

 QCDFVRe@der

June 2021



Director's Message



It has been an exciting time here at QCDFVR since our last Reader. We were thrilled to convene our annual Queensland Indigenous Family Violence Prevention Forum on 13 and 14 May in Brisbane. Eighty delegates attended “in the room”, with another 30 live-streaming from various parts of the state and beyond. How does one share the upbeat energy and delight in being together again that permeated the event? Combined with a program that shared knowledge across the continuum from the local to the national scene, the Forum received overwhelmingly positive feedback. On **pages 17 and 18** a small snapshot of the two-day event is provided.

On those pages, too, you can learn about the launch of the first of the Centre’s new animations. Strong Women, Hard Yarns has been a perennial favourite in our suite of resources, and in 2020 it was reviewed and updated, thanks to the wisdom of our colleagues in the field. Adapted now into a digital format, a number of the original “yarns” have been re-told in the voices of women to educate and inspire younger, and older, women. What a privilege to screen for the first time, on the eve of the Forum, the animated version of Strong Women, Hard Yarns (younger women) to an audience that included original contributors, 2020 reviewers and the voices of 2021. The second animation will be available in the coming weeks, so stay connected with us via our website or social media to access forthcoming resources.

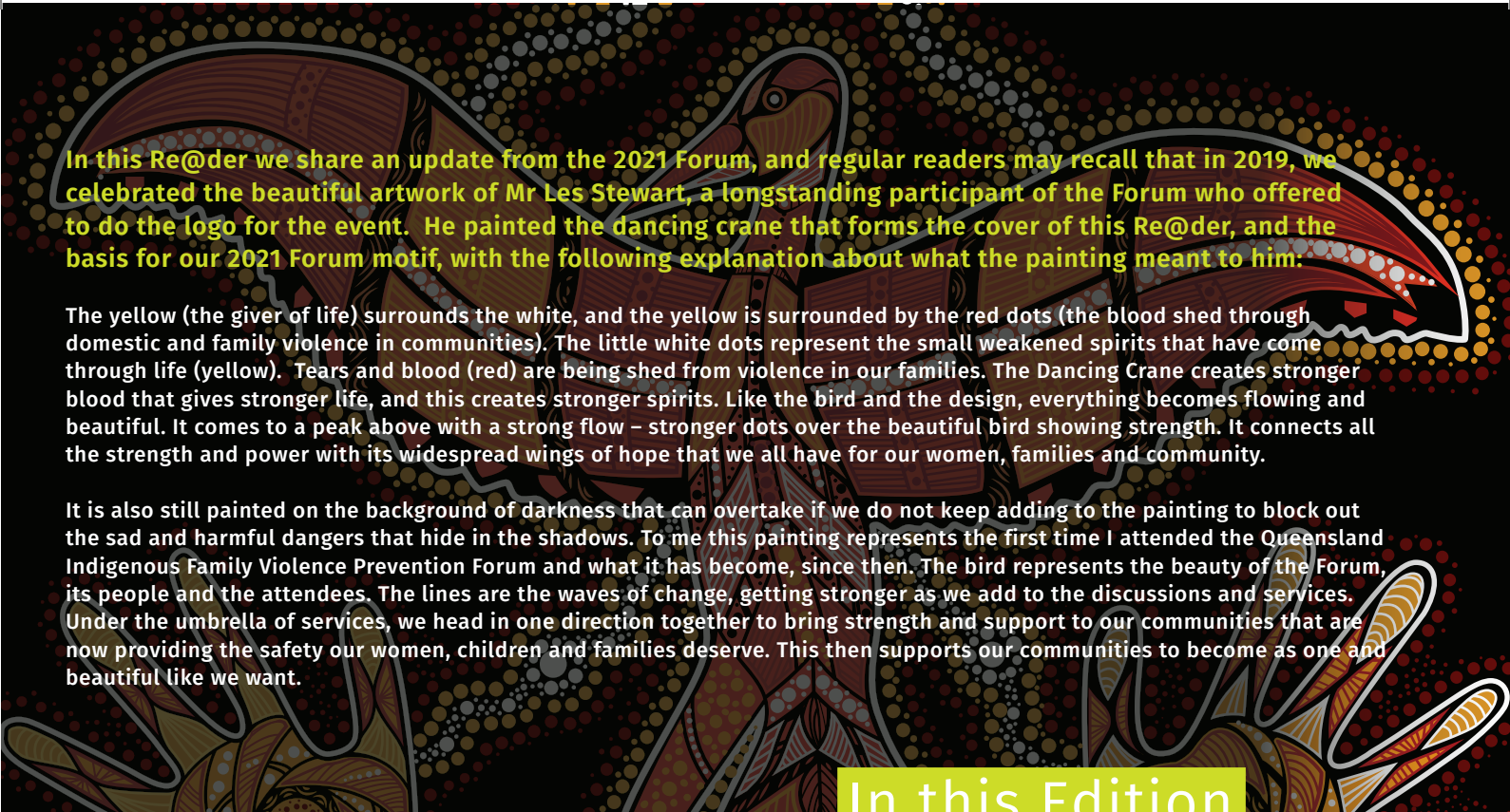
After the excitement of those Forum days, we’ve returned renewed and ready to bring you this edition of the Reader – and what an edition it is! Supporting women’s safety and wellbeing does not only involve crisis and immediate post crisis work - domestic and family violence and sexual assault have long term impacts and it is important for women to be able to access services that support their longer term needs. Dr Sue Carswell and Dr Liane McDermott researched this area, and on **pages 26-30** they bring you key findings from an evaluation of Women’s Health and Wellbeing Support Services (WHWSS) in Queensland. The evaluation included seven organisations across Queensland and captured learnings from the services engaged with women (and their children) which are supporting their recovery from gender-based violence.

This work is often challenging, but ultimately rewarding. The importance of supervision, practice reflection and skill development for those who have chosen to work in the domestic and family violence (DFV) sector cannot be overstated. Not only is this reflected in research but also in Queensland’s current Practice principles, standards

and guidance - Domestic and family violence services. Ms Gabrielle Borggaard Nicholson, Founder of Inner Vision Consulting, has a passion regarding support and mentoring of those working in this field. On **pages 3-6** Gabrielle draws on literature, and her long standing experience, regarding supervision – differentiating the different forms of supervision and the distinction between line management and external professional supervision.

Another aspect of responding to gendered violence is explored on **page 7-10** where we learn more about Townsville’s Sexual Assault Response Team (SART). In our ‘At the Coalface’ segment we meet senior counsellor Di Plumb from the Women’s Centre, who tells us more about what it means to have a SART and the benefits of such an approach. Staff from QCDFVR evaluated this model in 2017-19 and this is an area that holds much interest for us. There’s a presentation about our work on the Centre’s website at <https://noviolence.org.au/2020/06/29/research-to-practice-responding-to-sexual-assault-a-queensland-case-study/> and in addition, we’ve had the privilege of working with Dr Megan R. Greeson, Associate Professor at DePaul University in Chicago, Illinois. Megan has published widely on how SART’s operate in her country and you can access her presentation at <https://noviolence.org.au/2021/03/09/evidence-based-strategies-for-developing-a-strong-interagency-response-to-sa/> and podcast on our website too (<https://noviolence.org.au/listen3/>).

So many practitioners work tirelessly to respond to all forms of gendered violence, yet invariably, all share a deep desire to prevent this violence from happening in the first place. The need for prevention and early intervention in schools through educating children and young people is articulated routinely by frontline stakeholders. In this edition, you can access two “briefs” of the latest evidence related to *Respectful relationships education in schools* on **page 19**. Those with a



In this Re@der we share an update from the 2021 Forum, and regular readers may recall that in 2019, we celebrated the beautiful artwork of Mr Les Stewart, a longstanding participant of the Forum who offered to do the logo for the event. He painted the dancing crane that forms the cover of this Re@der, and the basis for our 2021 Forum motif, with the following explanation about what the painting meant to him:

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 widespread 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 overtake 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.

In this Edition

passion for working with schools are encouraged to read and reflect on these. On a related note, the National Primary Prevention Hub (the Hub) has provided a ‘stocktake’ of the current state of primary prevention in Australia, and this presents a useful framework within which to conceptualise prevention activity. There is a summary of some of the topics included in this report on [page 22](#).

Behind all of the violence women experience, there is at least one perpetrator. Associate Lecturer Mark Walters has worked for years with men who use violence, and more recently has dedicated many hours to training stakeholders in responding safely to these men. Mark has thought long and hard about this topic, and in this Reader, he shares his perspective on the drivers of cruelty that underpin some of the more insidious violations experienced in intimate partner relationships. Drawing on relevant literature, Mark has prepared a reflective article on [page 31](#) to stimulate your consideration of this issue too.

Finally, in the sequel to an article published in the previous Reader, Research Worker Michaela Pieterse draws on literature to provide an overview of current research on women who use force in domestic and family violence (DFV) contexts – this time with a focus on Aboriginal and Torres Strait Islander women ([see page 11](#)).

Please stay safe and well,



Dr Heather Lovatt

Director
Queensland Centre for Domestic and Family Violence Research

Director’s message	01
Professional Supervision	03
At the Coalface	07
Aboriginal and Torres Strait Islander Women Who use Force in a DFV context	11
Queensland Indigenous Family Violence Prevention Forum	17
Respectful Relationships Education Evidence	19
Prevention Stocktake	22
Women’s Health and Wellbeing Support Services: An Evaluation	26
Shame and its Impacts	31



Professional Supervision in the domestic and family violence sector

Ms Gabrielle Borggaard Nicholson

Accredited Family Violence Social Worker and Founder of Inner Vision Consulting

Gabrielle's experience spans the human services sector, including the domestic and family violence, child protection, family support, counselling, and disability areas. Her passion is the support and mentoring of staff, as well as emerging and seasoned leaders in the domestic and family violence sector. Recently she stepped out of a decade-long role as the CEO of the Domestic Violence Action Centre to pursue her commitment to enabling organisations, leaders, and practitioners to realise their vision. She is also in the process of completing a Research Master's Degree, with the CQUniversity, exploring the incentives and challenges that exist for women leading specialist Domestic and Family Violence Services. Gabrielle is dedicated to co-creating a sustainable, ethical, equitable, and innovative social services sector.

We have all chosen to work in the domestic and family violence (DFV) sector for different reasons. We might find it fulfilling to support people. Maybe we want to feel we are making a difference. We could be keen on developing policy, being at the coalface of practice or we could have lived experience or other reasons for being passionate about working with people who have been impacted by this kind of terror. Whatever the reason, whether we are in frontline or management roles, working in this sector comes with its own incentives and significant challenges. This work has a substantial impact on us as people and as practitioners. It will develop our strengths and skills in incredible ways, yet workers in this sector are also at a high risk of compassion fatigue, burnout, or vicarious trauma (Chiller & Crisp, 2012; Cortis, Seymour, Natalier, & Wendt, 2020; Friesema, 2016; O'Donoghue, Wong Yuh Ju, & Tsui, 2017). Being able to reflect on our responses and develop our skills with a supervisor can make a big difference to our practice and wellbeing (Chiller & Crisp, 2012; Cortis et al., 2020; Friesema, 2016; O'Donoghue et al., 2017).

I started working as a social worker more than 17 years ago and an integral part of my professional development was accessing professional supervision. I realised, as I progressed in my practice, that not all professions in the social services sector utilise professional supervision or considered it to be important. Occasionally, people would ask what supervision was and why they needed it.

We all engage in some form of internal line management supervision when employed in the DFV sector. Some may have also engaged in professional supervision provided by an external qualified and experienced supervisor or an appointed professional supervisor positioned within the organisation. Some have accessed supervision as individuals and others as a group process. Others may receive very little supervision at all.

The DFV sector faces incredible pressures such as increasing demands for service, high-risk urgent work, limited funding, and the expectation that there is time left over to upskill other generic services, raise awareness, and create social change. When organisations are faced with these unrealistic pressures it is hard to find the time for practice reflection or for staff at any level to access professional supervision (Chiller & Crisp, 2012; Cortis et al., 2020). Organisations may also not have the funds to pay for all staff to access professional supervision externally. We need to keep these challenges in mind when we explore why professional supervision is so important in the DFV sector.

Regular external professional supervision paired with positive internal relationships with my line managers during my professional journey have been instrumental in developing my skills, strengths and ability to work through challenges. Supervision and positive relationships have helped build my evidence base and practice confidence,



supporting me to stay in roles that were at times incredibly challenging. Research shows there is a significant association between access to professional supervision and retention of staff in the DFV sector (DFV) (Chiller & Crisp, 2012; Cortis et al., 2020). Research also demonstrates that professional supervision is crucial in the DFV sector to prevent overwhelm due to the high-risk nature of the work, and to ensure that everyone is supported to make the best decisions and act in accordance with best practice (Ben-Porat & Itzhaky, 2011; Chiller & Crisp, 2012; Cortis et al., 2020; Friesema, 2016). Research is not the only area that highlights the importance of professional supervision, practice reflection, and skill development. We also have practice standards for the sector such as the *Domestic and Family Violence Services Practice Principles, Standards and Guidance*, developed by the then Department of Child Safety, Youth and Women, recommending that staff engage in reflective practice and continue to improve on their understanding of evidence-based practice (QLD Government, 2020). The Australian Association of Social Workers (AASW) states that we need the support and education that professional supervision provides to not only develop and improve our own practice, but also to meet organisational requirements (AASW, 2014).

To understand why professional supervision is important we need to get clear about the different purpose and benefits of employee assistance programs (EAP), internal line management supervision and external professional supervision. Employee Assistance Programs are focused on personal issues that may be impacting our work, and often encompass a set number of counselling sessions paid for by the organisation to assist us process through our concerns and enable us to better focus on our work.

Almost all DFV services in Queensland are hierarchical in structure. This ensures there is a support structure in place to enable the frontline work, as well as a line of accountability. Internal line management supervision is

concerned with how we are performing in our roles, what other practice development we may need, and how we are managing our workload. Ideally, there is also some space for reflecting on practice and organisational or cultural aspects that are impacting our work, but that is not always the case. It requires a level of trust and vulnerability to reflect on practice that may not always be possible with a line manager (AASW, 2014; Friesema, 2016). Employee Assistance Programs are focused on personal issues that may be impacting our work. These programs often encompass a set number of counselling sessions paid for by the organisation to assist us process through our concerns and enable us to better focus on our work.

Professional supervision is a different space where we can delve into our practice and truly work through what we do well and what is holding us back. It is an opportunity to explore what is happening organisationally or culturally in a space that is separate to the organisation, where we can continue to develop the skills we need to better manage tension, stress, trauma, and conflict. According to the Australian Association of Social Workers Supervision Standards (AASW, 2014) professional supervision is an integral aspect of practice development. The AASW defines professional supervision as ...

“a forum for reflection and learning. ... an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique, and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures” (AASW, 2014; Davys & Beddoe, 2010, p. 21).

Professional Supervision Continued.

It is a space where we can develop a respectful learning relationship with another practitioner with relevant experience and qualifications who is also a supervisor, internally or externally to the organisation (AASW, 2014). When it is external to the organisation this relationship offers the opportunity to develop a different level of trust to explore clinical practice enhancement, specific role development, and mentoring opportunities that are separate to the organisational structure and line management roles (Cortis et al., 2020; Friesema, 2016).

There are a multitude of different forms of supervision (Cortis et al., 2020). Informal ways of supervision take place all the time in DFV organisations through debriefing, case discussions, and internal practice development, when time permits (AASW, 2014; Cortis et al., 2020). Formal supervision involves scheduled sessions providing the following:

- clinical supervision which is separate from line management relationships, focusing on developing professional practice skills;
- external professional supervision with a professional supervisor who is qualified and experienced in a relevant field;
- cultural supervision that recognises the influence of cultural and social context to improve practice from a cultural perspective (Harris & O'Donoghue, 2019);
- peer supervision with another individual or a group of peers that collaborates in practice learning and reflection; or
- line management supervision with the line manager that focuses on the accountabilities of the role and provides an opportunity to report back on progress and issues (AASW, 2014).

There are also a vast variety of different models of professional supervision available and it is important to find the model that suits your practice and role (Cortis et al., 2020). Regardless of the form or model utilised, it is important to ensure that supervision incorporates: opportunities for professional development and learning; adequate and appropriate support; cultural appropriateness and responsiveness; and accountability features as core aspects of the conversations. (AASW, 2014; Harris & O'Donoghue, 2019). Some research has looked at the benefits of group sessions versus individual sessions and sometimes group sessions are offered due to a limited budget. Group sessions are a great way to facilitate connection, share different perspectives and learn (Cortis et al., 2020). Research also indicates that access to individual professional supervision has a more positive impact on staff wellbeing than group sessions and that access to both can have even greater benefits to practice development, staff wellbeing, and retention (Cortis et al., 2020).

When we can access external professional supervision there are some key elements to consider for making the most out of the sessions. Here are some aspects that I have found useful over the years:

- **Find a supervisor who has the relevant cultural knowledge, skills, experience, and qualifications to your role.**
- **Decide on some goals you want to achieve through supervision – it could be developing confidence as a practitioner or leader, learning to have the difficult conversations, developing practice knowledge, unpacking cases, reflecting on actions, beliefs, values, and responses, and working through some professional relationship differences, etc.**
- **Share those goals with your supervisor and develop an intention for the work you will be doing together.**
- **Share your expectations and wishes for supervision with your supervisor, including how often you would like sessions, preferred times, cancellations, payment, etc.**
- **Spend time beforehand (i.e., when driving to supervision) to warm up to the session. Have a think about where you left off at the last session, what is relevant for you right now, and how you want to spend your time with the supervisor. Check how the issues relate to the original goals and whether anything needs to be amended.**
- **Bring as much of yourself to supervision as you can and work on being honest about what is present for you. There is no need to impress your external supervisor. They are there to support you to work through the real issues.**
- **Be willing to be open, to reflect, and be challenged. We learn more when we are stretched outside our comfort zone.**
- **Accept that in some sessions you just need to debrief. Try and do so with purpose and intention and recognise that sometimes we just need someone to be there with us and hold the space.**
- **Consider whether there are things you can do in between sessions that can help develop you as a person and as a professional.**

When I reflect on my professional supervision journey as a supervisee and a supervisor there is something about external professional supervision that extends beyond line management supervision, counselling or EAP. When we build that reflective space of trust and learning with another suitably experienced and qualified person who understands, we develop a space where we are permitted to grow and

learn from all our actions, our values, and belief systems. We co-create the opportunity to truly stretch our thinking and consequently, to continuously improve in our work. A positive external professional supervisory relationship offers mentorship to the supervisee, the appropriate management of power within that relationship, and it supports supervisees to define who they are as practitioners (Friesema, 2016; Prouty Lyness & Helmeke, 2008). Supervision is multifaceted process and external professional supervision is just one aspect (O'Donoghue et al., 2017). External professional supervision works best when it operates in tandem with good internal managerial and reflective supervision. External professional supervision cannot manage internal role accountability and reporting for the staff member and conversely, internal line management supervision has some inherent barriers to in-depth critical reflection (Beddoe, 2012).

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At the Coalface

As a social worker, Di Plumb has worked in the field of sexual violence for 27 years, working in different states across Australia, providing counselling to survivors, as well as providing support and supervision to staff within sexual assault support services.

For the past 13 years, Di has worked at the Townsville Women's Centre as a Senior Counsellor. In addition to her role as a sexual assault counsellor, she is responsible for training and supporting counselling staff and providing staff supervision and mentorship. For new staff members, Di provides the introduction and orientation to the service, along with in-depth training to prepare new staff for becoming part of the Sexual Assault Response Team (SART).

Thank you to Di Plumb, Senior Counsellor at the Townsville Women's Centre for talking with us about the work of the Townsville Sexual Assault Response Team, otherwise known as the SART.

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I feel very fortunate to be working in an organisation and in a role that I value and believe has so much importance in our society ... being the person who can walk beside a woman as she goes through all the various procedures and experiences that may follow sexual assault.”

How does the SART model operate?

The SART model is an integrated holistic response for people who have experienced sexual assault. The Sexual Assault Support Service (a service within the Women's Centre) works closely with the Criminal Investigation Branch of the Queensland Police Service, the Emergency Department of Townsville University Hospital and nurses from the Clinical Forensic Medicine Unit, who provide forensic examinations for survivors of sexual assault. We respond on a 24-hour basis, 7 days a week, with a roster of trained sexual assault workers. The police or hospital call us as soon as they become aware of a person who wishes to report a sexual assault or seek support after a sexual assault. We present at either the police station or hospital to provide immediate emotional support and information to enable that person to make an informed choice. We ensure they are fully aware of their options, talk to them about their safety and support needs, and support them as they exercise choice about what they wish to do.

As part of the SART response, we support men in this crisis space as well. However, women are offered ongoing counselling by the Sexual Assault Support Service at the Women's Centre, whereas men are provided with initial support and a warm referral to another service that provides counselling to men.



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The likelihood of secondary re-traumatisation for survivors can be high, so a very crucial part of our role is to act meaningfully to reduce secondary re-traumatisation following sexual violence.”

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How do the sexual assault counsellors ‘walk alongside’ a survivor from that initial contact through to the end of their counselling journey?

If someone presents to the Emergency Department, for example, and discloses a sexual assault, the staff call us immediately on our after-hours phone to attend the hospital and provide support. Usually, that person is in the Emergency Department fast-track area or short-stay area and might be accessing medical treatment related to the sexual assault. As the sexual assault worker, we will speak with the survivor and seek their consent to be present and stay with them throughout the procedures in the Emergency Department. We contact the police to let them know that we’re attending the hospital to meet with a survivor and the police will also then attend the hospital. If the survivor’s choice is to not speak to police then that’s absolutely fine. Most of the time, though, people will agree to hear from police about their role in any investigation. We believe that it’s very important that it comes directly from police—they’re the experts in terms of that information and they’re the ones who are going to provide the most current and accurate information and be able to answer any questions or concerns the survivor has regarding an investigation. In addition, should the survivor elect to access a medical examination, then the forensic medical nurse is contacted and support would continue to be provided. At that stage too, there might be a time arranged with police to take a statement, and support would continue during this process by providing emotional support, allaying concerns, and ensuring the person is continuing to be informed, making choices, and feeling in control of the process.

How does the SART respond to survivors who have experienced historical sexual assault?

All the counsellors involved on the after-hours roster of SART provide support for people who are making a complaint of a historical sexual assault. We are contacted by officers from the Child Protection Investigation Unit, who investigate historical matters. They let us know that an appointment has been made for someone to come in and make a statement, so we can be there to support that person. This can occur during business or after hours, and some of those situations are very complex and very in-depth. There might be several presentations that one survivor makes to provide a very comprehensive statement to police of child sexual assault experiences over several years, and at times, with multiple perpetrators. Many survivors choose to engage in counselling throughout and following that process.

As with recent presentations for an acute matter, we find that 85% of survivors engage with counselling following investigative procedures. It’s important to offer ongoing counselling and emotional support throughout aftermath of a crime of sexual violence. Survivors who we supported when SART first commenced in mid-2016 are now entering the court system, so we are providing quite a high level of court support pre, during and post trials or hearings. This stage of the investigation can be a very emotive and distressing time for survivors, and for many, going through the court process is a very gruelling experience. We believe we have a responsibility to offer counselling and emotional support throughout this time and afterwards as well.



We really value what we've created and work hard to ensure that staff changes or systems changes don't erode what we have to offer to the community of Townsville and beyond. We all do commit to a philosophical and practice level to ensure we provide best practice responses to sexual assault survivors, and that nothing less than that is good enough. ”

In terms of the service model and how the partner agencies come together, what would you say are the key ingredients that make the SART work?

I think the key ingredients are mutual respect for each other's differing, but complementary, roles throughout different stages of the process, being really clear about our individual service roles, and ensuring that we engage all parts of the interagency team as appropriate. For example, as sexual assault workers, we wouldn't talk in-depth about the police role to a survivor, nor would police take over the role of providing emotional support and information for people to make informed choices. Collaboration and clear communication between each interagency partner, in a way that's honest and respectful, are important. There are times we need to confront some difficult issues and be prepared to continue to work together through challenges and perhaps make some changes or accept that 'yes we could've done better on this occasion, let's do it differently next time'. Constant evaluation and reflective practices, as we share information, support these processes.

We recognise that this model has intrinsic value. It's based on a trauma- and violence-informed care framework, enabling the rights, choice, control and safety of the survivor to be central throughout all processes. We recognise that the agencies involved are committed to providing this service that survivors are entitled to receive.

We really value what we've created and work hard to ensure that staff changes or systems changes don't erode what we have to offer to the community of Townsville and beyond. We all do commit to a philosophical and practice level to ensure we provide best practice responses to sexual assault survivors, and that nothing less than that is good enough.

Since SART was first implemented in 2016, the Women's Centre has funded a part-time coordinator position for the SART. How does that role contribute to the SART?

The coordinator role is critical. There needs to be a person who takes executive-level responsibility, and whose role is to communicate across the key agencies, prepare agendas and minutes for monthly meetings, facilitate meetings, be the core communicator between us all, collaboratively develop presentations, and be that person who considers the strategic and broader purpose of the SART. We continue to develop documents and ensure that our Terms of Reference are updated as necessary. The coordinator undertakes those contributions on a broader level to ensure that this best practice approach strengthens. The role of SART extends beyond its immediate operation - it has an advocacy and promotional role on a broader level as well.

What have been some of the challenges for the SART, and how has the team dealt with some of those challenges?

I think one of the challenges for our service was having short-term funding contracts for a period of time which meant that the staffing team was somewhat unstable. Subsequently, there were significant staff changes, so trying to maintain continuity for survivors was difficult. We are in the fortunate position now of having five-year funding for the SART. That result is due to the tireless work of Trudi Contarino in her SART coordinator role and Cathy Crawford, the coordinator of the Women's Centre, and their advocacy whereby the SART model is recognised for the value it brings to the community.



I think some of the other challenges relate to continuing to develop relationships with an ever-changing team, particularly changes within Queensland Police. We need to maintain confidence and flexibility to meet those changing relationships and continue to develop relationships with new people. For example, challenging the old or traditional ways of responding to sexual assault, and providing education, as well as articulating the rationale which highlights the benefits of the SART model.

What are the unique benefits of the SART for survivors of sexual violence?

One of the unique benefits is that there will be a support person throughout the journey. If someone presents to the hospital, it's often a busy, hectic, sometimes challenging and frightening space. To go into that space following an act of sexual violence can be incredibly daunting. For the survivor to know there's a person alongside them whose role is to check in about their needs, provide emotional support, ensure clarity about the processes and information, and support the survivor in exercising choice is of paramount importance. These approaches support the survivor to have a sense of control and enable them to make informed choices. When we also consider people who are marginalised, and who may have additional vulnerabilities, an Emergency Department or a police station can be perceived as threatening. A specialist sexual assault worker can assist with alleviating anxiety and advocate when appropriate. At times, there may be many hours in the Emergency Department, many medical questions asked, many procedures undertaken, and then if the survivor has decided to have a forensic medical examination, that may be another gruelling process following the shock and trauma of sexual violence. To continue to offer holistic trauma-informed support is critical.

I keep coming back to 'choice and control' which of course are the fundamental rights of survivors. The role of the sexual assault worker is to ensure those human rights are upheld during every part of the process. Information and support

may be provided to 'safe' people who may have accompanied the survivor, and resourcing the significant other(s) regarding how best to support their loved one in the aftermath of this experience of sexual violence. The role is based on ensuring survivors' needs are met in the best way possible in this space, as well as ongoing into the future.

The likelihood of secondary re-traumatisation for survivors can be high, so a very crucial part of our role is to act meaningfully to reduce secondary re-traumatisation following sexual violence.

What advice would you give to other services that may be considering implementing a similar SART?

All I could say is 'go for it'. Don't be daunted by the many barriers that will seem to be there. Continue to agitate and action approaches to government to fund services that: provide this level of support across the state for all survivors; ensure that the systems are set up to support survivors so they don't slip through the gaps; enable access to high quality access high quality clinical forensic medical services — not the 'just in case' examination; and facilitate the training of police so they can respond are trained to respond appropriately to victims of sexual crimes. Many police are used to dealing with people who've committed crimes. It's a whole different skill set to respond in an appropriate way to someone who's experienced a crime of sexual violence, so ensuring that appropriate trauma-informed training is available for police is essential.

I encourage services to continue to seek funding from the government, recognising that every service aims to provide the best service they can to people who have experienced sexual violence. In terms of equity across the state, that's really important. We have this service in Townsville because of a strong level of agitation, advocacy and perseverance, and having strong leadership in this space is really crucial. Governments need to fund services adequately – services cannot rely on funding from philanthropic sources.

Aboriginal and Torres Strait Islander women who use force in a domestic and family violence context

Ms Michaela Pieterse, Research Worker.
Queensland Centre for Domestic and Family Violence Research, CQU University

In this article the term Aboriginal and Torres Strait Islander is used to include Aboriginal peoples, Torres Strait Islander peoples and people with both Aboriginal and Torres Strait Islander heritage; however, where other resources/studies use the term ‘Indigenous peoples’, the term is also used to refer to all Aboriginal and Torres Strait Islander people.

In the previous edition of the QCDFVR Re@der, an overview of current research on women who use force in domestic and family violence (DFV) contexts was presented ([click here](#)). A brief summary of key points from that article are outlined below. The previous article also includes definitions readers may find useful.

Women are overwhelmingly the victims of DFV, and men are predominantly the perpetrators of DFV (Australian Bureau of Statistics, 2017; Australian Institute of Health and Welfare, 2019). However, there are women who use force in DFV contexts. Women’s use of force does not have the same dynamics; impact of fear; result in the same levels of hospitalisation, or death, nor the ongoing pattern of coercive power and control that men’s violence does. Therefore, there are gender differences in the experience of victimisation between males and females as well as the use of force (pattern and nature) (Wangmann et al., 2020).

Current literature has highlighted some of the key motivations for women who use force in DFV contexts:

- In self defence as protection from harm or death.
- Resistance or retaliation as a response to a systematic pattern of abuse.
- Retribution for previous verbal, physical, or psychological abuse, or in response to real or perceived wrongdoing.
- Use of force as short-term control of situation/abuse, establish autonomy.

Before moving to focus on Aboriginal and Torres Strait Islander women, there is a need to emphasise that this topic requires nuanced understandings regarding DFV. Understandings must acknowledge the gendered nature of DFV, and that victims of DFV may have dual experiences of victimisation *and* perpetration. A number of authors (Kertesz & Humphreys, 2021; Larance et al., 2019) note that this last point especially confounds common perceptions of how a victim ‘should’ behave. Larance et al. (2019, p.58) highlight that historically, ‘the victim’ of DFV is characterised as passive, compliant and submissive to authority. This stereotypical victim of DFV is not perceived to fight back against their abuser, and “as a result, women who use force are often viewed skeptically when they claim to have used force in response to the violence of their partners” (Larance et al., 2019, p.58).

The need for nuanced understandings increases when considering Aboriginal and Torres Strait Islander women who use force. Although Aboriginal and Torres Strait Islander women account for less than four percent of Queensland’s population, more than 20 percent of Indigenous women were named as respondents on orders in 2018, and of all female defendants sentenced to a term of imprisonment for that offence, almost half — 44 percent — were Indigenous (Gleeson, 2019). These statistics indicate that despite the significantly lower percentage of Aboriginal and Torres Strait Islander women in Queensland, the rate of criminalisation, and incarceration, is a lot higher compared to their non-Indigenous counterparts.

As noted in the previous Re@der article, there is an overrepresentation of Aboriginal and Torres Strait Islander women remanded in custody for DVO breaches and related offences, with many women incarcerated for breaching orders; this incarceration a result of their *first* offence (Gleeson, 2019). Yet, there are “very few studies to date that have directly and specifically examined the circumstances of Indigenous women’s use of violence against their partners, or how it differs from violence used by non-Indigenous women” (Boxall et al., 2020, p. 3). The statistics presented, as well as the experiences of



colonisation, assimilation, institutional discrimination and racism, uniquely shape the experiences of all Indigenous families, and for the purposes of this article, Aboriginal and Torres Strait Islander women who use force in DFV contexts. In discussions about DFV and Aboriginal and Torres Strait Islander peoples, it is vital to challenge common misconceptions, as outlined by Our Watch (2018, p.7),

- **Violence is not part of traditional Aboriginal or Torres Strait Islander cultures.**
- **Violence against Aboriginal and Torres Strait Islander women is perpetrated by Indigenous and non-Indigenous men.**
- **Alcohol is a contributing factor, and often a trigger for violence, but it is not the cause.**

While the motivations for women's use of force in DFV contexts (self-defence, retaliation, expression of negative emotions) apply to all women, a number of factors have been identified as distinctive when contextualising the use of force by Aboriginal or Torres Strait Islander women in DFV contexts. In mid-2020 the QCDFVR conducted a project commissioned by the Queensland Government exploring current responses to women who use force in DFV contexts in Queensland. As part of this project the team conducted a brief review of literature, identifying the following factors as important in understanding the use of force by Aboriginal or Torres Strait Islander women in DFV contexts,

- **Use of force as an effective or life-saving response to situations in which perceived or real police inaction prevails. Violence as a tool to address violence, alternative to reporting to police, or accessing other services, in fear of further criminalisation and removal of children.**
- **Use of force as an outcome of complex intergenerational trauma. Pervasive exposure to, and experience of, violence throughout the life-course. Transmission of violence as a 'normalised' component of relationships.**

These factors will be elaborated on, drawing upon a range of research sources.

Use of force as an effective or life-saving response to situations in which perceived/or real police inaction prevails. Violence as a tool to address violence.

Aboriginal and Torres Strait Islander people experience a high level of criminalisation, as reflected by their overrepresentation in Australia's justice system. As well, there is an over-representation of Indigenous children/young people in child protection and out-of-home care services compared to non-Indigenous children (Australian Institute of Family Studies, 2020). It is not surprising then, that some have suggested, that there is often fear of criminalisation by police, removal of children or removal from family (National Domestic and Family Violence Bench Book, 2020; Nancarrow et al., 2020; Wilson et al., 2017). Indeed, in a study by Wilson et al. (2017, p.8) which explored the views of incarcerated Aboriginal and Torres Strait Islander women about the use of violence in their intimate relationships, "women felt disillusioned by police inaction when they reported the violence, they were experiencing... As a consequence, some women took matters into their own hands only to be arrested for the violence they used".

A report by Bevis et al. (2020) compiles the experiences of incarcerated Aboriginal women participating in the Kunga Stopping Violence Program (KSVP), a program that works in support of Aboriginal women who have been incarcerated for alleged violent offences in Central Australia. The authors highlight that Aboriginal women described communication problems with police, as well as feeling judged for defending themselves and not being heard or believed by police, lawyers and in court. Specifically, Bevis et al. (2020) cite many examples in which Indigenous women were not believed by police, and inadequate or inappropriate action (misidentification of the primary aggressor) was taken, resulting in their incarceration. One worker from the KSVP described the experience of a particular woman:

Women Who Use Force Continued.

“She [the KSVP participant] was a non-drinker. She started to drink because of what was happening to her [husband beating her]. She asked for police help. She took out DVOs, and moved, but he followed her... She is taken to the hospital by the police for her injuries over and over again, but she would not stay in the hospital after being treated. No one asked why she wouldn’t stay. She was frightened for her children. Then the police records started to record her as a nuisance caller. The police write up in one report that he was ‘emotionally distressed’ at her behaviour. Never once did the police list her emotional distress at his beating her up. He’s stripped her naked in public and beat her. And [in response], she picked up a pole and hits him. And while she is really pleased she fought back, she is charged and held on remand in prison. The second time she got into strife he hit her so hard she fell against the night patrol car door, and they [the police] had to get it fixed. He never got charged. She ended up on remand again, and she was terrified for the welfare and safety of her children. When she went to court, she was given a shorter sentence because in looking at the police records, it showed he [her partner] had breached DVOs over and over again” (Bevis et al., 2020, p. 47).

Bevis et al. (2020, p.40) note that experiences such as the one above send a clear message to Indigenous women, who are primarily victims (rather than perpetrators) of DFV, that “harm will be done to them and there will be no repercussion for the offender”

This is corroborated by other authors, for example, Voce and Bricknell (2020) examined the characteristics, historical circumstances, and situational factors of female perpetrated intimate partner homicides, and whether these conditions are different for Indigenous and non-Indigenous women. These authors found “that Indigenous women who kill their intimate partners exist in hostile social environments, in which violence may be seen as necessary for survival or an acceptable way to resolve conflict” (Voce & Bricknell, 2020, p. 26).

Using force as an outcome of complex intergenerational trauma. Pervasive exposure to, and experience of violence throughout life-course. Transmission of violence as a ‘normalised’ component of relationships.

Many studies have described the ways in which colonisation, the associated dispossession of land and continuing cultural dispossession have produced

patterns of intergenerational trauma for Aboriginal and Torres Strait Islander peoples (see for example, Curthoys, 2020; Atkinson, 2002; Memmott et al., 2001). Trauma is now recognised as a response to one or more deeply distressing or disturbing events or experiences. Colonisation included “genocide, racism, alienation from tribal lands, breakdown of social structure, removal of rights and responsibilities, loss of spirituality and languages, labour exploitation, and large-scale removal of Aboriginal children from their families” – all traumatic events (Al-Yaman et al., 2006, p.3). These intersecting traumas have contributed to a range of social problems in Indigenous communities including the high prevalence of DFV (Memmott et al. 2001). Other factors such as gender inequality and negative community attitudes towards women, exposure to violence as a child, social and economic exclusion, financial pressures, drug and alcohol misuse, and mental illness can combine in complex ways to influence the risk of an individual perpetrating family violence or becoming a victim of such violence (Australian Institute of Health and Wellbeing, 2020). Cumulatively, these factors perpetuate the transmission of violence for Indigenous families.

“...complex trauma is not unique to a single generation, as it was observed in the lives of the women’s mothers and grandmothers. The trauma of the women in this study is now shaping future generations” (Bevis et al., 2020, p. 59)

Studies such as those by Wilson et al. (2017), Guggisberg (2019), Bevis et al. (2020) note that many Indigenous women who use force in DFV contexts described childhoods characterised by disruption, family substance use, maternal or paternal incarceration, witnessing family violence, and sexual abuse as children (and as adults). Wilson et al. (2017) emphasised in their study that incarcerated Indigenous women linked these traumatic experiences to the events leading up to their incarceration, as highlighted in the following interview extracts:

“I grew up around violence, so it was just normal I thought. He [partner] thought I was his property and it used to come from his mouth, “I own you,” and when I was young and impressionable, I believed that was love because I’d seen it all my life growing up and watching aunties get flogged. I thought that was love and I just put up with” (p. 6)

“You realise why you bottled the anger up. You think about all the bad things that have happened to you as a child and that you’ve never dealt with—the

sexual abuse, the drinking going on in your home, how you were kicked out of bed so uncles and aunts can have the bed, and how you watched your mother get flogged.” (p. 7)

The above interview extracts emphasise that after having witnessed intergenerational violence and experiencing repeat victimisation as children and adults, experiencing or using violence can be perceived as an expected and normal part of life. Other authors have suggested that women who use force in DFV contexts are motivated to use violence as a way to reject the victim narrative, gain short-term control of the abuse, and establish autonomy (Larance & Miller, 2017 ; McMahon & Pence, 2003). This is reflected in the interview extract below,

“I hit him back. My sister-in-law said, “You’re bigger than him, hit him back.” Well, the day she said that was probably the day he stopped hitting me, putting it over me. Because I was like, “well come on then. I will hit you straight back.” I’m not proud to say that I fight with my man” (in Wilson et al., 2017, p. 7).

Responses to Aboriginal and Torres Strait Islander women who use force.

Only recently research has begun to unravel the complexities of women’s use of force in DFV contexts, and some of the significant implications of this violence for these women (see article 1, page 7). Women who use force in DFV contexts are highly vulnerable to a range of consequences – misidentification as the primary respondent, criminalisation, and potential incarceration. These consequences are exacerbated for Aboriginal and Torres Strait Islander women who use force in DFV contexts. These women are likely to have experienced repeat exposure to violence throughout the life-course, as well as high levels of discrimination and criminalisation. As a result, Aboriginal and Torres Strait Islander women who use force in DFV contexts, experience multiple layers of victimisation within their intimate and family relationships, and by the broader criminal justice system (systems abuse). In a study by Boxall et al. (2020) which analysed police narratives and data of domestic violence incidents that involved a ‘female person of interest (POI)’, the authors found that,

“Indigenous female POIs were significantly more likely than non-Indigenous POIs to have had prior contact with police for DV as either a victim or POI (and for perpetrating DV against their current partner). [Indigenous women] were also nearly twice



Women Who Use Force Continued.

as likely as non-Indigenous women to have been a recorded victim of violence by their male partner” (Boxall et al., 2020, p. 9).

Despite this data and documented links between complex trauma and imprisonment (and other detrimental outcomes), there is a scarcity of specific programs for women who use force in DFV contexts. Bevis et al. (2020) emphasise the significant impact of incarceration for Indigenous women:

“The incarceration of Aboriginal women has long-term implications for mothering and childrearing, preventing healthy attachment and exacerbating rather than healing cycles of intergenerational trauma: babies are exposed to violence and stress in utero; babies are born in prison; infants and young children have no contact with their birth mothers; and young women enter puberty having no motherly guidance.”

Of course, not all Aboriginal and Torres Strait Islander women who use force in DFV contexts are documented as respondents (on a protection order) or imprisoned, however, the misidentification of DFV victims/survivors has a number of consequences including a lack of referrals or access to victim support services (increasing personal safety risk), discouraging further engagement with police and legal systems, implications for employment, and repercussions for parenting/care arrangements (Nancarrow et al., 2020). A lack of confidence/trust in legal responses or access to appropriate supports increases the safety risks of these women; while respondents who are not held to account “may be less deterred by the threat of arrest and victims may be forced to rely on alternative methods of self-protection, including fighting back or using violence in self-defence” (Dichter, 2013, p. 84-5).

There are some programs responding to women who use force that have developed in the United States; in light of the increasing number of women implicated in a criminal justice system when they were not the predominant aggressor, these programs are now being adapted to the Australian context. (Keretsz et al., 2019; Ulbrick & Jago, 2018). Such programs do not seek to retraumatise women who are/were victims themselves or reinforce the system of power and control they have experienced. The recommended minimum standards for US based programs regarding facilitation and curriculum for women who use force are distinct from standards for programs that target male perpetrators of DFV (ODVN, 2011, p. 10). Additional considerations for programs targeting Aboriginal and Torres Strait

Islander women who use force is essential; Wilson and colleagues (2017, p. 12) advocate for programs that “recognise and understand a woman’s use of violence, not as an individual ‘problem’, but as it relates to her relationships, family, cultural, and social expectations, and to the broader sociocultural context in which she lives”.

Addressing Aboriginal and Torres Strait Islander women’s use of force is going to take more than program development. As evidenced, there is a need for system-level improvements that respond to Aboriginal and Torres Strait Islander people and women more specifically. Both Nancarrow et al. (2020) and Bevis et al. (2020) put forward a number of recommendations for policy and practice. Some of these include:

- Training for all entities in the criminal justice system.
- Tailored interventions, and legal responses for women who use force.
- Early intervention for young people, with culturally specific support for families and communities, to help young people through loss and grief, exposure to traumatic incidents, intimate partner violence and assault.
- Increasing the screening and treatment for women entering the law enforcement system with mental health, complex trauma fetal alcohol spectrum disorder (FASD) and brain injuries, with flow-through therapeutic care from prison to services on the outside.

Future work with Aboriginal and Torres Strait Islander women who use force must be trauma-informed, culturally safe, and most importantly, should be led and designed by the communities these women are from. As Curthoys (2020, p. 164) aptly concludes in her historical analysis of family violence and colonisation in Australia, “while family and domestic violence has a specific history for Aboriginal people and communities, it has also been a significant feature of life within the colonising society ... the challenge for historians is to understand how settler colonialism has shaped the history of domestic and family violence in Australia generally”.

“
Complex trauma is not unique to a single generation,
as it was observed in the lives of the women’s mothers
and grandmothers. The trauma of the women in this
study is now shaping future generations
”

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QUEENSLAND INDIGENOUS FAMILY VIOLENCE PREVENTION FORUM

The 2021 Queensland Indigenous Family Violence Prevention Forum was held in Brisbane on 12th and 13th May 2021.

After the difficult decision to cancel the 2020 Forum due to the COVID-19 pandemic, it was heartening to see the attendance at the event despite the ever-persistent shadow of lockdowns that had occurred in the months prior.

In a “first” for the Forum, and in the interests of inclusivity - to ensure as many as possible had the opportunity to learn, participate and collaborate - remote participation was possible via a live Zoom link.

Not only was there a full room of 80 participants in person in Brisbane, and 25 virtual participants, but the live link enabled one guest speaker to present from interstate. True to its tradition, the Forum retained its integrity as an event whose size permits authentic engagement, with just over 100 participants from around Queensland joining in.

Of the total participants in the room, 78% were Indigenous and the remainder were non-Indigenous or chose to not identify. Proudly, this event continued to see a high participation rate from males – it has been said that this is higher than other domestic violence forums and events – with 20% of attendees identifying as male.



DAY 01

12th May

Ms Natalie Lewis, Commissioner, Queensland Family and Child Commission

Ms Lynette Anderson, Helem Yumba

Ms Topsy Tapim, Community Gro

Mr Kevin Maund, Kurbingui

Mr Randal Ross, North and West Remote Health

Mr Nolan White, YFS

Ms Sono Leone, Strong Women Talking

DAY 02

13th May

Cloncurry Mob

Jamie Anderson, QCDFVR

Ms Samantha Wild, Awakening Cultural Ways

Ms Natasha Priestly, QIFVLS

Ms Karla McGrady, Our Watch

Ms Hannah Taylor-Civitaresse, 1800RESPECT

Ms Rosalie O’Neale, Office of the eSafety Commissioner

Dr Jackie Huggins, AM, FAHA

Ms Jaylene Chevalier, Healing Foundation

Mr Lee Fagan, WorkUP Queensland

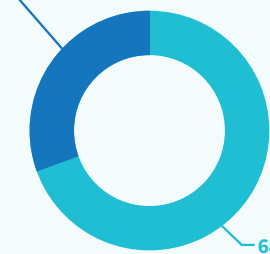
Ms Tamara Creamer, QATSICPP



Outcomes of the Forum

What was achieved?

31.82% Strongly Agree

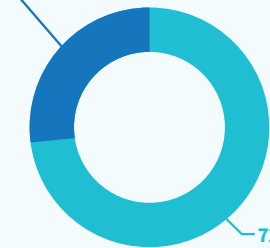


Question

I learnt new things at today's Forum sessions.

68.18% Agree

27.06% Strongly Agree

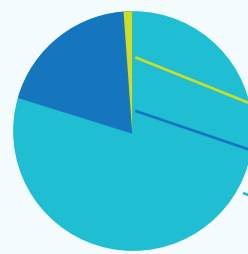


Question

I can use what I learnt today in my own work (paid or voluntary).

72.94% Agree

Content/topics/presentations

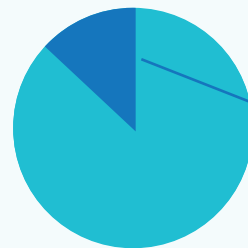


1.2% Neutral

18.8% Satisfied

80% Very Pleased

Networking opportunities



14.1% Satisfied

85.9% Very Pleased

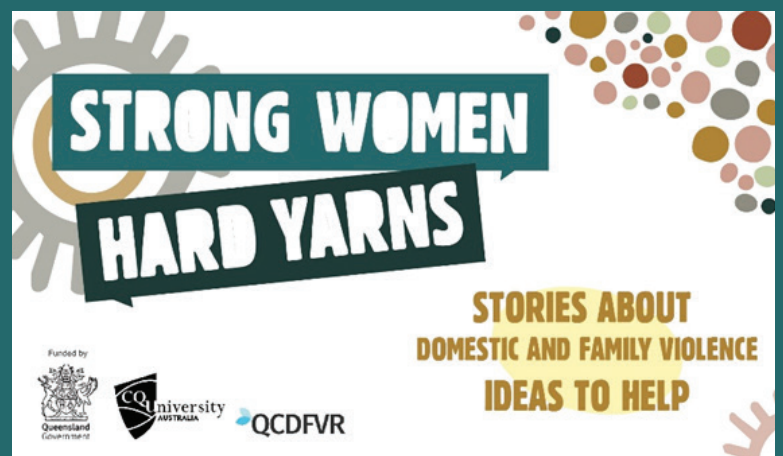
Strong Women, Hard Yarns

Re-imagined for new audiences

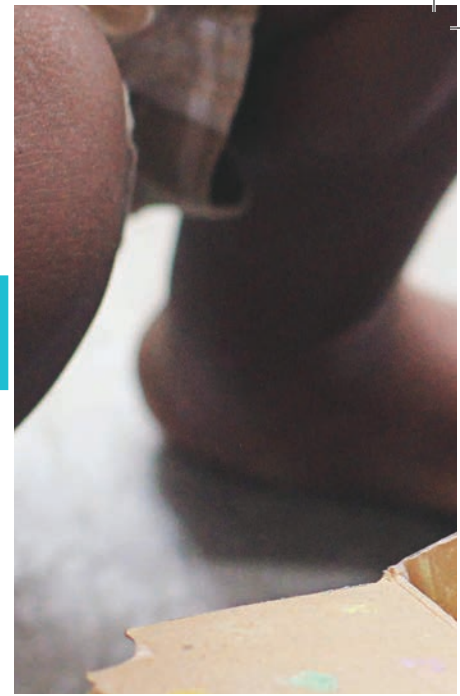
Strong Women, Hard Yarns has been re-created and presented in what will be two short animations, accessible online, and able to be easily shared. These digital resources have been created with the hope that all Indigenous women and girls can gain knowledge about what is a healthy relationship and how to seek help if they are impacted by family, domestic or sexual violence. To see the first of these new resources, **please visit our website.**

<https://noviolence.org.au/2021/05/11/strong-women-hard-yarns/>

The second resource will be available in the coming weeks.



Respectful Relationships Education Evidence



Many practitioners in the field of responding to gendered violence are extremely adept at locating, and articulating, “the evidence” for the way they undertake their day-to-day work. Despite being time poor, many speak of “making a difference by educating in schools” – practitioners articulate the importance of respectful relationships education. Our Watch provides useful resources, and in this segment, we draw on recent revisions of two valuable, and accessible, documents: *Respectful relationships education in schools: Evidence paper* (Our Watch, 2021b) and *Respectful relationships education as part of a national approach to preventing gender-based violence A brief for policy makers* (Our Watch, 2021a).

This article is extracted from these two resources and highlights key considerations for those working in community services and organisations.

Drawing on national and international evidence on violence prevention in schools, published since 2015, the Evidence Paper (Our Watch, 2021b, p. 3) found that “short-term and ad hoc inputs in classrooms and schools tend to be unproductive in bringing about change” and the reverse seems to hold true.

The evidence also points to certain approaches as being useful to positively shift attitudes about gender inequity that feature among the most consistent predictors of violence (Our Watch, 2021b). Our Watch has highlighted seven core elements that should be considered in order to positively shift attitudes and these are highlighted below.

The available evidence suggests that, delivered in alignment with these core elements, respectful relationships education in schools is a very promising intervention for preventing gender-based violence.

1

Address the drivers of gender-based violence

Approaches that emerged as effective were those that prompted students to identify, question, and challenge the attitudes, behaviours, and structures that underlie violence and frame it as a social issue – not a problem associated with individuals.

2

Take a whole-of-school approach to change

School communities that enable students to critically reflect on their own beliefs related to gender were found to provide positive environments for changing attitudes and behaviours among both teachers and students. These school communities tended to also work with all aspects of the school culture (leadership, policies, teaching and learning, support for staff and students, involvement of families and communities) to build a shared vision for, and approach to, ending gender-based violence among the entire school community.

3

Support the change by developing a professional learning strategy and providing ongoing professional learning

Ongoing professional learning, for both teaching and non-teaching staff, helps ensure that they are equipped with the knowledge and skills to implement respectful relationships education. Quality professional learning promotes three main outcomes:

- a safety of students;
- b wellbeing and confidence of teachers in undertaking prevention work; and
- c the sustainability of progress in reducing the drivers of gender-based violence.



4 Use age-appropriate curriculum that addresses the drivers of gender-based violence

There are three fundamental features central to an effective respectful relationships curriculum:

- a** early, age-appropriate and continued learning;
- b** emphasis on participatory design of materials and peer learning in delivery; and
- c** content that directly engages learners in identifying and addressing the drivers of gender-based violence.

5 Sustain and commit to the change by having a long-term vision, approach and funding

The entire education system must enable the implementation of comprehensive whole-of-school approaches – individual schools can't do this alone. This includes government leadership in gender equality, policies and budgets to support implementation at the school level, in addition to reinforcement of positive gender attitudes in the community (e.g., through the media and sporting groups).

6 Support through cross-sectoral collaboration and coordination

Appropriate coordination mechanisms are necessary for the education system to function cohesively in the move towards the shared goal of creating a violence-free future. The research

confirms that this collaboration and coordination needs to occur among authorities with direct oversight of schools, as well as those who have other responsibilities that relate to children and young people (e.g., child protection, gender equality, sport, health and social services). Such an approach is more likely to enable consistent access to resources (e.g., professional learning, rigorous research, and messaging).

7 Evaluate for continuous improvement

Further evidence is required to understand the extent to which school initiatives impact upon reductions in violence, and for this evidence base to be established, school programs addressing the gendered drivers of violence need permanency. While there are measures in place to identify changes in knowledge and attitudes, long-term studies of the contribution of school programs to violence reduction are rare. The latter could shed light on whether, and how, observed changes persist into and through students' schooling, as well as revealing which aspects of programs are most effective, and for whom.

With workload pressures many front-line practitioners will not be ideally situated to influence their school communities and education systems across all seven elements. Arguably there are two elements that are likely to be of most relevance to those working in frontline, specialist, services.

The first is *Support the change by developing a professional learning strategy and providing ongoing professional learning.*

Respectful Relationships Education Continued.

This review of the evidence clarifies that the professional development of school staff is fundamental to the development and delivery of a whole-of-school approach to gendered violence prevention. Both knowledge acquisition and skills development are important aspects of professional development, but the research tends to focus on the former. Two previous publications, one by the World Health Organisation (2019), the other from Our Watch (2016), suggest that optimal professional learning for respectful relationships education involves face-to-face practical activities, small group exercises and role play, **and is delivered with the support of specialist services.**

Support through cross-sectoral collaboration and coordination is the second area likely to be salient to readers in frontline services.

As previously highlighted, the work of schools in preventing gender-based violence needs to be embedded within the broader education system; it is part of the collective efforts of education authorities, schools, and the broader community (including families and the media). The review notes that “social workers and experts in gender equality and the primary prevention of violence” (Our Watch, 2021b, p. 27) are stakeholders who need to be engaged in this partnership, particularly at a systemic level. Coordination may enable and promote mutual access to resources, such as professional learning and rigorous research, as well as consistency of communications to collectively challenge norms that support violence and to promote gender equality.

Various forms of collaboration have been found to enrich school-based violence prevention initiatives. For example, in the United States, students benefited from strong cooperation between classroom teachers and social workers to provide a culturally sensitive program in schools with high proportions of Latinx students (Our Watch, 2021b, p. 27).

The likelihood of students disclosing experiences of violence through their engagement in respectful relationships often increases because students feel it safe for them to do so.

Broadly, the involvement of school counsellors and, if appropriate, social workers and other specialists to safeguard students’ wellbeing is critical in supporting school staff in appropriately managing disclosures and distress (Our Watch, 2021b, p. 27).

Supporting staff and students

Although the aim of respectful relationships education is to reduce the prevalence of violence against women in the long term, in the short term, schools that discuss this issue are likely to encounter an increase in disclosures. These may come from staff and students who have previously experienced – or are currently experiencing – violence and need support.

Our Watch (2021a) suggests that strategies to ensure appropriate responses to disclosures of violence, and ongoing support and risk management in schools include:

- clarification of school policies for responding to disclosures of violence;
- professional learning for school staff (including counselling and welfare staff) to build their knowledge of and confidence in responding to such disclosures and providing ongoing support;
- guidance for schools about the legal context and school responsibilities and their jurisdictional responsibilities relating to disclosures (including those related to child protection, family law, and family violence matters);
- support for schools and regions to build and maintain partnerships with early intervention and response-sector stakeholders (e.g., local domestic and family violence services, youth workers, and other services) to ensure that clear responsibilities exist at the local level for disclosures and ongoing risk management support; and guidance for schools on providing appropriate referral pathways for students and staff.

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Report Summary: National primary prevention report

Report 1

The first report of the National Primary Prevention Hub (the Hub), funded by the Commonwealth Government under the Fourth Action Plan (2019-22) of the National Plan to Reduce Violence against Women and their Children provides a 'stocktake' of the current state of primary prevention in Australia (Commonwealth of Australia, 2019). This includes the policy context, an overview of the prevention workforce, and a summary of prevention activity across the country (Our Watch, 2020). One of the Hub's activity streams is the development of national primary prevention reports to provide information about primary prevention nationally including themes, activities, gaps, and opportunities (Our Watch, 2020). The first report presents a useful framework within which to conceptualise prevention activity. This article is a summary of some of the topics included in this report, and draws heavily from it.

Primary prevention complements work undertaken in the response system. It is designed to stop violence before it starts by addressing its deep-seated drivers. Because primary prevention targets the whole population, it inevitably reaches those who are already experiencing or perpetrating violence (or who are at increased risk of doing so). As such, primary prevention also enhances early intervention and response activity by helping reduce recurrent perpetration of violence (which is driven in part by similar factors to initial perpetration), and shifting attitudes and practices in service and justice systems that may inadvertently tolerate, justify or excuse violence against women and their children.

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015), p. 15

Prevention workforce

According to Our Watch (2020), Victoria is the only state with specialists working exclusively in primary prevention. In other jurisdictions there is a tendency for staff to deliver primary prevention initiatives while also undertaking early intervention and tertiary responses to violence against women, as well as other forms of social and community work.

Our Watch (2020) also notes that Australia does not yet have the national workforce required to instigate primary prevention activities at the scale required for this work to be effective at a population level. Under the Fourth Action Plan (Commonwealth of Australia, 2019) there is action being taken to map the workforce through a national workforce development project, and the National Primary Prevention Hub will provide opportunities to link practitioners.

Health and community organisations

In Australia, women's health and community organisations, as well as specialist response services, have been significant in much of the early primary prevention work, and continue to be important stakeholders in the development and delivery of prevention work. This often embraces community development, education, and training.

Women's leadership, such as Women with Disabilities Victoria's Enabling Women Leadership program, is frequently a focus for prevention programs. Women with Disabilities Victoria has also developed the Our Right to Safety resource, which aims to increase the access



to information of women with disabilities to build their confidence to identify and seek support if they experience violence and abuse. Our Watch (2020) also highlights that specialist services responding to violence against women often collaborate with other organisations in their area to deliver prevention work that is localised and tailored to their context (e.g., in Victoria the EDVOS Thriving in the Valley Project).

Our Watch (2020) also recognised the Equal and Together Alliance, a state-wide partnership of organisations, businesses, clubs, and networks facilitated by Women’s Health Queensland to build respect and equity within their workplaces and communities. Women’s Health Queensland also delivers training that ranges from introductions to gender equality and gendered violence, through to designing a community-based prevention program or strategy.

Prevention in Aboriginal and Torres Strait Islander communities

Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children included case studies of some of the prevention work currently underway in communities around the country (Our Watch, 2018).

Our Watch (2020) is unequivocal: Aboriginal and Torres Strait Islander communities around the nation are the holders of vast knowledge and expertise, including in the area of ‘what works’ in preventing family violence. These efforts have been led by communities and Aboriginal-controlled organisations and are diverse in nature, spanning the spectrum of response, early intervention, and prevention. Often, they work with very limited resources, tailoring programs to best meet the needs of their communities.

For instance, organisations such as Western Australia’s Aboriginal Family Law Services (AFLS) and the Healing Foundation work with communities in preventing and responding to family violence (Our Watch, 2020). In addition to other activities, the Healing Foundation runs men’s healing programs that take a holistic approach to assist men to overcome issues such as domestic and family violence.

Family violence is the main reason children are removed from their parents. At the systems level, then, the Family Matters campaign, guided by a coalition of organisations, aims to reduce the number of Aboriginal and Torres Strait Islander children in out of home care.

Engaging men and boys in primary prevention work

In recent years, this aspect of prevention work has gained more attention, and “there is momentum to build upon existing skills in engaging men and boys in primary prevention from policy and research settings through to local communities across Australia” (Our Watch, 2020, p. 14).

In late 2019, Our Watch released *Men in focus*, “an evidence base for taking an intersectional approach to working with men and boys to address the gendered drivers that lead to violence against women” (Our Watch, 2020, p. 14). The same year saw the Australian Government Department of Social Services, as part of the Fourth Action Plan for the National Plan, fund grants focused on men as role models for preventing violence against women and their children. Community-based organisations engaged in diverse prevention activities across jurisdictions received resources through this allocation (Our Watch, 2020).

In 2020, VicHealth released its *Masculinities and Health Framework*, created in partnership with Jesuit Social Services (JSS), a key agency in this area, through its

development of the Man Box study. After the Framework was made available, VicHealth funded a number of programs, through the Healthier Masculinities Partnership Grants, administered by local councils in that state.

Sports settings

According to Our Watch (2020), there is a body of research around the overt relationships between “dominant norms of masculinity” and sport, emphasising the tangible connections between sport and violence against women. Primary prevention activities in sporting settings take many different approaches and include initiatives such as stand-down regulations by major national codes (e.g., National Rugby League), as well as community level approaches (e.g., the NO MORE campaign and GoActive).

Our Watch (2020) notes that NO MORE started in 2006 as a way of encouraging men to take responsibility for family violence (through clubs developing a domestic violence action plan), while GoActive, an initiative led by the Lebanese Muslim Association, is a health and fitness initiative enabling young women to participate in sport and recreation in Western and South Western Sydney.

Media

This aspect of prevention work involves not just media content (enhancing the quality of reporting of violence against women and its drivers, such as avoiding the condoning of this violence, addressing gender inequality, gender stereotypes etc.) but also addressing disrespect towards women in media workplaces. Currently the Australian Broadcasting Corporation (ABC) is driving the 50:50 project. This project increases the development of content that is relevant and interesting to women in order to better represent women’s experiences and perspectives, and to increase the representation of women as expert commentators and contributors across the ABC’s programming (Our Watch, 2020).

It is recognised that the media environment is a fast-paced one, so industry action has been supported by providing accessible and tailored resources that journalists can draw on immediately - particularly through guidelines for reporting on violence against women, such as those developed by Our Watch and the Australian Press Council (Our Watch, 2020).

Workplaces and employment

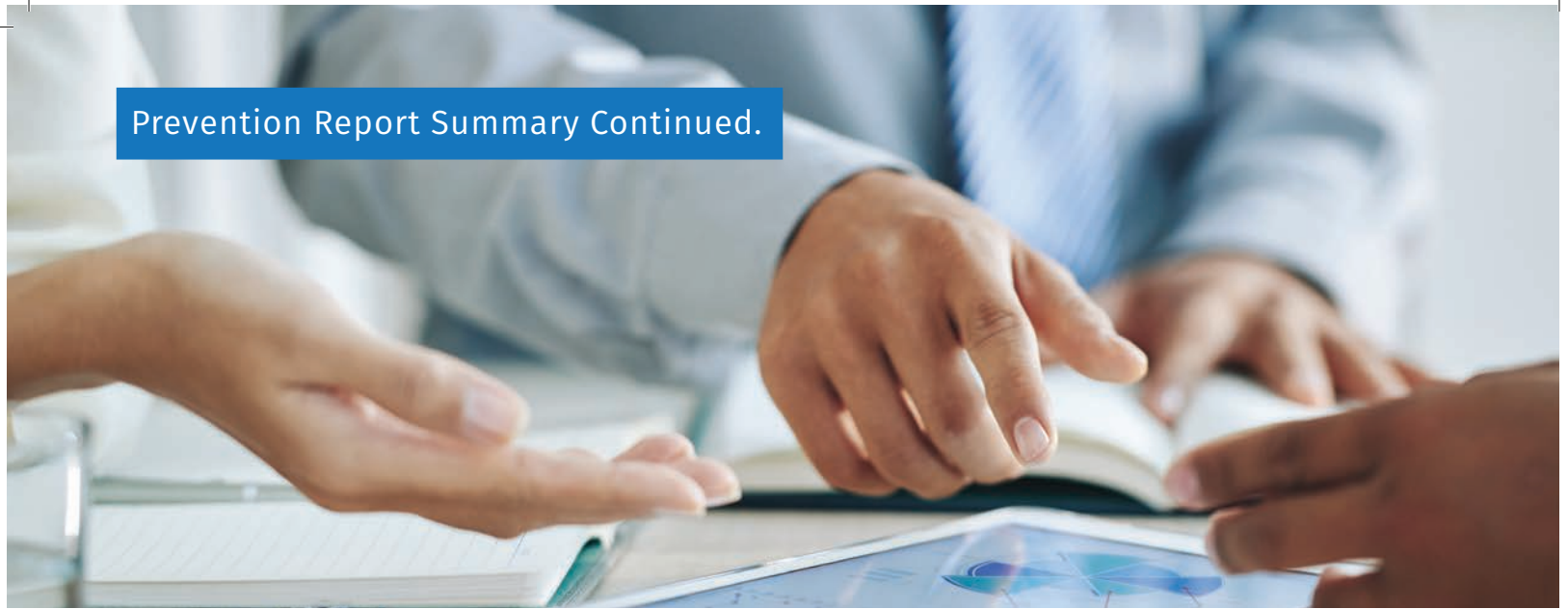
At a national level, entities including the Workplace Gender Equality Agency have contributed to the monitoring of the gender pay gap and promotion of good-practice workplace initiatives. At the ‘on the ground level’ often it is an organisation’s HR and/or diversity and inclusion staff who will be responsible for promoting and ensuring gender equity in workplaces. Non-government organisations and trade unions support such initiatives and a range of organisations have developed guidance to support this work. Our Watch, for example, has produced the Workplace Equality and Respect Standards, available on its website.

The Victorian Equal Opportunity and Human Rights Commission has released a guideline on preventing and responding to workplace sexual harassment that builds on recent work and attention on the issue of sexual harassment in the workplace, including the Sex Discrimination Commission’s national inquiry. Another resource was released by the Male Champions of Change (2020) in an effort to guide more effective organisational approaches to preventing sexual harassment in the workplace.

Communications and social marketing

When executed in tandem with other techniques in a multi-faceted approach, national communications and social marketing strategies are important means to raise awareness and prevent domestic and family violence. Our Watch (2020) presents campaigns in Australia that work across the primary prevention, early intervention, and response spectrum including those that:

- support help-seeking for women experiencing violence or men perpetrating violence (such as the Help is Here, Speak Out, and Break the Cycle campaigns launched during the COVID 19 pandemic);
- raise awareness about violence against women and support positive behaviour change (such as the Make No Doubt and No Excuse for Abuse campaigns);
- aim to break the cycle of violence by encouraging adults to reflect on their attitudes and have conversations about respect with young people (such as the Australian Government’s Stop it at the Start);
- promote bystander actions (such as the Doing Nothing Does Harm and Respect Women: Call it Out campaigns);



- challenge gender stereotypes (such as the This Girl Can campaign);
- promote gender equality and the sharing of domestic and caring responsibilities, especially during the COVID-19 pandemic through the Championing Gender Equality at Home campaign; and
- support women's rights and promote gender equality (such as the Free to Be campaign).

Education settings

For some time, education settings have been a key site for the delivery of primary prevention activities, and interest in this area of work remains sustained. The evidence base for effective and appropriate strategies began to emerge quite early, and initially respectful relationships education in Australia tended to be delivered by women's and community organisations into schools, or by teachers who identified a need for such an approach in their school community. Increasingly, though, over the past decade, education departments in Australian jurisdictions have taken responsibility for this aspect of prevention work. You can read more about 'Respectful Relationships Education Evidence' on [page 19](#).

Aside from schools, university students have advocated for and led prevention efforts. For example, Flinders University Student Association created a suite of resources as part of their *Be A Better Human* campaign to respond to and prevent gendered violence on campuses. *Change the course*, the Australian Human Rights Commission's 2017 report on sexual assault and sexual harassment at Australian universities, made recommendations to support prevention work including eliminating ingrained norms and attitudes about women. Our Watch has partnered with Universities Australia and the Victorian Government to deliver the Respect and Equality in Universities work. This has been

supported by initiatives such as the Tertiary Education Quality and Standards Agency (TEQSA) publication of a guidance note on preventing and responding to sexual assault and harassment in higher education settings.

Further, the introduction of Science in Australia Gender Equality (SAGE) ATHENA Swan initiative in Australian Universities has been important, aiming to improve the representation and profile of women in sciences, technology, engineering, and mathematics (STEM). Meanwhile, a whole-of-institution approach to violence prevention in TAFEs is also currently being developed by Our Watch in partnership with the Victorian Government.

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Women's Health and Wellbeing Support Services: An Evaluation

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In 2018, the Queensland Government initiated the funding of a new service response to support women's longer-term recovery from their experiences of domestic and family violence (DFV). This was in recognition of the multiple and complex effects DFV can have on women, and the gap in service delivery identified by the Queensland Government's Special Taskforce on Domestic and Family Violence. The Taskforce recommended the development of 'non-residential support programs to assist victims to live independently and not be compelled to return to violent/controlling relationships' (Queensland Government, 2015, p. 248).

The former Queensland Department of Child Safety, Youth and Women aimed to address this gap by providing funding to existing organisations working in DFV, sexual violence, and/or women's health so they could assist women, including young women, to achieve social and economic independence and recover from their experiences of DFV. This included actively assisting women and their children to access a range of support services to meet their longer-term needs and to support their ongoing journey from crisis to recovery.

Service delivery included (but was not limited to):

- assistance to access or maintain safe and affordable housing (e.g., advocacy support to assist agencies such as Rent Connect maintain compromised tenancies in the private market);
- delivery of recovery and wellbeing support groups;
- assistance to access relevant health services to ensure ongoing health and wellbeing (e.g., women's health

services, in-patient drug and alcohol rehabilitation services, or support to access services to improve mental health);

- parenting support;
- practical assistance to re-enter the labour market or maintain employment; and
- advocacy and support to access and sustain financial independence (e.g., accessing Centrelink, facilitating referrals for financial assistance or debt management).

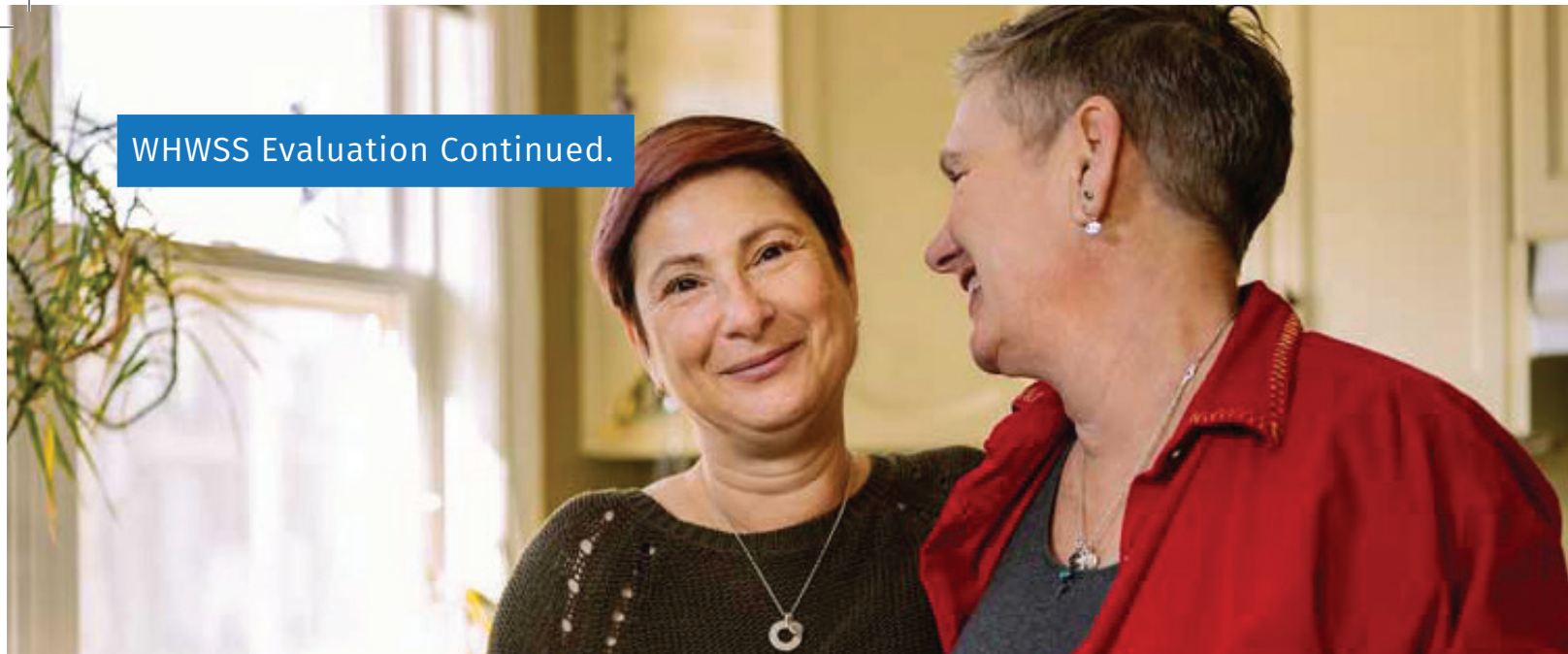
The QCDFVR was commissioned to undertake an evaluation (in 2019-2020 conducted by Dr Sue Carswell and Dr Liane McDermott), of 7 organisations working across 10 sites in Queensland. The organisations were those newly funded to provide Women's Health and Wellbeing Support Services (WHWSS).

Here, we present the key findings which provide an overview of the services provided by the WHWSS providers and identify emerging good practices to support the recovery of women (and their children) from gender-based violence.

Delivery of services to address longer-term recovery needs

Women and their children require different kinds of support at different times to address crisis-related and longer-term recovery needs. Research on the needs of survivors of intimate partner violence (IPV) found,

At times of crisis, safety is the major concern for victims (adults and children) along with ensuring that they have access to services to meet any health, safety, and practical needs. For victims of IPV, their short-term needs may include support with protection orders and legal matters;



WHWSS Evaluation Continued.

developing safety plans; access to safe housing and home security measures; access to income; and ensuring children can safely access school and so forth. Longer-term needs focus on rebuilding their and their children’s lives and meeting needs for health, education, income, stable housing, skills development, and building social support networks. The impact of violence can cause severe psychological distress resulting in Post-Traumatic Stress Disorder and associated symptoms of anxiety and depression that require trauma-informed counselling (Carswell, Paulin, Kaiwai & Donovan, 2020, p. 35).

The journey to recovery is not linear, and women can require supports for DFV crisis situations, depending on the actions of perpetrators of DFV. The diagram below provides a simplified overview of the types of supports provided to women and children to enable safety and wellbeing during times of DFV crisis and post-crisis towards longer-term health and wellbeing.

DFV crisis service supports	Post DFV crisis service supports: short- to medium-term needs	Post DFV crisis service supports: longer-term recovery
<ul style="list-style-type: none"> • Risk & needs assessed, safety planning • DFV worker support & advocacy • Immediate safety • Safe accommodation • Medical attention • Emotional support • DFV information & awareness of rights etc • Information & support for legal processes, DVOs, court support 	<ul style="list-style-type: none"> • Risk & needs assessed, safety planning • DFV counselling & case management • Support & advocacy to access services to meet practical needs, e.g., longer-term housing, economic supports, health needs, school for children • Information & support for legal processes, DVOs, court support • Provision & referrals to services, programs, groups, psychoeducational & therapeutic counselling 	<ul style="list-style-type: none"> • Risk & needs assessed, safety planning where ongoing risk • DFV counselling & case management • Therapeutic counselling • Addressing social isolation by building social networks & supports • Addressing economic dependence by building self-confidence & skills, training options

Interface between DFV crisis needs and longer-term recovery needs

While the focus of service delivery for the WHWSS providers was on the longer-term needs of women for post DFV crisis service supports, there is consensus that ensuring safety from the perpetrator and stability (e.g., access to stable housing and finances) are prerequisites for engaging in deeper therapeutic recovery processes to address trauma. Women cannot be expected to engage in therapeutic counselling to address trauma if they are still in ‘survival mode’, focusing on safety, and establishing basic living conditions.

As such, the WHWSS providers had processes and protocols for dealing with DFV crisis situations through either internal or external referrals. In managing DFV crisis situations, all WHWSS providers worked in a client-centred way which was flexible and tailored to meet the needs of their clients. For example, WHWSS practitioners either worked collaboratively with DFV crisis practitioners (within their organisation or externally) to maintain the connection with clients and provide a more holistic service, or they kept the door open for clients to return to the WHWSS after the crisis situation.

Good practices to manage the interface between longer-term recovery needs and the fluidity of DFV crisis situations

- Having clear processes and protocols in place to identify and assess risks to safety
- Developing safety plans with women and regularly reviewing — being responsive to risks
- Building trust and a relationship with women, as some are reluctant to disclose DFV risks
- Enabling access to safety upgrades of homes, and other DFV crisis support services.

Accessing and engaging with recovery services

Ensuring services were accessible and engaging for women was a key consideration for WHWSS providers. They utilised a range of enablers to enhance women’s access to their services. A number of good practices that enhanced access and engagement for women were identified:

Openness of eligibility criteria and meeting women where ‘they are at’, including an ‘open door’ so women could re-engage. WHWSS services that were integrated into a broader women’s wellbeing service were also able to open the door to women who did not initially present with DFV-related issues.

Multiple referral pathways from a variety of providers and the ability to self-refer enhanced women’s access to WHWSS. Making the referral process easy for women at multiple ‘entry points’, from immediately post-crisis to any time women felt ready to seek support, greatly reduced barriers to accessing longer-term recovery services.

Making women feel welcome, comfortable, and safe from initial contact and throughout their time with the service was a core ethos of WHWSS providers. This ethos was extended to physical spaces, and some providers were able to deliver their services in separate spaces that were comfortable and welcoming. Particularly important was the creation of safe spaces where women could connect with other women and the WHWSS staff they were working with.

Building a trusting relationship with services requires women to see the value in the services offered, to feel that the service can help them, and to trust the staff they are working with. Fundamental to building a trusting relationship with women was the use of client-led, trauma-informed, empowerment approaches. The continuity of workers was also highlighted as important. This enabled clients to build relationships with workers and not have to tell their story multiple times.

Affordability is a key issue for women recovering from gender-based violence, and the WHWSS was free for most services (sometimes there were minimal charges for workshops facilitated by external providers). The easy access to free counselling and no limitations on the number of sessions (for most services) to address women’s psychoeducational and therapeutic needs was highly valued. Some WHWSS providers also minimised the indirect costs incurred by clients when attending their services through the provision of petrol vouchers, child minding during sessions, and outreach services that visited the client’s home or other convenient locations nominated by the client.

Identifying and supporting women's recovery needs

As women require different services at different times, the WHWSS providers endeavoured to develop a flexible, tailored approach to support the needs of women (and their children). Three main service responses were identified across the WHWSS providers: case management; counselling; and facilitation of programs and workshops.

- 1 The case management approach** supported women to identify their needs and goals and to work towards achieving those through the provision of relevant information (including psychoeducational information about DFV), referrals to appropriate services, coordination where multiple services are required, and advocacy support to access and navigate systems.
- 2 Long-term therapeutic counselling** was a critical service offered for women recovering from DFV, given that for many the experience of DFV has also been long-term, resulting in complex post-traumatic stress disorder (PTSD).
- 3 A range of group programs/workshops** helped women to build community supports and social networks—directly addressing the social isolation and self-esteem impacts of DFV on women, and building confidence and skills to re-enter the workforce where appropriate.

Good practices in identifying needs of women and children, and developing plans to meet needs

- Working with women to identify their needs, goals and priorities and clear steps/pathways to achieve goals;
- Advocacy, case management, and counselling approaches that empower women to identify their needs and to plan and achieve their goals, building women's confidence and agency;
- Regular review and check-in with women about emerging needs; and
- Collaborative working relationships with other services enables a wider offering of services and supports that clients may benefit from.

What works well to support women's recovery

A holistic approach that provides women with a range of supports (from practical, educational, social supports, and skills development to therapeutic healing) is critical for supporting women's recovery from gender-based violence. The following identifies **good practices** that work together as a system of support for women's longer-term recovery:

Understanding the complex dynamics of DFV and its impacts is important for relating to clients' experiences; understanding risks and working with clients in an empowering way to develop safety plans; and to identify appropriate support and treatment options. Achieving long-term health and wellbeing for survivors of DFV is dependent upon treatment options that consider the pathway between DFV and the development of mental health conditions, as compared to standardised treatment options that have a more general mental health focus.

Delivering trauma-informed services is critical given that survivors of gender-based violence have an increased risk of developing complex-PTSD, and trauma-informed interventions play an important role in recovery programs (Ferrari et al., 2016; Hegarty et al., 2017).

Providing holistic support with plans tailored for individual women that are flexible, free, and provide 'client-centred' long-term support and seamless transition between services.

Staff with a DFV lens are able to incorporate continual risk assessment into their practice and support women to develop safety plans for themselves and their children, including processes for dealing with crisis situations and navigating legal processes.

Case management approaches that empower women to identify their needs, plan and achieve their goals, and build confidence and self-esteem to access and navigate services themselves.

Therapeutic counselling approaches to recover from trauma to address complex-PTSD, including increasing understandings about the impact of trauma on the brain and the body; and practical strategies to manage symptoms, regulate emotions and begin healing. Connecting women to support networks (professional and social) helped women to sustain longer-term wellbeing after they had finished counselling.

Empowerment approaches and psychoeducation to increase women's understanding about the dynamics of

DFV and how it impacts on their own decision-making and behaviour. Such approaches provide knowledge and self-awareness around healthy relationships, help clients to build confidence and self-esteem, and support them from going back into a violent relationship.

Enhancing women's social and economic independence through access to a range of group programs and social activities that enable women to develop confidence, self-esteem, and build connections and support networks; as well as the provision or referrals to programs that help women develop confidence, skills and knowledge to enable them to [re] enter the workforce.

Final considerations

The evaluation found an extremely high demand for the Women's Health and Wellbeing Support Services, confirming the need and value of service responses for women who have experienced gender-based violence. While WHWSS providers developed a range of place-based service delivery models, there were many common elements of good practice to support women's longer-term recovery. It is important to consider how these practices work together as a system of support and provide mutually reinforcing benefits for women.

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Shame and its Impacts

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To float untested theories on the motives of men who use violence is not usually the domain of academics, but more the writing of bloggers or activists. However, after years in the realms of talking to, reading about, and studying men who use violence against their intimate partners, I am taking some latitude in this commentary article.

I felt compelled to write this based on a concern that we do not seem to be advancing our understanding of what drives men's violence towards women. I also base it on the perception that others too want to advance our understanding in this domain. The control used by these men may be better explained as driven behaviours, rather than behaviours motivated solely by desire for control. Hence, I write this piece so that in some small way it opens the door for further exploration of answering the: 'What is going on inside these men?' question.

The commentary is firmly grounded in an attempt to explain, not excuse, the behaviours we witness in this often-fatal phenomenon. There is some risk in writing about men as more than 'one-dimensional control freaks' and being seen to offer excuses for their behaviour. Again, I do not seek to offer excuses. Rather, I contend that control as the sole motive for violence does not answer the question I posed above. Why not? Because in my mind the desire for control does not explain the cruelty.

This cruelty that I have read about in cases of domestic and family abuse and outrageous acts that make the mainstream media is, in my opinion, an extreme representation of *resentment*. In this brief article I will argue that we need to consider the interaction of impoverished early life experiences, the tight constraints of masculinity, toxic and shame-ridden childhoods and a limited repertoire of 'acceptable' feelings. I suggest that as a result, some men can end up *resenting* and punishing their partners because of the *power* their partners hold in negotiating access to intimacy.

The more I think about the impact of shame hardening through the life of boys, the more difficult it becomes to discount its influence. By this I mean toxic shame, which is generally accepted to be the result of varying degrees of physical mistreatment, psychological maltreatment, neglect, injustice, or abuse in which a young person through their developmental years, internalises the abuses towards them as something being intrinsically wrong with *them* (Garbarino, 1999).

The central belief of any person experiencing shame is that they are not worthy of love or connection (Brown, 2012). Shame, as renowned researcher Brene Brown explains, can be organised by gender and is an emotion that for men, can be underpinned by the expectation that he never be seen as *weak*. This impossible expectation, reinforced primarily by other men, can keep a man pinned in by the perception that to be a 'real' man you need to "stop feeling, start earning, put everyone in their place and climb to the top or die trying" (Brown, 2012, p.107).

For those boys unlucky enough to be socialised in families in which shaming and toxic criticism are the norm, the road to self-acceptance and belief in their own worth can be long and challenging. Brown (2012, p. 92) explains that “shame is a sense of being wrong. Not doing wrong but being wrong”. It was therapist John Bradshaw who coined the term toxic shame in his book *Homecoming*, in which he describes that people living with toxic shame, “feel fundamentally disgraced, intrinsically worthless, and profoundly humiliated in their own skin, just for being themselves” (Bradshaw cited in Garbarino, 1999, p. 58).

Shame is difficult to talk about, and to describe, by those experiencing it, but this emotion coupled with rigid and fear driven beliefs about masculinity, potentially places young or emerging men in the path of impossible expectations of being masculine while feeling fundamentally flawed.

In her book *Daring Greatly*, Brown (2012) cites US research on the attributes that are associated with masculinity. Data drawn from population surveys and other sources show that winning, emotional control, risk-taking, violence, dominance, playboy, self-reliance, primacy of work, power over women, disdain for homosexuality, and pursuit of status emerge as the cultural expectations of masculinity (Brown, 2012, p.107). While acknowledging some US to Australian variance in these factors, I suggest that it is not too much of a stretch in seeing these attributes as adding weight to the impossible expectations handed to the shame-crippled Australian young men as they form their early intimate relationships.

Shame avoidance

Could shame avoidance be a unifying factor of controlling and abusive men? And regardless of cultural and life experiences, could shame affect the human experience universally? If so, then I posit that potentially one of the efforts to avoid the impact of shame is in men’s micromanagement of their intimate partners to avoid rejection, primarily sexual rejection.

Let me explain my thinking.

As a shame-crippled young person moves into relationship, they would find the powerful connection of intimacy as a representation of self-acceptance and worth. Drawing again on some of Brown’s qualitative research (2012), in a discussion about intimacy, male participants reflected views quite different to the perception of them being in control, self-assured or dominant. Intimacy, they indicated, reflects a lot of self-doubt and uncertainty as summarised “when it comes to sex, it feels like our life is on the line; do you love me? do you care about me? am I good enough?” And to have sex, to find a partner willing to be intimate, can result

in a man feeling “more worthy, standing a little taller and believing in yourself a bit more” (Brown, 2012, p. 102).

The sense of acceptance and confirmation of worth that intimacy provides is profoundly moving, but that connection does not come without risk. Rejection is deeply painful and even for those in committed and equally gratifying relationships “sexual rejection becomes the hallmark of masculine shame” (Brown, 2012, p.103).

For those negotiating the storms of shame in intimate relationships connection becomes a nightmare of navigation, where negotiation and consent are required to access that beautiful experience. For some men “sex is terrifying” (Brown, 2012, p.103), and the potential for sexual rejection, ever present.

From here the young man learns and understands there is risk

Travelling alongside with these realisations of the emotional risk is the understanding of the difference in the power dynamic. “Yes, she has the power to grant access to ‘worthiness’, but as a man I am bigger, stronger, more convincing, more intimidating, more relentless, more resourced, more socially sanctioned”... and from here the budding abuser starts to contemplate the notion of *taking, not asking*.

Early expressions of this *taking, not asking*, could be more forceful sexual desires and the demand for more expressions of his dominance and power. Coupled with access to pornographic images of women consenting under pressure, but acting like they are enjoying the dominance, the masculine attributes of dominance and power over women may be further reinforced. As this tactic of *taking not asking* takes root and their partner’s resistance (*it hurts; stop; it is not pleasant for me*) potentially becomes less of a concern, at a certain point for some, all negotiation is abandoned. The sense of ownership prevails and the belief that his needs override that of his female partner morphs into what we see and term as *entitlement*.

The budding abuser’s internal narrative of being entitled to have access to their partner’s body takes hold. These justifications start to cloud out any empathy or emotionality of seeing their partner in distress. And so, the seeds of cruelty take root. If cruelty is related to resentment, what then does he resent? Surely, she is the source of his comfort?

He could resent being put in touch with his own vulnerability and shame - something he works hard to hide, ignore, and deny.

“

The control used by these men may be better explained as driven behaviours, rather than behaviours motivated solely by desire for control. Hence, I write this piece so that in some small way it opens the door for further exploration of answering the: ‘What is going on inside these men?’ question. ”

He could resent the power his partner holds to say “no”.

In the drive to be “more worthy, stand a little taller”, coupled with a sense that he is entitled to her body, he could resent that he must ask her to consent to intimacy (Brown, 2012, p.102).

To guarantee sexual access, to avoid sexual rejection, and to negotiate the terror of sex requires a clear representation of the stakes involved and the risk his partner takes by withholding that access. As well known, the violence increases in intensity and frequency as the relationship degenerates to overcome the protective and safety factors adopted by the victim/survivor - victims report that sexual assault often follows other serious assaults. A victim’s fear, the hallmark of abusive control, is established and where fear is evident, free consent is not possible.

Sex can never safely be denied because his female partner/victim now has a sense that there is potential for real and significant harm to herself or to anything she values. Sex also becomes a vehicle to calm the *frightened and frightening ‘boy’*.

Pathological jealousy explodes and becomes a significant risk factor as the victim/survivor tries to counter the abuser’s irrational belief that she is willing to share that precious thing (her body) with another. To illustrate the risks, Queensland Domestic and Family Violence Death Review and Advisory Board (QDFVDRAB) Annual Reports consistently show the contribution of jealousy to the death of female intimate partners. These reports show *sexual jealousy* as a feature in over 50% of the cases of intimate partner lethality reviewed. (QDFVDRAB Annual Report 2016-17, p. 47; QDFVDRAB Annual Report 2017-18, p. 49; QDFVDRAB Annual Report 2018-19, p. 63). These records are, I would suggest, an under-

representation of jealousy’s contribution to the decisions to take the life of their *‘unfaithful’* intimate partner. The risk assessment tool being used in Queensland’s High-Risk Teams (HRT) - Risk Assessment Tool- Level 2- positions *sexual jealousy* as a lower order consideration in a list of risk factors necessary to refer a case to the HRT. I suggest that this potentially contributes to a risk underestimation. (Queensland Domestic and Family Violence Common Risk and Safety Framework, 2017, p. 74)

Jealousy and possessiveness fuel resentment. The irrational focus of that resentment is not on other men, it is on their partner. The feverish extent to which women are monitored or followed, and the relentless accusations of infidelity, are hard to explain as simply the *control motive*. This sounds more like a man who feels his “life is on the line” (Brown, 2012, p.102).

This dangerous, insecure, and vulnerable man

This abuser then becomes a deeply insecure and potentially very dangerous man, terrified by his own vulnerabilities, with irrational anger and resentment driving actions that are, quite frankly, incomprehensible and cruel. The violence extends way beyond tactics required to ensure compliance.

In many families, boys have not been granted access to a full range of emotions as they grow. They can be lost and frightened in their relationships and faking all those attributes that are supposed to define masculinity. Shame from *that* exposure as a ‘fake man’ is never far away. They never feel good enough measured against those impossible standards. The level of danger begins to increase by the degree to which their partner resists these models of masculinity and the degree to which those men are not willing to look at or release that world view.



To what degree these actions are conscious is not possible to ascertain. To be brought up in emotionally impoverished families, trying to negotiate feelings like jealousy, loss, fear, shame, and sadness - let alone talk about them - is potentially very frightening (Garbarino, 1999). If, as mentioned, the primary message these boys have heard as they develop into men is 'do not be seen as weak', then this emotional insecurity is also terrifying (Brown, 2012).

So, for these men who terrify their partners, the world is in fact fearful and frightening. Other men can call them out as *pussies*, for not having control of their women and challenge their masculinities. Their source of comfort and connection, the one place they can feel whole, complete and in control, *like real men*, now becomes too risky to negotiate, too risky to ask. The need feels primal and intense, the access fraught with potential to expose the frightened and 'out of control' little boy they have worked so hard to hide and protect.

Men negotiate their inner worlds all the time. Most find safe ways to examine the flawed models they have been given and discard the pieces that do not work. Sadly, others never do. It is tragic to consider that for some it is not until, perhaps, they are sharing an 8 x 10 with another desperate soul, locked away so as they cannot harm any more, that they take the time to examine their inner world.

For those men who find themselves using violently destructive and ineffective tools to manage their intimate worlds, the message is clear. Just like many of us have had to do at some point - that frightened little boy needs to hold himself to account and challenge those faulty models of impossible expectations. He needs to embrace his own vulnerability, heal his suffering, and soften, because, as Clementine Ford says, "it is not the role of women to absorb men's suffering" (Ford, 2015).

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