Change Program enforced isolation of the survivor/ victim. What is her strategy in this situation? What does she get to act on or decide? She is left with the space and time to think about what he will do and how will he be when he returns. Her needs are not considered.

**02.** 'Time-outs' perpetuate the myth that excited emotional states are to blame for abusive and violent behaviour – that men are out of their own control and are being controlled by their emotional states (when it suits them, and that they do not have a choice to be violent).

**03.** 'Time-outs' perpetuate the myth that men need to do something other than make a choice to be non-abusive regardless of their circumstances or surroundings.

**04.** 'Time-outs' set up the dynamic that if she doesn't cooperate or agree with his 'time-out', then she is aggressive towards or uncooperative with the program and doesn't care about his 'recovery'. This could be nothing short of victim blaming.

**05.** 'Time-outs' reward the abusive man for believing that his abuse is inevitable by giving him a consistent regular 'vacation' from the interaction that was occurring before the 'time-out', and all other household/family responsibilities are then dumped on the survivor/victim while he is off having his break.

**06.** 'Time-outs' ignore the fact that men can behave non-abusively with police, or in the courts or with their boss at work. Domestically violent men have had success remaining respectful and non-abusive in stressful and unpleasant situations before. So, what is stopping him from being respectful and non-abusive at home with her and the children? It cannot be his emotional state!

**07.** 'Time-outs' are avoiding accountability. It ends up being another tool that he can use to control and manipulate survivor/victims. It is not a quick fix or easy solution to violent behaviour and we as practitioners need to carefully analyse dynamics involved. Surely skilling a man to be 'time-in' and listen to and understand his partner would be a better and safer long-term option?

**08.** 'Time-outs' may be used primarily as a tool to avoid accountability and to manipulate the survivor/victim. A perpetrator may use it when: he chooses not to listen to his partner/s; he is 'losing an argument'; he perceives himself as 'victim'; and when he wants to blame her for 'provoking' him and his 'anger'. As Gondolf and Russell (1986, p.5) reported: "...some battered women see 'time-outs' as one more ploy to 'shut them up'".

This analysis of 'time-outs' has been to alert facilitators to the possibility of how techniques and tools taught in MBCPs have to be critically assessed and analysed from the survivor/victim's perspective so we can prevent unintended deleterious consequences emerging from seemingly good intentions on the part of programs. This is especially so when we potentially equip men with long histories of manipulation, micro-regulation and abuse of women and children with additional means of abuse. If we care about and are attuned to the dignity, liberty, equality and autonomy of women (Stark, 2012), then we as facilitators should do nothing less than consistently scrutinise our practices for such unintended and possibly disastrous consequences.

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