



Submission by
The Australian Association of Social Workers
Queensland Branch regarding
A Queensland Government Strategy to Target
Domestic and Family Violence 2009-2013

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December 2008

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Case studies are provided to demonstrate certain points throughout this submission, all identities have been changed and where permission has not been obtained the cases are compilations of direct case work experiences provided by social workers in the field.

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Executive Summary

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6,000 social workers throughout Australia. In addition to advocating on behalf of our members and the profession, the AASW has a long history of advocating for and on behalf of vulnerable groups in society. The social work profession is committed to social justice, self-determination, human rights and the pursuit and maintenance of human wellbeing. The principles and values underpinning the practice of social work in Australia are set out in the AASW Code of Ethics (AASW, 2000). This submission focuses on a number of the issues involved in domestic and family violence which the AASW believes must be considered and decided upon in the context of a strong ethical framework that gives priority to human dignity and worth and the pursuit of social justice.

The AASW commends the Queensland Government for its vision in developing a strategy to provide an integrated and holistic approach to addressing domestic and family violence in Queensland. There is clearly a strong national commitment to prevent and address domestic, family and intimate partner violence. Furthermore, there is a shared understanding that this form of violence can be prevented, which supports the Queensland Government's commitment to build an integrated holistic framework, whilst also emphasising the importance of alignment and synergy between all levels of government. In identifying the existing gaps in the current responses available in Queensland, the AASW sees this as a significant opportunity to strengthen and reconfigure current systems to work towards the prevention of violence and improve the effectiveness of responses to women and their children. We are committed to supporting the Queensland Government in achieving this important goal.

Consistent with the AASW's ethical and value framework, we argue for the need for a human rights perspective as a core guiding principle in the development and implementation of any prevention and intervention strategy. Furthermore, we recommend the Queensland Government consider adopting the ecological model as a framework through which to conceptualise and develop strategies necessary to achieve a multi-focal, multi disciplinary and comprehensive integrated strategy that addresses all levels.

Prevention:

The AASW proposes the following in relation to prevention:

- Developing strategies that are based upon the United Nations key guiding principles for promising practices in prevention.

- A clear commitment and articulation to zero tolerance towards violence as a fundamental underpinning principle.
- Addressing the continuum of issues associated with domestic and family violence as part of the strategy.
- Identifying and strengthening existing initiatives and networks in regional, rural and remote communities as part of an integrated strategy, achieving greater cost benefits.
- Securing bi-partisan support and de-politicising strategies in recognition that a long term commitment is needed to ensure meaningful and sustained change. We see this as critical to the long term success of any strategy.
- Including the voices of victims and perpetrators and service providers is key to developing integrated strategies: accordingly, there is the need to identify and include peak advocate bodies for women, men and children and young people.
- Monitoring and evaluation of all prevention strategies.

Early identification:

In relation to early identification, the AASW recommends that:

- A strong empowerment based framework underpins service delivery to women, which involves giving women the choice about participation and the provision of sensitive, non judgmentally appropriate support options
- Including the following key components as necessary for effective antenatal and post natal programs: consistent, sensitive and non judgemental staff; the development of confidential and safe environments; the availability of appropriate resources and services to provide follow up for women wanting assistance; and evaluation of the effectiveness of the programs.
- All relevant staff involved in working with victims and perpetrators of violence receive appropriate and comprehensive training about domestic, family and intimate partner violence. This needs to be a core unit in undergraduate courses for all relevant disciplines, including, but not limited to medical, nursing, allied health, social work, police, lawyers, psychologists, teachers. For existing staff, that this includes initial and ongoing professional training programs, practice forums, web based practice tools and information kits. Fundamental is establishing a core level of understanding and skills among all relevant service professionals and volunteers, to ensure personnel are skilled to identify and respond to cases of domestic, family and intimate partner violence. This is crucial to the effectiveness of any strategy.
- In developing an early identification risk assessment process, this uses a combination of risk based and response based models and importantly, that the very process causes no further harm to women.

Connecting services:

In relation to connecting services, the AASW:

- Supports the suggested strategy to develop Case Coordination Teams, seeing these as potentially providing an effective model for ensuring collaborative and holistic service delivery. We would also recommend the inclusion of the Queensland Sexual Assault Network and representatives from the Justice/Corrections sector.
- Supports the strengthening of existing service networks with the view that these local networks have a seat at each Regional Case Coordination Team, representing the local level services; with appropriate executive level representatives being included at the Statewide Coordinating Committee level.
- Recommends the development of cross sectoral Memorandums of Understanding to facilitate the relationships and information exchange.
- Recommends the inclusion of a discrete section to the *Domestic and Family Protection Act 1989* to provide appropriate powers and principles for ethical information exchange to promote effective service delivery coordination, similar to *Chapter 5A, Service delivery coordination and information exchange (Section 159)* of the *Child Protection Act 1999*. This reflects that key to connecting services and seamless service delivery is effective information exchange between services.
- Supports the development of a Statewide risk assessment framework to ensure greater consistency in service delivery experiences for clients. Importantly, risk assessment process must actively include the women in the decision making process; include the capacity to consider and assess the risk of cumulative harm; be client focused and flexible to respond to the individual needs and wishes of the woman; be culturally sensitive; and avoid being overly prescriptive, allowing the professional to use their practice wisdom and expertise, in consultation with the women's needs to make evidence based decisions.
- Advocates that the development of culturally appropriate risk assessment tools, processes and practices as central to the provision of effective service delivery to meet the unique needs of each woman
- Advocates that fundamental to the effectiveness of risk assessment is having skilled staff with an appropriate level of understanding of domestic, family and intimate partner violence and therefore, we strongly support the need for comprehensive training initiatives.
- Recommends consideration of existing national approaches and their evaluations to inform the development of an effective and evidence based Queensland risk assessment framework.
- Endorses services that are able to develop supportive and empowering relationships with women, to provide ongoing, client focused and flexible support services to achieve sustainable and meaningful outcomes, recognising the inadequacy of a 'one size fits all' focus.

- Recommends the development of a comprehensive safety assessment process to facilitate the risk assessment process in determining the most appropriate safety options.
- Draws attention to the importance of access to appropriate services and resources to meet the needs of women and children and work with perpetrators to be able to achieve sustainable and meaningful changes, particularly in rural and remote areas where services are already struggling to meet demand,
- Supports the importance of improving the justice system response and highlight the need for cultural shifts about how violence is perceived and the criminal justice processes to achieve better outcomes.
- Recommends the need to shift from a paradigm that sees the mother as solely responsible for the safety of the children during any family violence, challenging unrealistic expectations placed on women in these circumstances and re-balancing expectations to ensure perpetrator accountability. Our experiences are that, in general, where the mother is appropriately supported or assisted to be safe, so too will she ensure the children are safe.

Perpetrator accountability:

The AASW recommends that:

- The Queensland Government explores existing service models in consultation with men's service providers, representatives from women's domestic violence services, specialist researchers and academics in order to develop a service system that is consistent with best practice models nationally and internationally.
- Central to preventing and addressing domestic, family and intimate partner violence is developing a shared understanding and commitment to the principle that perpetrators be held responsible for any act of violence they commit and take responsibility for their actions.
- The Queensland Government develops family focused intervention programs to rebuild relationships, where the wife/partner and children can be involved along with the perpetrator, where the family want to remain intact.
- The Queensland Government develops a set of minimum standards of practice for work with violent men and that these standards cover the very different work that is done with statutory (incarcerated men), mandated (court ordered or ordered by Child Safety) and non-mandated (voluntary) clients.
- The Government consults widely with women's and men's service providers (urban, rural, regional and remote) in the development of such standards and that these also include work with cultural and linguistic diverse groups and Indigenous populations.

System planning and coordination:

The AASW strongly supports the following initiatives:

- The creation of an inclusive cross sectoral State-wide domestic and family violence coordination unit.
- The development of Regional Coordinator positions to work on establishing linkages between services and ensuring the unique needs of individual communities are met.
- The development of Domestic and Family Violence Homicide Review Board.
- A review of the *Domestic and Family Violence Protection Act 1989* is a necessary adjunct to the development of any integrated strategy to ensure consistency and alignment.

In addition, we:

- Encourage the Queensland Government to explore synergies with the existing Child Safety Directors' Network and the benefits of establishing links.
- Recommend developing a robust strategic evaluation and research plan as fundamental to determining whether we are successfully reducing the violence against women. The cost benefits of doing so cannot be underestimated.
- Suggest the Queensland Government explores linkages with national research initiatives as means of collecting comparable data in a cost effective manner.
- Support and encourage a paradigm that places accountability with those who perpetrate violence and does not seek to further abuse or marginalise victims. Central to this approach, is ensuring that the use of language in all strategic, practice, promotion and media reports, is appropriate and absent of labels or tones that create the perception that violence is mutually perpetrated.
- Highlight the importance of understanding and addressing the presence of co morbidities and multiple stressors as part of any holistic and comprehensive strategy. The significant impact of systemic, political and social factors on Indigenous communities, and in particular the contribution to the perpetuation of violence has been recognised. Addressing these systemic level factors is essential to any holistic strategy.
- Advocate for the need for a focused commitment and proactive approach to challenging and addressing the underpinning structural factors that perpetuate violence against women: that is, gendered power inequality and existing structures that reproduce men's violence. This requires a critical review of the paradigm of gender mainstreaming and move back to a gendered-based analysis.

The AASW welcomes the opportunity to put forward this submission and we look forward to a safer Queensland for all.

Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6,000 social workers throughout Australia. In addition to advocating on behalf of our members and the profession, the AASW has a long history of advocating for and on behalf of vulnerable groups in society.

The social work profession is committed to social justice, self-determination, human rights and the pursuit and maintenance of human wellbeing. The principles and values underpinning the practice of social work in Australia are set out in the AASW Code of Ethics (AASW, 2000). This submission focuses on a number of the issues involved in domestic and family violence, which the AASW believes must be considered and decided upon in the context of a strong ethical framework that gives priority to human dignity and worth and the pursuit of social justice. The AASW has a nationwide committee of experienced practitioners and scholars in the health, welfare and community sectors who have participated in the development of this submission.

The AASW commends the Queensland Government for its vision in developing a strategy to provide an integrated and holistic approach to addressing domestic and family violence in Queensland. The lack of coordination across government, non government and within government agencies are acknowledged as a considerable impediment to achieving meaningful and sustained responses and change for this complex area. We note and strongly support the articulated need for *“agreed protocols and codes of practice, joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem”*. It is only by sharing a common commitment and having an integrated and coordinated response that we can hope to prevent, reduce and appropriately respond to domestic, family and intimate partner violence, thereby reducing the human and financial burden this has on our community.

Further, the AASW supports the commitment of the Queensland Government to examine models such as death review boards as a means of identifying system strengths and areas of improvement that can result in improved system responses and the prevention of the escalation of domestic and family violence incidents. In identifying the existing gaps in the current responses available in Queensland, the AASW sees this as a significant opportunity to strengthen and reconfigure current systems to work towards the prevention of violence and improve the effectiveness of responses to women and their children. We are committed to supporting the Queensland Government in achieving this important goal.

According to the United Nations Declaration of the Elimination of Violence against Women (DEVAW), violence against women is *“a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention for the full advancement of women”*. Moreover, violence against women needs to be understood as *“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”* (United Nations General Assembly, 2006, pp. 15-16). In defining violence generally, the World Health Organisation (WHO) includes the term *“intentionality”*, which associates the intent to use violence with committing the act itself (WHO, 2002). This is an important inclusion when conceptualising domestic, family and intimate partner violence as it recognises the intent to commit the harm. A further dimension to understanding domestic, family and intimate partner violence is that there is a continuum of violence that includes economic, psychological, emotional, physical and sexual violence, none of which are mutually exclusive. Moreover, domestic, family and intimate partner violence often occurs over time: it is not usually a one off incident, therefore, the cumulative effects of the devastating effects of violence on women, partners, children and extended family networks are profound. The range of effects on the population have been widely reported on over a number of years, with much research to suggest the most appropriate response being a thoughtful, proactive and informed one.

There is international agreement that violence against women is a form of discrimination and violation of their human rights (United Nations General Assembly, 2006). A human rights perspective provides a consistent platform for conceptualising and working towards addressing and preventing the devastating effects of violence on women internationally. As a professional body, the AASW subscribes to the principles of the United Nations Universal Declaration of Human Rights and associated declarations, and this underpins our guiding values and principles.

Accordingly, the United Nations has developed clearly articulated expectations that States have the obligation to *“respect, protect, fulfil and promote human rights with regards to violence against women encompasses the responsibility to prevent, investigate and prosecute all forms of, and protect women from, such violence and to hold perpetrators accountable”* (United Nations, General Assembly, 2006, p. 73).

At a national level, the Federal Government has embraced and supported the Declaration on the Elimination of Violence Against Women (DEVAW) and the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW) and more generally, the Human Rights treaties. In working towards this, the Federal Government established the National Council to Reduce

Violence Against Women and Children (NCRVAWC) in 2008. Two key roles of the Council are: national leadership and prevention. Importantly, a key guiding principle has been the recognition that Australia must adopt a zero tolerance attitude to violence against women and children. Two significant steps have been taken by the Federal Government and NCRVAWC, both announced on 25 November 2008, the International Day for the elimination of violence towards women. On this day, Australia formally moved to become a party to the Optional Protocol to the (CEDAW), According to Minister Plibersek, *“Acceding to the Optional Protocol will send a strong message that Australia is serious about promoting gender equality and that we are prepared to be judged by international human rights standards”* (Commonwealth Government 2008a).

Coincidentally, the White Ribbon Foundation Report: An assault on our future: The impact of violence on young people and their relationships was released on 25 November 2008, focusing on the impacts of violence on children and young people and the long term consequences. The report highlighted the importance of a coordinated, whole of government strategy that encompassed and considered all tiers of government. A key recommendation of the report was that *“Vastly increased efforts need to be made, and resources mobilised, at a national, state, and local levels, in the areas of primary prevention of violence against women and girls, with a particular focus on children and young people”* (Flood & Fergus, 2008).

Furthermore, 25 November 2008 saw the launch of the Australasian Policing Strategy on the Prevention and Reduction of Family Strategy, incorporating Police Commissioners from every State and Territory and New Zealand recognising the need for consistency in responses, practices and policies to proactively reduce the level of violence which leave so many women, and children, hurt, traumatised, and in many cases, disabled or dead (7.30 Report 25/11/2008; Commonwealth Government, 2008b; NSW Police Force, 2008; Rollings & Taylor, 2008).

A consistent theme running through all of these initiatives has been the high cost of violence within our society. The statistics are sobering: from a financial perspective Access Economics puts the total cost of domestic and family violence to the Australian economy as \$8.1 billion in 2004, as noted in the briefing paper (Access Economics, 2004). It is important to recognise that this figure does not capture the total economic cost, for we cannot ever truly estimate the cost of lost potential, human life and suffering (CCYPCG, 2008; Data Analysis Australia, 2007; Dearden & Jones, 2008; Partnership Against Domestic Violence, 2003; Walsh, 1999).

The recent national initiatives support the Queensland Government’s proposed aim to develop an integrated strategy to prevent and address domestic and family violence, and provide a useful platform from which to build a comprehensive and holistic strategy. Clearly, there is widespread

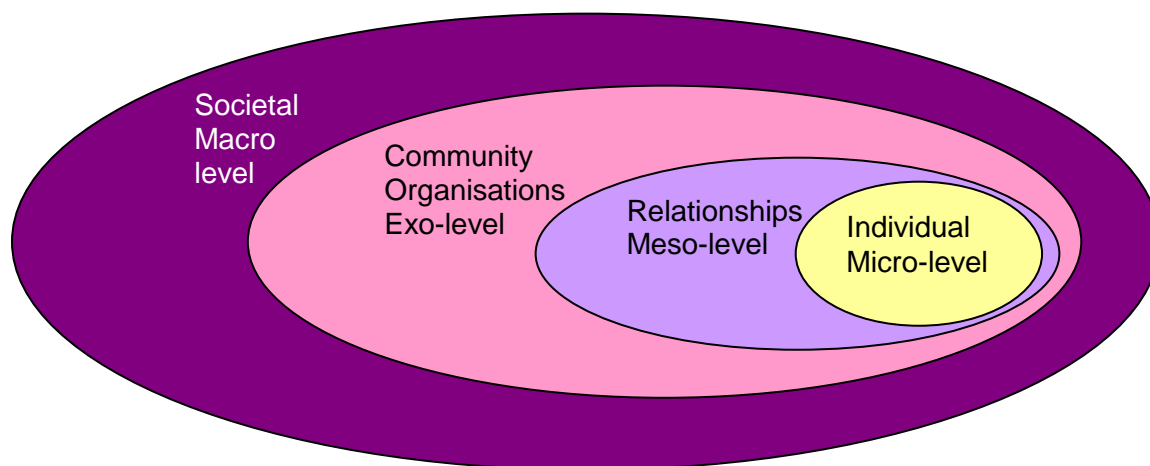
commitment at a national and State and Territory level to actively work towards preventing violence to women and children, including consistency in the guiding core principles. Harnessing this and working towards achieving alignment and synergy between State, Territory and national strategies, could provide cost saving benefits for some of the universal and targeted initiatives.

Such an approach is consistent with the World Health Organisation (WHO), which suggests the adoption of a set of principles of good practice, accumulated over time by the collective experiences of service providers, advocates and researchers. At the top of the list is addressing violence at both a national and local level, further underlying the importance of consistency and collaboration (WHO, 2002, p. 110).

The AASW argues strongly that any integrated strategy developed by the Queensland Government adopts and articulates as core underlying principles, the United Nations Declaration on the Elimination of Violence against Women and the Convention of the Elimination of all forms of Discrimination against Women. In particular, that there be explicit commitment to a human rights perspective that articulates as a core principle, that violence against women and children is a violation of their human rights. (HREOC, 2007; United Nations General Assembly, 2006, p. 80). Such an approach has been strongly advocated by the Australian Human Rights Commission in relation to Indigenous Australians and we argue that this needs to be extended across the whole of our society (HREOC, 2007).

In developing an integrated prevention and intervention strategy, we suggest that that it would helpful to first clarify and articulate the framework, or underlying conceptual model which will guide and inform this. An ecological approach provides an holistic framework, integrating the multiple factors and levels of systems which impact on an individual. By recognising these factors and analysing the interrelationships between the different levels and systems, the model provides an holistic way of considering and understanding the complexity of domestic, family and intimate partner violence. An ecological approach demands we focus on each interconnecting level: from the individual or micro level, through to the macro system, which includes underpinning social values and beliefs, particularly in relation to gender inequality, power imbalances and gender socialisation (Besthorn & Pearson McMillan, 2002; Bronfenbrenner, 1979; Bronfenbrenner & Mahoney, 1975; Heise, 1998; Pecora et al., 2000; VicHealth, 2007, WHO, 2002). Of particular importance is its helpfulness in conceptualising and developing strategies that target the multiple layers involved, to achieve a multi focal, multi-disciplined, comprehensive integrated strategy (Heise, 1998; VicHealth, 2007). An ecological model for conceptualising violence against women was proposed by Heise (1998) and has been adopted by the World Health Organisation (WHO, 2002) and more recently, VicHealth as part of its prevention strategy (VicHealth, 2007).

Figure 1: An ecological approach to conceptualising and understanding violence



(Adapted from Heise, 1998 & WHO, 2002)

Individual level – this consists of the “*the pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting*” (Bronfenbrenner, 1979, p.22). These experiences shape individuals’ responses and can include: personal experiences of witnessing or living with violence as a child and parental inter personal conflict.

Relationship level – this reflects the relationships between the individual and others.

Community/organisational level – these reflect the formal and informal structures that impact on a person. The exosystem consists of “*...one or more settings that do not involve the developing person as an active participant but in which events occur that affect, or are affected by, what happens in the setting*” (Bronfenbrenner, 1979, p. 237).

Societal level – all three levels are nested within the broader social culture and subculture and the underlying belief and value systems and ideologies of the society, for example, attitudes towards violence and women. Extrapolating from the ecological approach to child maltreatment, what happens within the micro and exo systems of women who experience violence is “*...invariably influenced by prevailing cultural attitudes and values, as well as historical changes, which form the macro system... of domestic, family and intimate partner violence*” (Belsky, 1980, pp. 329-330).

It is from an ecological and human rights perspective that we respond to the specific components of the consultation document.

1. Prevention (a focus on healthy relationships)

Do you think the proposed initiatives would effectively address the prevention of domestic and family violence?

The AASW strongly supports the Queensland Government's proposed primary prevention strategy, recognising the human and economic costs of failing to prevent and reduce the incidence of domestic, family and intimate partner violence are too high to sustain. There are a number of models in Australia and overseas of well developed frameworks to guide the primary prevention of violence against women (United Nations General Assembly, 2006; VicHealth, 2007; WHO, 2002). The Victorian prevention strategy, released in 2007, illustrates how the ecological approach can help to map a comprehensive and targeted strategy to address all the "*embedded levels of causality*" and their interrelationships (VicHealth, 2007, p. 27). Benefits identified by the Victorian Model in using the ecological approach in developing a prevention strategy were that it:

- accounts for the complex factors implicated in violence and the interactions between them;
- shifts attention away from single-factor explanations;
- draws on, and integrates the contributions of a range of disciplines, all relevant to this area.

Consistent with the ecological approach, a human rights perspective is essential to conceptualising how domestic, family and intimate partner violence can be addressed and where to focus prevention efforts on. The United Nations provides 11 key guiding principles for promising practices in prevention: the AASW recommends that these principles be embraced as a guiding framework overarching any integrated strategy; recognising that some of these principles are already evident in the consultation document and in existing initiatives:

- prioritise the prevention of violence against women in all policies and programs;
- allocate specific resources within all sectors for prevention activities;
- seek political support for sustained long-term investment in prevention;
- develop prevention strategies that address the causes of violence against women, in particular, the persistent and gender-based stereotypes;
- outline clear objectives, defining what prevention strategies are seeking to change and how, and put in place a process of monitoring and evaluation;
- ensure that the perspectives and voices of women, particularly victims/survivors, are central to the development of prevention strategies;

- work with a cross section of stakeholders to build inclusive and effective strategies;
- engage with men and boys proactively in strategy development and implementation for the prevention of male violence against women;
- highlight the fact that violence against women is unacceptable and its elimination is a public responsibility;
- promote women's safety; and
- ensure that prevention efforts are holistic, taking into account multiple discrimination and connect wherever possible with other key issues for women, such as HIV/AIDS (United Nations General Assembly, 2006, pp. 96-97; VicHealth, 2007, p. 21).

Sustained social marketing campaign

The AASW strongly supports the development of enhanced universal prevention strategies. There is a strong body of research that emphasises the importance of well developed prevention strategies to help circumvent the tragic and traumatic effects of violence within families (Emerson, 2000; Gauntlett, Hugman, Kenyon & Logan, 2000; National Crime Prevention, 1999; Henderson & Reid-Howie Associates, 2002). Moreover, greater emphasis on well developed and successful prevention programs can mitigate the level of demand for tertiary level services that women and children have to access. This has a number of benefits, most importantly, for the wellbeing and safety of the victims of the violence; but also, the cost of dealing with the consequences of violence for both the victim and the perpetrator (Fonagy, 2001, United Nations General Assembly, 2006). Any prevention initiatives need to address the continuum of the complex range of issues involved in domestic and family violence, sending a clear message that violence and aggression are not acceptable. Embedding this in a well developed universal strategy aimed at the total population, has the benefit of being non-stigmatising or labelling of specific individuals, and therefore has greater potential to reach a wider audience. Successfully achieving this is fundamental to achieving the level of cultural and social change about gendered attitudes that is required.

Zero tolerance to violence

Currently missing from the Queensland Government guiding principles is a clear articulation of a “*zero tolerance*” attitude towards domestic and family and intimate partner violence and more generally, violence in our community. Commitment for zero tolerance as a guiding principle at every level of government is key to the Queensland Government being able to take a strong leadership role in the prevention of domestic, family and intimate violence.

The work of the Zero Tolerance Charitable Trust in Scotland provides an example of an effective prevention and education campaign that can be drawn upon to inform current strategies. The Trust operates from a primary prevention approach, challenging society's attitudes and values and the structures that sustain inequality and male violence against women and children. Three core and clearly articulated principles underscore the work of the Trust, consistent with the UN guiding principles of promising practice in prevention:

- Prevention – the active prevention of crimes against women and children;
- Provision – active provision of a range of quality services for women and children;
- Protection – appropriate legal protection for women and children experiencing male violence (<http://www.zerotolerance.org.uk/>).

The Zero Tolerance "Respect" program provides an excellent example of a targeted prevention program aimed at educating young people to achieve changes in gendered attitudes towards the acceptability of violence towards girls and women. The "Respect" program developed curricular activities for schools, comprising a comprehensive teaching resource with a range of interactive games, puzzles, history and discussion, focused on encouraging young people to explore gendered stereotypes, discrimination, power and the abuse of power, communication in relationships and how they themselves can become active in making a positive contribution to their community. The program was successfully piloted in 2001. Respect packs were developed with the input from teachers, youth workers, health promotion specialists and young people to ensure the information spoke to the particular audiences. The aim of the packs is to empower young people with useful knowledge, skills and understanding and promote positive, non-violent relationships based on equality and respect. These were piloted separately and the independent evaluations were very positive, finding a majority of teachers and young people enjoyed the program and believed they had learned more about respect, communication, equality, power, violence and abuse. Furthermore, these evaluations recommended that primary prevention programs, ideally approached from a school-wide perspective, should be implemented in both primary and secondary schools (Henderson & Reid-Howe Associates, 2002; <http://www.zerotolerance.org.uk/>).

Complementing the school based program was a range of campaign materials including posters on bus sides and convenience advertising spaces across Scotland and England to coincide with the initial pilot projects. These provided a broader market in which to promote positive images of gender identity and tackle discriminatory attitudes amongst children and young people. This included. The messages of the campaign included:

"Respect Yourself, Respect Others, Respect Difference"

"Boys must always be tough, girls just need to be pretty. Says Who?"

Television campaigns

Well developed and considered television prevention strategies and campaigns designed for community attitudinal and behavioural change have been proven successful over a number of years in Australia. These campaigns have included seat belts (a major success as 20 years ago no one wore seat belts in vehicles), drink driving and speed kills.

The AASW supports the use of well developed media campaigns as a potentially powerful medium for addressing attitudinal and behaviour changes. We recognise that there have already been some well national developed television campaigns for domestic, family and intimate partner violence, "*Australia Says No*"; together with the recent advertisements aimed at Schoolies and their parents, which the Queensland Government could build on and expand. A zero tolerance towards violence campaign needs to be supported by clearly articulated, real penalties, necessary to deter perpetrators. As importantly however, is the need to emphasise the value that we, as a society place on women, children and our most vulnerable, who become victims of violence. This view is supported by the United Nations General Assembly, which argues strongly for prevention campaigns that proactively value women and children and promote equality in rights (United Nations General Assembly, 2006).

The AASW supports the Queensland Government's plan to develop targeted responses for particular audiences in addition to universal strategies. This ensures that the campaign messages are tailored to particular groups to elicit the greatest benefit. Consultation with the various identified target groups: young people; Indigenous people; older people; lesbian, gay, bisexual, transgender and inter sex (LGBTI) people; people from culturally linguistically diverse backgrounds (CALD); carers of people with disabilities; and also rural and remote communities would be helpful in determining the most appropriate and meaningful campaigns.

Targeting children and young people as victims of the violence between adults and within families is especially important given the body of research showing that a number of adults who are perpetrators of violence were themselves victims of violence as children. This is supported by the findings regarding adolescents who have become violent or aggressive towards a parent, in particular their mothers; and of male adolescent attitudes about the acceptability of violence and sexual assault against adolescent girls (Downey, 1997; FACSIA/7, 2007; Sheehan, 1997; United Nations General Assembly, 2006; 7.30 Report week of 17/11/08). The significant consequences to children who have experienced domestic and family violence are so profoundly debilitating that the AASW recommends this become a priority component of any campaign (Bath, 2008; Department of Education, Training and Youth Affairs, Partnership Against Domestic Violence, & National Crime

Prevention, 2000; Gevers & Community Management Services, 1999; Humphreys 2008; Mullender, Hague, Iman, Kelly, Malos, & Regan, 2002; Partnership Against Domestic Violence, 2000; Shonkoff & Phillips, 2000; United Nations General Assembly, 2006). Careful consideration is required regarding at what age to target children. The AASW is aware of a number of local and national programs that have already been developed and evaluated that address this issue in our primary and secondary school systems. We recommend serious consideration be given to adopt and fund a program that can be rolled out across the state as an integrated part of the education curriculum and not as an elective area.

Integrated campaign website

The AASW supports this as a potentially effective way of targeting specific groups of people, in particular, children, young people and their families in relation to domestic and family violence. The website has been recognised as an effective medium for communicating with various groups. Key to this is ensuring that any campaign and its delivery is sensitive and appropriate to the targeted groups. To this end, the AASW suggests that engagement with target groups will help increase the efficacy of any program. Moreover, ensuring such website campaigns are accessible to target audiences is critical to their success. There are a number of existing initiatives that have been evaluated, providing a strong evidence base about what works, which the Queensland Government can build on or strengthen in determining and developing integrated programs aimed at children and young people.

Bullying. No way!

Again, it is recognised that there are some established effective programs that could be built upon or strengthened as part of an integrated approach. For example, the existing national Bullying: No Way! Project provides an excellent example of a national initiative to address bullying in schools. A key component of the project is the interactive website (<http://www.bullyingnoway.com.au/>). The Bullying. No way! project is developed and managed by all participating Australian education authorities: State and Territory government education systems, the National Catholic Education Commission, the National Council of Independent Schools' Associations and the Commonwealth Department of Education, Employment and Workplace Relations. The project has been initiated and supported by Australia's Conference of Education Systems Chief Executive Officers (CESCEO) and the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) Student Learning and Support Services Taskforce through the project *Safe and supportive school environments: Finding workable solutions for countering bullying, harassment and violence in schools*. Funding comes from the State and Territory Government education

systems and the Commonwealth Department of Education, Employment and Workplace Relations. The work of the project is supported by teachers, parents, students, staff and curriculum officers throughout Australia.

The aims of the strategy are:

- To provide a nationwide resource of State and Territory approaches to minimising bullying, harassment and violence in schools.
- To develop a framework for sharing Australian school community solutions that work.
- To use technology and networks to make this information as accessible as possible to school communities.
- To make sure that all students can learn in a safe and supportive school environment.

Further examples of existing campaigns aligned with the proposed Queensland Government strategy include:

- The Expect Respect campaign, developed by Body Shop in consultation with the Domestic Violence Resource Centre Victoria (DVRC) in 2005. This included the Expect Respect Magazine, which talks about relationship abuse. In 2007, as a part of their Stop Violence in the Home campaign, the Body Shop launched a magazine talking about breaking the silence on relationship abuse, "Let's Air it Out" (<http://www.thebodyshop.com.au>).
- Bursting the Bubble website developed by the DVRC in Victoria (<http://www.burstingthebubble.com/>), providing specific support to teenagers experiencing family violence.
- Victoria funded 29 projects in 2007 as part of its strategy to provide sustained changes in policy and practice developments regarding violence against women with a primary aim to strengthen communities and organisations to create environments which create norms and values that support non violent norms and build respect and equitable gender relations (VicHealth, 2007b, p. 1). The projects were based on a review of the literature and research to ensure they were informed by the evidence. These provide a range of examples of diverse programs to meet the diverse needs within our communities.

As the Government is aware, Queensland is an ethnically diverse State; therefore, there is the need for culturally appropriate campaigns targeting specific groups. This is especially indicated given that Queensland has a number of residents from war torn and violence ravaged countries. In developing appropriate campaigns that are relevant for the various CALD residents within the State, the AASW recommends engagement with relevant community based organisations and non government services, such as the Ethnic Communities Council of Queensland, Youth Affairs

Network of Queensland, together with Multicultural Affairs Queensland to ensure targeted and effective campaigns.

Domestic and family violence has been a significant issue for many Indigenous communities, with particularly complex historical and social roots. Once again, the AASW strongly supports the need for campaigns that target Indigenous people in way that is culturally appropriate. To successfully achieve this, engagement with Indigenous elders, young people and current service providers can help to ensure relevant, culturally sensitive and meaningful campaigns. Partnerships Against Domestic Violence funded a number of pilot programs to address this issue in Indigenous communities, which could be drawn upon in consultation with local communities (Blagg, 2000).

Given the diversity of the target audiences, it is suggested that any campaign initiatives be sufficiently culturally diverse, providing advertisements, written information and websites in a range of languages, including Indigenous languages, and using existing multicultural and Indigenous television communication mediums such as SBS and IMPARJA.

Practical initiatives to drive grassroots level

The AASW supports the development of practical initiatives to drive action at grassroots level. This recognises the importance of building capacity and thereby, empowering communities to be proactively involved in addressing the complex and multifaceted issue of violence. The proposed strategies of: community engagement grants for local initiatives; community development to build capacity are strongly supported.

To enhance the success of such practical initiatives, the AASW also suggests the following:

- Securing bi-partisan support and de politicising strategies to reduce violence against women and children are critical to achieving the level of cultural change necessary in our society, recognising the ingrained nature of attitudes that require change. Bi-partisan support for grants for initiatives will ensure that funding is not contingent on changing political agendas and acknowledges that sustained and meaningful change is a long term commitment.
- Alignment of community grants with the Statewide strategy, whilst ensuring they have the flexibility to provide a localised focus, according to the needs of their communities. Including an evaluative component attached to any grants to allow for measurement of the success of the programs is important as is standardising data collection across the State to facilitate consistency and reliability.
- Identifying all relevant local, State and Commonwealth Government funded programs and initiatives in Queensland, to ascertain gaps and areas that require strengthening, to avoid

duplication, consistency of principles and to prevent situations of unrealistic demands and pressure being placed on particular communities. For example, it is recognised that in some rural and remote communities, responsibility for addressing domestic and family violence, and other social issues often rests with the same people. The risk of burn out is high for staff, thus reducing their capacity to deal at an optimal level with their clients and the complex needs that work in this area brings. This then becomes a serious Occupational Health and Safety concern for employers and a profound loss of expertise for the field.

- The AASW suggests that as part of any strategy for community development programs to build capacity for Indigenous communities, linkages be made with existing programs. For example, the work of the Child At Risk Action Network (CARAN), an integrated whole of government strategy being piloted in Far North Queensland and the Family Responsibilities Commissioners being piloted in four Indigenous communities.
- It is recognised that many regional, rural and remote communities have existing community action groups or community development activities. Again, it is suggested that any strategy builds upon and is inclusive of existing groups or initiatives, recognising their links and understanding of their communities, and strengthening these where appropriate, through adequate funding, resources and training.

The AASW supports the following Queensland Government's suggested options:

Materials, programs and strategies in schools: We suggest drawing upon the evidence of existing programs to inform the development of programs and strategies for Queensland schools.

Community engagement models: Key to successful prevention programs is the inclusion of the voices of women, men, children and young people, to inform and shape initiatives that are meaningful (United Nations General Assembly, 2006). Involving men has been identified as being critical to the effectiveness of *"transforming gender relations and to eliminate violence against women"* (United Nations General Assembly, 2006, p. 98). The White Ribbon Day Campaign, the International Day for the Elimination of Violence against Women, held on November 25 is one example of engaging with men to change attitudes towards violence. The AASW strongly supports the need for the Queensland Government to engage with men's groups and/or representatives across the spectrum of age, ethnicity and culture to ensure a well developed, targeted and meaningful strategy. We recognise that Queensland does not have a peak advocate body for men or children and young people in relation to family violence. It is therefore suggested that there be Statewide audit of men's services to identify existing initiatives and groups and as part of this, to identify the most appropriate body to partner the Queensland Government in developing and implementing this initiative.

Industry partners to introduce workplace policies on respectful relationships: The AASW supports the need for a total commitment at every level of government, seeing this as an important first step.

Sporting bodies: The AASW would like to highlight the AFL Respect and Responsibility strategy (2005), developed in partnership with VicHealth as providing another example of a specifically targeted prevention and education strategy for football players. The working group indicated a collaborative and consultative process involving key stakeholders such as Victoria Police, VicHealth, CASA Forum (Centre Against Sexual Assault), Victorian Institute for Forensic Medicine, Adolescent Forensic Health Service, Melbourne University Law School and input from the Victorian Statewide Steering Committee to Reduce Sexual Assault. The policy focused on working towards achieving cultural change within the AFL regarding attitudes towards women; one that emphasised gender equality, respect and the unacceptability of violence towards women. Interestingly, the AFL has implemented this strategy throughout the code, including the junior league. The AASW strongly suggests the implementation of similar strategies across the different sporting codes in Queensland.

Are there other, better ways to prevent domestic and family violence?

The AASW recognises that the Queensland Government is undertaking this broad consultation to help develop a comprehensive strategy to more effectively prevent and intervene in cases of domestic, family and intimate partner violence. We would suggest considering the following additional initiatives in developing this strategy.

- Strengthening and expanding the existing Ministerial Advisory Committee on Domestic & Family Violence (MACDFV) as a 'brains trust', along with relevant specialised researchers, academics, practitioners, in the field of domestic, family and intimate partner violence, to provide expert ongoing advice to inform the development and implementation of the Queensland Government integrated strategy.
- Key components to the success of the Victorian integrated domestic and family violence reform strategy was the inclusion of the relevant peak bodies, all of which were strong advocates for the sectors they represented: DV Vic (Domestic Violence Victoria) the peak body for women's domestic and family violence services; NTV (No To Violence) the Male Family Violence Prevention Association, the peak body of organisations and individuals working with men to end their violence; and CASA Forum, the peak body for centres against sexual assault (Walsh 2008). This created the forum in which the voices of victims, perpetrators and service providers could be heard and work together to achieve important changes. Including the voices of men was important to increasing the focus on the role of men in taking responsibility

for their actions and attitudes. Therefore, engaging with men's groups, researchers and services for men is a key component. In addition, the AASW advocates that the voices of children and young people be included as a key stakeholder, through relevant peak bodies, including the Commission for Children, Young People and Child Guardian, which have a strong advocacy role and consideration of other youth advocacy organisations such as CREATE. Including the voices of these key stakeholders in the development of any prevention and intervention campaigns will increase their effectiveness and meaningfulness.

- The AASW recognises the strategies and initiatives that are being undertaken across Australia to address domestic and family violence and that the Queensland Government has drawn upon these in formulating their integrated strategy. It is our view that addressing domestic and family violence also requires leadership at a national level to ensure consistency across the different states and territories. In particular, this includes consistency with legal and criminal proceedings. The benefits are potentially great, especially in terms of building on existing effective programs. To this end, the AASW supports close links between the Queensland Government strategy, the National Council to Reduce Violence Against Women and Children, the Australasian Policing Strategy and other States and Territories to help identify synergies, share information and experiences and importantly, to review what has worked and why and what has not worked and why as part of a robust evidence based strategy (<http://www.ofw.facs.gov.au/nationalcouncil/index.htm>).
- Key to any successful and effective intervention is being able to evaluate and monitor what works and what does not. It is recommended that any strategy include a core evaluation component. This not only has the benefit of ensuring targeted and meaningful programs, but is also a cost effective and efficient way of monitoring progress and outcomes (VicHealth, 2007).
- A zero tolerance approach to domestic and family violence needs to be reflected in policies, legislation and codes of conduct across all sectors.
- In developing prevention and education campaigns aimed at boys and young men, we suggest considering a focus that includes a feminist understanding of masculinity, power, privileged status of boys in gender relationships (Pease, 2008).

Summary points

The AASW proposes the following in relation to prevention:

- *Developing strategies that are based upon the United Nations key guiding principles for promising practices in prevention.*
- *A clear commitment and articulation to zero tolerance towards violence as a fundamental underpinning principle.*
- *Addressing the continuum of issues associated with domestic and family violence as part of the strategy.*
- *Identifying and strengthening existing initiatives and networks in regional, rural and remote communities as part of an integrated strategy, achieving greater cost benefits.*
- *Securing bi-partisan support and de-politicising strategies in recognition that a long term commitment is needed to ensure meaningful and sustained change. We see this as critical to the long term success of any strategy.*
- *Including the voices of victims and perpetrators and service providers is key to developing integrated strategies: accordingly, there is the need to identify and include peak advocate bodies for women, men and children and young people.*
- *Monitoring and evaluation of all prevention strategies.*

2. Early identification

The AASW agrees with and supports the importance of strengthening the early identification entry point to provide targeted and immediate responses to victims of domestic, family and intimate partner violence. Effective intervention at the point of identification of family violence can not only ensure the safety and wellbeing of victims, but can also assist in preventing the perpetuation of a cycle of chronic violence and all the associated stressors and health and wellbeing implications for many women and their children. Early identification initiatives that recognise the importance of empowerment of women is a key component to effective engagement. This means ensuring that women have a choice about whether they wish to participate and their level of participation in services offered. Providing sensitive, non judgemental and appropriate support options to victims of violence at the first point of contact can therefore be the difference between a woman engaging or not. This reflects a core value of the AASW: human dignity and worth, which requires that each person has the right to self determination.

These principles are reflected in the early intervention 'Fax Back' program, operating in several Queensland locations and involving the Queensland Police sending a fax to the relevant Domestic Violence Prevention Centres following a call out, with the woman's consent (this is also a strong feature in this Victorian model of intervention). This details the action taken by the police, ongoing safety issues and a safe telephone contact for the counsellor to be able to initiate contact. Women then receive immediate contact from the service where an assessment of the risks and safety

planning occurs and information and resources are provided to the women to enable them to make safe choices. The program also has strong links with the Court Assistance Program and so provides additional support for legal proceedings (see for example, <http://www.domesticviolence.com.au/GoldCoastPartnerships.htm>). A key underpinning value of this program is that women are provided with the choice to engage with the range of services and supports offered or not. Either way, proactive contact is made, information and support is provided to help the woman make an informed choice.

Do you think the proposed initiatives would improve early identification and response to domestic and family violence?

Initiatives to enable identification and provide support to victims of domestic and family violence

Introducing the domestic and family violence screening initiative applied by QH ante natal clinics to other QH clinics and services where appropriate

Screening for domestic and family violence during the postnatal period as part of the roll out of the universal postnatal contact service

Our response to these initiatives is combined as our comments relate to both. The AASW recognises that routine screening in health services is a controversial practice. This submission is representing a membership with diverse view points, therefore, the AASW will not comment on routine screening per se. However, the AASW strongly supports the importance of ensuring health staff are skilled to identify and respond to evidence of domestic, family or intimate partner violence during ante natal and post natal care and that the agency and needs of the women throughout this process remain central. Critical to the success of these initiatives are:

- A model that combines risk based assessments with a response based model whereby it is able to respond to the needs of the women and children. This requires staff who are skilled in a range of areas, including sensitivity and understanding of the importance of upholding of the rights of the woman, particularly around issues of empowerment and choice. Maintaining a woman's agency is integral for any effective process; this recognises her rights, the importance of self determination and empowerment; all core values of the AASW (Family Violence Coordination Unit, 2007; Taft, 2002).
- Continuity of the workers involved with women to enable the development of trusting relationships is absolutely critical. It is only within a context of trust and sensitivity in exploring the health and wellbeing of a woman over time, that there is more likelihood that she will disclose any form of violence with the view to help seek (Taft, 2002).
- Commensurate skill and knowledge levels of the health professionals involved in understanding the complexities of domestic, family and intimate partner violence. We argue

that effective training of health professionals needs to include an understanding of the intricacies of why women do and do not disclose, why women respond and react in the way they do and how to best support and help them achieve safety. This requires a well skilled workforce with some shared fundamental understandings about domestic, family and intimate partner violence and specialist trainers.

- Developing environments where women know they can confidentially and safely seek support is essential to any effective relationship.
- The availability of services to provide skilled and appropriate follow up support where women seek assistance.
- An important further skill for workers will be their ability to provide a non judgemental but educative focus for women about the implications of domestic and family violence on an infant's development and the long term consequences for children.
- An associated important issue is that as health professionals, identification of harm or risk of harm to a child requires referral to the Department of Child Safety. Therefore, there needs to be clearly established processes and understanding of how this occurs and how and when women are informed of any such referral.
- Having knowledge of services and explicit pathways of what should happen once domestic and family violence has been identified and if the woman is help seeking.
- Fundamentally, there needs to be well established links with the overall integrated strategy, with a clear articulation of the goals and processes and shared understanding and commitment by all concerned.
- The AASW strongly suggests that such programs be evaluated at designated periods to be able to consider their effectiveness from the women's perspective. Currently there is limited research about the effectiveness following disclosure with the Queensland Health DVI (2000) report stating that *"indeed, links between the health care setting and other services need to be investigated to ensure clients are experiencing a supportive and smooth transition between agencies"* (Taft, 2002, p. 12).

Consistent with our guiding values and ethics, the AASW supports the argument that *"If we value women's agency in knowing when it is safe and right for them to disclose; if we recognise that providers can have different sexes, cultures and personalities and consequently their own ways of inquiring sensitively; if we teach them to inquire in their own ways, we may be more successful in offering women a better quality of care"* (Taft, 2002, pp. 10-11). Moreover, the above suggestions have been made with the aim of causing no harm to women who may disclose violence as part of

any screening or inquiry process.¹ However, further harm can be caused to women by ill equipped and under trained staff and a lack of integration with follow up services to actually support women who disclose in keeping them and their children safe.

Improved models of support and assistance to better respond to victims who present to QH Emergency Departments

The AASW supports the need for improved models of support and assistance to victims of violence, whilst also recognising the very real challenges associated with resourcing dedicated workers available within an emergency department to respond to cases of domestic, family and intimate partner violence. This underscores how important it is that identifying and responding to domestic, family and intimate partner violence becomes everyone's responsibility, as has been a principle for child abuse. Therefore, it is critical that all emergency department staff, and indeed all health service staff involved in medical or therapeutic service provision to women, be provided with training and skill development about domestic, family and intimate partner violence generally. A common risk assessment tool would further assist in ensuring an appropriate response once it has been identified that a woman has experienced violence. Furthermore, any integrated strategy needs to ensure that all staff within emergency departments have knowledge and understanding of their responsibilities and the appropriate referral pathways once there has been identification of violence.

Case Study 1: Jenny's story and the importance of effective early identification pathways for help seeking women

Jenny was approximately 28 weeks pregnant when she finally left David, after years of violence. They had two daughters together. Jenny moved in with a friend and with her permission, the friend called the Department of Child Safety seeking advice as they were both concerned that David would locate her and the girls. The Intake Officer referred Jenny to a DV service and advised that as Jenny was acting protectively to ensure the safety of her children and unborn child, there was no reason for the department to become involved. A few weeks later, as part of her ante natal check up, the Hospital Social Worker called the Department of Child Safety (DChS) to advise that Jenny had been in a violent relationship and was concerned that David would locate and hurt her and the children. Once again, as Jenny was acting protectively and was safe at that point in time, there were no child protection concerns. A further call was made by the Hospital following the birth of the child, at which time the Hospital advised that Jenny was now in a new relationship with a partner who appeared supportive. There were no immediate child protection concerns identified that reached the department's threshold for intervention. Jenny went home with baby Anna. About two months later, Jenny went out for an hour, leaving the baby with the new partner. When she returned she found the baby was not

¹ Social Workers have a duty of care to avoid any act or omission that may result in injuring or harming another (AASW Code of Ethics).

responding and was having difficulty breathing. Anna was rushed to Hospital where it became evident she had suffered significant bruising and internal damage. The partner was arrested, at which time it was found he had a previous criminal record of domestic and family violence, although he had never reportedly harmed Jenny.

Whilst hospital staff and the friend were concerned about the safety of Jenny and her children, the focus was on calling the DChS, that is, on the children. The Child Safety Officer appropriately tried to link Jenny into a D&F violence service, however, as there was no further involvement by the department, she had no way of knowing if Jenny followed up or not. In addition, Jenny had continued to act protectively and safely, so there was no identified immediate risk of significant harm to the children. What was missing was an holistic focus to the intervention response so that met the needs of Jenny, as the help seeking person and the family as a whole.

Workforce skills development strategy

The AASW agrees that having appropriately skilled and experienced staff is a critical component of any strategy. A consistent theme for the options provided in the consultation document is the need for specialised education and training to ensure a skilled workforce who has the required level of understanding of the key issues. We strongly believe that the success of any early identification and intervention initiatives are contingent upon this.

Therefore, we recommend that as part of any early identification strategy, all relevant staff receive a core component in their undergraduate training regarding domestic, family and intimate partner violence and that this becomes a required component of any undergraduate and/or relevant post graduate courses.

In terms of staff working in the field, we support the importance of initial and ongoing training and development and therefore, the suggestions about the use of professional development programs, practice forums, web based practice tools and information kits. Fundamental to all this is establishing a core level of understanding and skills among relevant service professionals and indeed, volunteers.

Where victims and perpetrators of domestic and family violence also present with co morbidities, for example, mental health issues; drug, substance or alcohol abuse; gambling problems, the result is greater levels of stressors. Service providers involved in working with people with any of these additional issues are therefore often dealing with a range of complex and interconnected issues. We would strongly recommend that these services receive initial and ongoing training and education about domestic, family and intimate partner violence, including involvement in the roll out of training regarding any newly developed national strategy.

Any training/education needs to be robust in terms of the evidence base, and be more than a 'once off' to sustain levels of awareness and up skilling of staff. Moreover, training/education will differ according to the target audience, whether it is provided as part of a dedicated course or as part of on site, ongoing professional development. Recognising this is important to the effectiveness of such training. The AASW draws the Queensland Government's attention to the Queensland Health 'A Competency Framework for Credentialing Queensland Health Medical Staff as Child Protection Practitioners', to be finalised in early 2009; as an example of a current formal training initiative for existing staff.

Given the complexity of the issue, we would suggest that training include the following:

- Underpinning issues of gender and power associated with domestic, family and intimate partner violence.
- Information about human rights, including the relevant conventions and declarations that Australia is party to.
- The devastating and wide ranging implications of the effects of domestic and family violence on women and children and other relevant groups.
- Understanding of cultural factors affecting/impacting on domestic and family violence.
- The challenges to assisting victims.
- Intervention strategies which are culturally appropriate and sensitive, this is particularly so given the growth in the number of new immigrants in Queensland and Australia and the diversity of backgrounds. Each cultural group brings with them different beliefs and practices and many have come from traumatic homelands where they have already experienced violence. Therefore, it is absolutely critical to build understanding and sensitivity to how cultural factors can impact and where to go to for more specific information about particular cultural groups.
- In addition, there continues to be a need for understanding and cultural sensitivity to the unique needs and history of Aboriginal and Torres Strait Islander people in ensuring any strategies are culturally appropriate and effective.
- The pathways to providing assistance in accordance with the integrated strategic response developed.

In terms of delivering the training, for tertiary institutions, it is suggested that this be coordinated and developed by the Schools of Social Work/Human Services, in concert with the Domestic Violence Services Sector; and training at the employer level for existing health and allied health staff be coordinated through industry training providers. If Queensland were to institute a state

wide steering committee similar to that of Victoria then this body could co-opt people onto sub-committees while particular target work was undertaken, such as establishing training programs. It is our suggestion that the following disciplines be provided with training about domestic, family and intimate partner violence and the newly developed integrated strategy, both as part of any tertiary course work and for practitioners already in the field. Doing so would indicate that we are serious as a community in collectively addressing this issue, recognising it is not discipline specific, traversing all discipline and sectoral boundaries. Additionally, the AASW recommends the effectiveness of courses and professional skill training and development initiatives be reviewed and evaluated at regular intervals as part of the overall evaluation of the effectiveness of the strategy. Seeking the views of women (and their children) who have received services will be an essential dimension to any such evaluation.

Suggested professional and service areas could include the following:

Professional training at tertiary level

Allied health (Physiotherapy, speech pathology, occupational therapy, dietetics)

Nursing including Child and Community Health workers

Child Care staff

Domestic and family violence workers

Alcohol and substance abuse professionals

Teaching, including Teacher Aids and Student Guidance Officers

Welfare workers – including all certificate and diploma courses

Social Workers

Psychologists

Police

Legal/Justice/Corrections workers, including lawyers and judges

Medical staff, including General Practitioners

Sexual assault workers

Workers involved in providing men's groups

Mental health workers

Faith leaders

Service delivery areas

Hospital staff

Child and Community Health

HACC Services

Aged Care

Housing services

Statutory Child Safety services

Mental Health (Acute and Community)

Queensland Ambulance Service

Family support services
Private medical practices
Domestic and family violence services
Sexual Assault services
Multicultural resource and community centres
Recognised Entities
Education settings
Centrelink
Gambling support services
Alcohol and drug services

Case Study 2: Importance of education and training of workers

Beverley has been teaching for around 30 years, and a few years ago all teachers at her school were given some child abuse 'training' and asked to undertake a small presentation to their classes. Beverley happily reported that after presenting the information to her class, and offering them the opportunity to tell her whether they had been abused, not one child in her class reported. Therefore, she was delighted to learn that not one of the children in her class had been abused in any way.

Are there other, better ways to improve early identification and responses to domestic and family violence?

We strongly recommend the development of solid, long term partnerships with CALD and Indigenous community advocates and members to ensure strategies are culturally sensitive and appropriate.

The early identification of domestic and family violence requires having appropriate support services and programs to respond to the needs of the victims and perpetrators. Therefore, identifying what resources are needed and ensuring these are available is an essential stage in any integrated strategy. This requires carefully considered planning, including ensuring the full potential of programs and services are maximised. Without these support services, early identification can set women and children up to fail and in fact, cause further harm.

Case Study 3: The link between available resources and prevention/early intervention

Lisa, aged 27 has a diagnosis of Schizophrenia, although this has been well controlled. Lisa was living with her mother, two sisters and her 8 year old daughter. Lisa had been involved with the Department of Child Safety (DChS) in the past, and her mother was assisting with parenting responsibilities of her daughter. Recently, Lisa formed a relationship with man soon after his release from prison; she became pregnant to him. The family members reported that he had behaved violently towards her, having a history of violence.

Lisa had a strong working relationship with her Mental Health social worker and had not disclosed concerns about any domestic violence. The Mental Health social worker identified potential concerns about the safety of the unborn child and consulted with the Hospital based Child Protection Liaison Officer (CPLO). The two workers established the importance of supporting Lisa in her current circumstances and where possible, building on her identified strengths, for example, the strong and productive relationship she still enjoyed with her mother and her daughter. The decision was also made to contact the DChS about the current developments, whilst also acknowledging the protective factors in place for Lisa's daughter. The Mental Health social worker identified that an early intervention/prevention approach would be a more useful way to work with Lisa and her new partner, recognising that if the allegations were found to be true, then a range of other strategies could be implemented, such as a referral to an appropriate men's program within local area. However, attempts to locate a local men's group proved fruitless.

This case clearly highlighted the importance of having appropriate services available for help seeking women, together with their partners as a way of minimising risk.

Summary points

In relation to early identification, the AASW recommends that:

- *A strong empowerment based framework underpins service delivery to women, which involves giving women the choice about participation and the provision of sensitive, non judgmentally appropriate support options*
- *Including the following key components as necessary for effective antenatal and post natal programs: consistent, sensitive and non judgemental staff; the development of confidential and safe environments; the availability of appropriate resources and services to provide follow up for women wanting assistance; and evaluation of the effectiveness of the programs.*
- *All relevant staff involved in working with victims and perpetrators of violence receive appropriate and comprehensive training about domestic, family and intimate partner violence. This needs to be a core unit in undergraduate courses for all relevant disciplines, including, but not limited to medical, nursing, allied health, social work, police, lawyers, psychologists, teachers. For existing staff, that this includes initial and ongoing professional training programs, practice forums, web based practice tools and information kits. Fundamental is establishing a core level of understanding and skills among all relevant service professionals and volunteers, to ensure personnel are skilled to identify and respond to cases of domestic, family and intimate partner violence. This is crucial to the effectiveness of any strategy.*
- *In developing an early identification risk assessment process, this uses a combination of risk based and response based models and importantly, that the very process causes no further harm to women.*

3. Connecting services

Do you think the proposed initiatives would effectively close service system gaps?

Initiatives to better protect families earlier: Case Coordination Teams

We agree that Case Coordination Teams can provide an effective model for ensuring collaborative and holistic service delivery, and in particular, co locating a multi disciplinary team of experts with a focus on supporting victims of domestic, family and intimate partner violence. The make up of such teams is fundamental to their success; the AASW supports the inclusion of QPS, the Department of Child Safety and domestic violence specialists. Domestic violence services need to have clear linkages to sexual assault services and vice versa, therefore, we would strongly recommend inclusion of the Queensland Sexual Assault Network (QSAN); representatives from the Justice/Corrections system sector.

The AASW supports the strengthening of existing service networks with the view that these local networks have a seat at each Regional Case Coordination Team, representing the local level services; with appropriate executive level representatives being included at the Statewide Coordinating Committee level. Examples of existing networks include:

- The Child At Risk Action Network (CARAN), a whole of government model being trialled in far north Queensland. Membership includes, Queensland Police; Queensland Health; Department of Child Safety; Department of Communities, including Aboriginal and Torres Strait Islander Partnership; Department of Education, Training and the Arts; Department of Housing; and Disability Services.
- The Family Responsibility Commission being trialled in four Cape York communities is attempting to provide an integrated model for rebuilding social norms and dealing with issues of violence.

Additionally, the evaluation of both trials could provide valuable evidence to inform the Queensland Government in determining the best model of case coordination teams, including lessons learnt and effectiveness of the model in achieving aims.

In developing the Case Coordination Team structure and relationships with other services, we would suggest the development of cross sectoral Memorandums of Understanding to:

- Map roles and responsibilities of each service, including who takes lead responsibility, particularly where either the justice and police systems, or the Department of Child Safety become involved; to ensure this is managed effectively to meet the needs of the women and children.

- Clarify and identify governance accountability issues.
- Clarify funding expectations, including requirements to ensure consistency in standards, accountability, recording and reporting.
- Establish evaluation and research imperatives.
- Establish information exchange protocols and expectations in concert with any newly developed legislative provisions to promote information exchange.

Case Study 4: Connected Support Services

Joan, a mother of 3 young children consented to being contacted by the local domestic violence service through the 'Fax Back' system after police were called to her home the previous evening. The fax back from the police indicated Joan experienced verbal threats and intimidation and had a brick thrown through the window of her house. The Intake Worker from the D&F violence service telephoned her the next morning and discussions with Joan indicated she has recently left the relationship and the violence was escalating. The Intake Worker was able to provide assessment in relation to a range of issues, including whether the police applied for a domestic violence protection order, her safety at that time, child protection concerns, and Joan's emotional well being and available supports. Joan attended an appointment with the same intake worker the following day to discuss the order, what would happen in court, legal representation, safety planning, counselling available to her and her children, housing options and support networks. At the following appointment, Joan contacted the legal aid service and the children's schools to ensure safety issues were identified and implemented in the school environment. Joan identified and develops her own safety plan and in addition to several friends, highlighted telephone contacts for the police and the DV Telephone Service. With Joan's permission, telephone contact was made between the intake worker and the QPS Domestic Violence Liaison Office to provide any additional information and to inform police of Joan's safety plan for herself and her children.

Joan may or may not continue to access the D&F violence service. However, Joan's support network increased to the domestic violence service, the domestic violence liaison officer, legal aid and the Domestic Violence Telephone Service. When Joan attends court, court support workers will be present to provide her with information, support and assistance should she require it.

Risk assessment framework and tools

The development of consistent and evidence based risk assessment frameworks has been a significant component of existing strategies across Australia and internationally (Commonwealth Government 2008b; Office of Women's Policy, 2005; United Nations General Assembly, 2006). The AASW welcomes the Queensland Government's consideration of developing a Statewide risk assessment framework. We envisage this as being an important aspect of any effective early identification process, whilst also providing a vital link in the connection of support services. An holistic and integrated approach requires the development of common standards, practices and shared understanding among service providers to ensure greater consistency in service delivery

experiences for clients when having to potentially deal with a range of what have been, disparate services and systems. Developing an effective risk assessment framework and work towards achieving this, whilst also ensuring that the focus is put squarely on the safety needs of the victims (Family Violence Coordination Unit, 2007).

Consistent with the AASW's values of self determination, human rights and social justice, we strongly recommend that any risk assessment process actively includes the women in the decision making process. It is our experience that this is central to maintaining the dignity and self respect of the woman; it recognises that the woman is in the best position to comment about her level of risk and safety; and it increases the likelihood of the woman engaging with the service provider.

The implications of cumulative harm as a consequence of domestic, family and intimate partner violence are an important consideration when assessing risk. This is particularly so in terms of the long term emotional and health and well being of children and young people who witness or experience violence and victims. It is also something that needs to be considered in terms of risk of homicide of the victim given the unacceptable number of largely avoidable deaths due to domestic and family violence (7.30 Report 25/11/2008; Mouzos, 1999; VicHealth, 2007, p. 24). A further consideration is that there have also been child fatalities resulting from a woman's violent intimate partner. Therefore, any risk assessment tool needs to include the capacity to consider and assess the risk of cumulative harm. This highlights the importance of developing a system response that is client focused to meet the needs of each unique woman and her family. Doing so requires flexibility as opposed to a prescriptive tool where individual needs are overridden by designated outcome pathways. The risk of more prescriptive based tools is that they can be used to make the decision, rather than used as a tool to assist a professional in making an evidence and needs based assessment. Furthermore, prescriptive and inflexible tools can create arbitrary thresholds about when to intervene or not; this is not helpful and has implications for the overall comprehensiveness and holistic focus of the assessment process.

Risk assessment tools and processes must be culturally sensitive with staff being developed to ensure they are culturally competent to respond appropriately to women and children who are of Aboriginal or Torres Strait Islander heritage or from CALD backgrounds. We see the development of culturally appropriate tools, processes and workforces as central to the provision of effective service delivery, thereby requiring strong leadership from the newly developed Queensland Government Domestic and Family Violence Coordination Unit to ensure this is able to be achieved. Importantly, any assessment process must operate from the principle that the priority is to secure the safety of the victims of the violence (Family Violence Coordination Unit, 2007).

It is important to recognise that risk assessment tools are only one part of any assessment process; this must be combined with the practice wisdom and expertise of the worker making the assessment, evidence based practice about domestic, family and intimate partner violence and importantly, the views of the woman. Clearly then, using risk assessment tools requires skilled staff with an appropriate level of understanding of domestic, family and intimate partner violence. We note that the Queensland Government have proposed initiatives regarding practice guidelines, regular forums and research and development resources to increase level of understanding and skill base for service providers. The AASW strongly supports this as a necessary component of developing and up skilling professionals and volunteers who would be responsible for undertaking risk assessments.

Important to the success of any risk assessment process is having understanding and knowledge of the referral pathway options available to support a woman and her children; obtaining the consent of the woman and, where relevant the perpetrator of the harm; and having the availability of support services who can accept these referrals. This is central to any integrated strategy: having the actual resources and establishing and maintaining the links between each of the different parts of the overall system.

Various States and Territories have, or are developing ways of assessing domestic, family and intimate partner violence. We respectfully suggest that in developing a risk assessment framework for Queensland, the Queensland Government considers these existing models and any evaluations of these. A consistent theme identified by the Queensland Government and others has been the lack of comparable data across Australia regarding domestic and family violence. Drawing on existing frameworks within other parts of Australia may facilitate greater consistency and therefore ability to measure and compare data with Australia. Furthermore, the current commitment and action to address this problem nationwide has created a unique opportunity to share results from individual evaluations, of lessons learnt, examples of best practice, to be able to build our collective understanding of best practice in this area. This could perhaps occur under the auspice of the National Coordinating Committee with the Queensland Government taking a lead role in advocating for national research in this area.

Seamless and effective information exchange is critical to connections between services in supporting women. The AASW holds firmly that any information exchange needs to occur with a woman's permission to protect and maintain her privacy and self determination. Once consent is achieved, it is our experience that all too often, services are hamstrung in their ability to share information with others due to privacy and confidentiality requirements. We also note that the *Domestic and Family Protection Act 1989* (the Act) does not have provision for information

exchange. Therefore, it is suggested that consideration be given to including a discrete section to the Act to provide appropriate powers and principles for ethical information exchange to promote effective service delivery coordination, similar to *Chapter 5A, Service delivery coordination and information exchange (Section 159) of the Child Protection Act 1999*.

The AASW is unclear as to how the Queensland Government envisages the Case Coordination Teams undertaking ongoing monitoring of outcomes for the family. We do, however, endorse developing supportive and empowering relationships with women that provide ongoing access to assistance and services. Research into the area of family support services generally has indicated the importance of integrated, long term, client focused and flexible support services, if we are to achieve sustainable and meaningful outcomes (Dale, 2004; Moran et al., 2004; PeakCare, 2003; Statham & Holtermann, 2004). Furthermore, there has been the recognition of the inadequacy of a 'one size fits all' focus. The AASW believes these are important considerations in developing the roles and responsibilities of a Case Coordination Team model.

Initiatives to support children and young people affected by domestic and family violence

Initiatives to support victims of domestic and family violence to stay in their own homes where this is safe

Initiatives to support victims of domestic and family violence who need safe alternative accommodation

The AASW supports all attempts to better support children and young people affected by domestic and family violence to ensure their safety and overall well being, whether this be by keeping them safely in their home or through alternative accommodation. Fundamental to the success of such strategies are:

- Having staff with appropriate understanding, training and skills to respond to the needs of women and children sensitively and safely. To this end, as discussed, the AASW strongly supports a rigorous continuous education program for all staff and volunteers involved in service delivery.
- Essential to the effectiveness of an integrated strategy is having sufficient services and resources to meet the needs of women and children and work with perpetrators to be able to achieve sustainable and meaningful changes, particularly in rural and remote areas where services already struggle to meet demand. This is necessary to minimise the risk of worker burn out and workers leaving the sector, resulting in the loss of valuable skills and expertise to the sector. To this end, we suggest:
 - the development of Occupational Health and Safety Strategies for workers in this area of practice, that include mechanisms for supporting staff;

- developing expectations regarding the provision of supervision to staff involved in this complex area of service delivery; this is an important means of providing support and encouraging continuous quality improvement, best practice and accountability; and
- ensuring services provide access to critical incident de briefing for all staff.
- Consistent with an ecological approach, is the need to develop a range of programs and services to meet the different level of need and developing processes to ensure there are necessary connections with other relevant services. This requires flexibility about how services are provided.
- A framework for assessing risk regarding whether staying in the home is a safe option needs to be part of a comprehensive safety assessment process that includes: the views of the woman; the practice/professional judgement of a well trained and skilled worker; the safety assessment of the home, including the ability to increase security in the required timeframe; the likely access by the perpetrator, either in person or via telephone or other means which can continue to result in threats and harassment; any culturally relevant considerations that could impact on safety, physical and emotional wellbeing; and input from the justice/police system about the ability and ways of supporting safety. The fundamental consideration must be the safety of the woman, and her children where relevant.
- The AASW recognises the existence of a number of services that currently provide a high level of support to women and their children who have had to leave their home. Building on such services would further enhance any integrated strategy.
- Robust evidence based programs are an essential part of any effective strategy. The importance of drawing on evaluations and research of existing programs and developing a rigorous program for ongoing evaluation of the integrated strategy overall and specific programs in particular, is fundamental to ensuring meaningful and effective intervention. The cost benefits of doing so would have both short and long term health implications for the victim, children and families as a whole thus reducing the intergenerational implications for the future.

Initiatives to improve the justice system response to domestic and family violence

We support the importance of improving the justice system response to domestic and family violence and developing a system that supports women to seek and pursue legal recourses. In her recent research exploring the process of criminal intervention in the context of domestic and family violence, Heather Douglas argued that *“the approaches of respondents, police, lawyers and magistrates in colluding in the minimisation and trivialisation of violence and the shifting of blame to the victim in the course of applying criminal justice responses found in this study have been recognised elsewhere...[and the research supported] ... previous research based claims that criminal justice processes often add to the violence already experienced by women at the hands of*

their partners” (Douglas, 2008, p. 440). Her recommendations highlighted the need for cultural shifts about how violence against women was perceived and addressed, together with corresponding shifts to legislation and the criminal justice processes in order to achieve greater support and safety and better outcomes for victims (Douglas, 2008).

Introducing Court Coordinators and separate list days to hear domestic and family violence matters from can provide an important means of support for women attempting to negotiate an often difficult and traumatic justice system, together with providing more appropriate responses and follow up support to perpetrators. In developing their strategy, the AASW would encourage the Queensland Government and Justice Department to explore the effectiveness of Domestic and Family Violence Courts in other jurisdictions and see whether these models could be applicable to the Queensland context, following the documented success of programs such as Joondalup in Western Australia (Department of Justice WA, 2002) and more recently in Victoria.

The AASW supports developing culturally appropriate initiatives and policies to meaningfully and effectively support all women, children and perpetrators. This includes the importance of ensuring appropriate access to interpreters both for funded domestic and family violence programs and also the justice system. We would envisage this includes access to CALD and Indigenous interpreters. Important to the effectiveness of any strategy is access of information and services to all.

Are there other, better ways to connect support services?

Anecdotal evidence suggests that in cases of domestic and family violence involving children, there has been a growing tendency to respond and assess the family as individuals, that is, the children’s safety, versus the mother’s safety etc., rather than adopting an holistic family focused approach. Whilst we strongly support the principle that the safety of a child is of paramount importance, our experience also indicates that in general, where the mother is supported or assisted to be safe, so too will she ensure the children are safe. This then requires challenging the current paradigm which seems to see the mother as solely responsible for the safety of the children during a violent attack: what did she do to protect the children from witnessing or being exposed to violence by the partner? This removes any accountability from the perpetrator for his acts of violence. We need to challenge current expectations of what is acceptable action or attempts by a woman to keep her children safe; reviewing whether there are unrealistic expectations placed on women. Walsh (2002) argues that ‘the invisible violent man syndrome’ exists in the service system once the family enter child protection services as women are held accountable for keeping children safe and if she ends the relationship she is deemed to have acted protectively and the violent man is no longer visible and therefore no longer accountable.

A shift is needed, recognising that the woman is the victim, along with the children, and victims do not always have choices or opportunities, or are unsuccessful in their attempts to protect their children, in spite of the commitment to do so. This should not equate to being a 'bad mother' who was not willing or able to protect her children, (and herself) from harm, but rather, recognises that with greater and appropriate support, she could be both willing and able to do so. Such a shift involves appropriate, timely and family focused safety planning, together with a deeper understanding of the dynamics and complexities involved. A key question then is what support can be provided to the woman to keep herself and her children safe?

Case study 5: A safe mum is a safe child

Susan left her partner after experiencing an abusive relationship and was being supported by a domestic and family violence counselling service. Her ex partner continued to harass her and one day, smashed the house and abused her; the two children were present. A referral was made to the Department of Child Safety (DChS). The DV Counsellor met with the Child Safety Officers who asked the question 'why didn't the mother call the police quickly, what did she do to protect the children from witnessing and being exposed to this violence?' The view was that the mother had done 'nothing'. The DV Counsellor explained the ex partner had smashed her mobile phone and that she stayed behind the front door of the house to protect her children by preventing him from entering the house and abusing the family further; eventually, she called the police from a neighbour's house after she settled the children down. When asked, there appeared to be little action or investigation about the father's actions and his level of responsibility for the violence perpetrated to mother and children.

This highlighted the importance of exploring and challenging this perception that a woman was 'doing nothing' to protect her children and of clearly recognising the victim/s in these situations and the responsibility of the perpetrator.

Summary points

In relation to connecting services, the AASW:

- *Supports the suggested strategy to develop Case Coordination Teams, seeing these as potentially providing an effective model for ensuring collaborative and holistic service delivery. We would also recommend the inclusion of the Queensland Sexual Assault Network and representatives from the Justice/Corrections sector.*
- *Supports the strengthening of existing service networks with the view that these local networks have a seat at each Regional Case Coordination Team, representing the local level services; with appropriate executive level representatives being included at the Statewide Coordinating Committee level.*
- *Recommends the development of cross sectoral Memorandums of Understanding to facilitate the relationships and information exchange.*
- *Recommends the inclusion of a discrete section to the Domestic and Family Protection Act 1989 to provide appropriate powers and principles for ethical information exchange to promote effective service delivery coordination, similar to Chapter 5A, Service delivery coordination and information exchange (Section 159) of the Child Protection Act 1999. This reflects that key to connecting services and seamless service delivery is effective information exchange between services.*
- *Supports the development of a Statewide risk assessment framework to ensure greater consistency in service delivery experiences for clients. Importantly, risk assessment process must actively include the women in the decision making process; include the capacity to consider and assess the risk of cumulative harm; be client focused and flexible to respond to the individual needs and wishes of the woman; be culturally sensitive; and avoid being overly prescriptive, allowing the professional to use their practice wisdom and expertise, in consultation with the women's needs to make evidence based decisions.*
- *Advocates that the development of culturally appropriate risk assessment tools, processes and practices as central to the provision of effective service delivery to meet the unique needs of each woman*
- *Advocates that fundamental to the effectiveness of risk assessment is having skilled staff with an appropriate level of understanding of domestic, family and intimate partner violence and therefore, we strongly support the need for comprehensive training initiatives.*
- *Recommends consideration of existing national approaches and their evaluations to inform the development of an effective and evidence based Queensland risk assessment framework.*
- *Endorses services that are able to develop supportive and empowering relationships with women, to provide ongoing, client focused and flexible support services to achieve sustainable and meaningful outcomes, recognising the inadequacy of a 'one size fits all' focus.*
- *Recommends the development of a comprehensive safety assessment process to facilitate the risk assessment process in determining the most appropriate safety options.*
- *Draws attention to the importance of access to appropriate services and resources to meet the needs of women and children and work with perpetrators to be able to achieve sustainable and meaningful changes, particularly in rural and remote areas where services are already struggling to meet demand,*
- *Supports the importance of improving the justice system response and highlight the need for cultural shifts about how violence is perceived and the criminal justice processes to achieve better outcomes.*
- *Recommends the need to shift from a paradigm that sees the mother as solely responsible for the safety of the children during any family violence, challenging unrealistic expectations placed on women in these circumstances and re-balancing expectations to ensure perpetrator accountability. Our experiences are that, in general, where the mother is appropriately supported or assisted to be safe, so too will she ensure the children are safe.*

4. Perpetrator accountability

Do you think the proposed initiatives would effectively improve perpetrator accountability?

There are a number of programs that highlight perpetrator accountability including: Duluth Minnesota Domestic Abuse Intervention Project (United Nations General Assembly, 2006, pp. 95-96), Gondolf, 1999; EMERGE Massachusetts, Hamilton New Zealand and Victoria's Minimum Standards of Practice for working with Perpetrators of Intimate Partner Violence (No to Violence NTV). The AASW encourages the Queensland Government to explore various models in consultation with men's service providers, representatives from women's domestic violence services, specialist researchers and academics in order to develop a service system that is consistent with best practice models nationally and internationally. When reviewing other models it appears that there are a number of areas common to all, that is, accountability to women's domestic violence services, transparency, coordination and swift and immediate consequences for breaches of safety.

Initiatives to hold people who use domestic and family violence accountable for their behaviour

Central to preventing and addressing domestic, family and intimate partner violence is developing a shared understanding and commitment to the principle that perpetrators be held responsible for any act of violence they commit and take responsibility for their actions. Violence against women is a choice made by the perpetrator and as such, men need to take responsibility for their actions and for learning non violent behaviour. Furthermore, that men have a positive role to play in helping to end men's violence; these principles are fundamental to any strategy (Pease, 2008; VicHealth, 2007).

Traditionally the system has focused on the (usually) female victim holding the offender accountable for their violence. For example, by making attendance at a behaviour change program part of a Domestic Violence Order, it is the applicant victim who needs to report any breach to the police, thus placing the onus on the victim to holding the offender accountable. This has the potential to further inflame an already volatile situation. It is the experience of many social work advocates who work in this area that many women simply do not report their partner's non-compliance for fear of their safety being compromised. There needs to be other mechanisms for holding the offender accountable other than through the female victim.

We also suggest the need for family focused intervention programs to rebuild relationships, where the wife/partner and children can be involved along with the perpetrator, where the family want to

remain intact. The safety needs of the women and children need to remain the priority of such programs, so that inclusion and participation is contingent upon the perpetrators being able to commit to and demonstrate their ability to keep their families safe. Importantly, we recognise that such family focused programs would constitute the second stage of any intervention; the first pre requisite stage involves the perpetrator actively working on his violence issues.

The AASW agrees for the need for an increase in the number of community based non-mandatory as well as mandatory programs. A key component of any mandatory program is that they are linked to court ordered diversion programs and that these programs are accountable to the court process. Gondolf (1997) argues that these programs must act swiftly when violence occurs or there has been a breach is the key to reducing recidivism rates. A review of evaluations of treatment programs for perpetrators of violence suggested that these are most effective when they:

- continue for longer rather than shorter periods;
- change men's attitudes sufficiently for them to discuss their behaviour;
- sustain participation in the program; and
- work in tandem with a criminal justice system that acts strictly when there are breaches of the conditions of the program. (Gondolf, 1997 cited in WHO, 2002, p.106).

Recently the Queensland Centre for Domestic and Family Violence Research hosted a seminar where Detective Superintendent Gerry Campbell from the London Metropolitan Police Service, outlined the implementation of their domestic violence strategy. Key components such as pro-arrest or mandatory arrest policies would be worth considering for Queensland. There were representatives from the Queensland Police Service at the seminar and the Office of Women who will take into consideration key components of this strategy and measure the compatibility to the Queensland context.

As part of an integrated strategy, Queensland needs to develop a clear set of guidelines or a set of minimum standards of practice for use when working with violent men, in statutory, mandatory and non-mandatory settings. In the development of these guidelines or standards of practice the government needs to consult widely with both the women's services sector and the men's behaviour change sector in a planned proactive way in order to genuinely draw on the skills and expertise of these specialist workers (Pease, 2008; VicHealth, 2007).

The AASW recognises that a number of effective and creative programs are currently being offered and encourages the Queensland Government to explore these further in developing further integrated initiatives regarding perpetrator accountability.

Initiatives to strengthen justice system responses to domestic and family violence

The AASW supports the need for initiatives to strengthen justice responses as part of any comprehensive strategy. There is clearly a need to do so to improve outcomes and experiences for victims. In reviewing 645 court files from three of the busiest Queensland Magistrates Courts, Douglas found an overall minimisation of harm of domestic and family violence cases by police and prosecution authorities, evidenced by the lack of criminal prosecution, or charging of less serious offences, that is, applications for protection orders or breaches of protection orders (Douglas, 2008). Overwhelmingly, these fail to reflect the seriousness of the offences perpetrated against a woman/victim, and, it can be argued, the process re-violates the woman; they result in penalties that are far more lenient than any criminal court proceeding, including the fact that the perpetrator's criminal record does not then reflect what the actual breach was for; and this excludes the option for the victim to claim criminal injury compensation (Douglas, 2008).

Therefore, we strongly encourage the development of cross-agency links between the domestic and family violence and broader justice systems to identify areas of improvement to strengthen the current justice response. Importantly, this needs to include the voices of women and services involved in the provision of direct service delivery to women.

We recommend that there be less traumatic ways for victims to present evidence in court. Other ways can include remote video evidence and the use of screens so that the victim does not have to sight the defendant whilst giving sworn testimony.

Are there other, better ways to improve perpetrator accountability?

As discussed earlier, the availability of holistic, family focused intervention services are required for those families who wish to remain intact and rebuild relationships. Moreover, providing appropriate support for perpetrators of violence is essential to preventing further abuse, either in the existing or new relationships. To this end, we suggest the following initiatives:

- Developing understanding and awareness of the importance of addressing the perpetrators' needs; the services or programs that can provide this support; and correspondingly, the availability of appropriate services to refer to.
- Allocating a woman's advocate to appropriate perpetrator focused programs to support and work with those women who choose to participate in the program. Primarily, this role is focused on increasing the safety of women participants and involves close communication with the group facilitator.
- Including children's workers as part of such a program to address the needs of children.

This approach is consistent with the 'Standards of Practice' developed in Victoria which can be accessed: <http://www.ntv.org.au/pages/men-s-behaviour-change/standards-of-practice.php>.

Summary points

The AASW recommends that:

- *The Queensland Government explores existing service models in consultation with men's service providers, representatives from women's domestic violence services, specialist researchers and academics in order to develop a service system that is consistent with best practice models nationally and internationally.*
- *Central to preventing and addressing domestic, family and intimate partner violence is developing a shared understanding and commitment to the principle that perpetrators be held responsible for any act of violence they commit and take responsibility for their actions.*
- *The Queensland Government develops family focused intervention programs to rebuild relationships, where the wife/partner and children can be involved along with the perpetrator, where the family want to remain intact.*
- *The Queensland Government develops a set of minimum standards of practice for work with violent men and that these standards cover the very different work that is done with statutory (incarcerated men), mandated (court ordered or ordered by Child Safety) and non-mandated (voluntary) clients.*
- *The Government consults widely with women's and men's service providers (urban, rural, regional and remote) in the development of such standards and that these also include work with cultural and linguistic diverse groups and Indigenous populations.*

5. System planning and coordination

Do you think the proposed initiatives would effectively improve system planning and coordination?

Establishing a Queensland Government Domestic and Family Violence Coordination Unit

The AASW fully supports the creation of an inclusive, cross sectoral Queensland Government Domestic and Family Violence Coordination Unit to take on this important leadership role to ensure policy developments are consistent, have shared values, understanding and use shared language, and are accessible and understood by each service impacted by them to provide seamless, client focused service delivery.

One of the key areas of success for the implementation of the Victorian model was the creation of Regional Networker Positions in each metropolitan and rural/regional area. The Networker's primary role was to work with existing services to develop service linkages and to work together to identify service gaps, strengthen connections, identify training needs, and facilitate community develop strategies that were unique to each region. This was in recognition that 'one size does not fit all', as each region had unique issues and any strategy needed to be developed in consultation

with the community. As discussed throughout this consultation document, we advocate the need for flexible services and strategies to meet the unique needs of individuals and groups. As such, we see such a role as being important in achieving systemic links and coordination. This could be achieved through the development of the Regional Coordinator positions.

The AASW encourages the Queensland Government to explore synergies with the existing Child Safety Directors' Network (CSDN) and the benefits of establishing links with such a high level, representative body of Government in developing a Statewide Coordinating Committee for domestic, family and intimate partner violence.

Improved research and data collection

As discussed throughout our response, the AASW strongly supports the need for improved research and data collection, and in particular, the development of a strategic research program for Queensland. This is important for both Queensland, but also nationally and to this end, we would also advocate exploring linkages with national research initiatives as a means of collecting comparable data in a cost effective manner. We therefore, strongly recommend that a strategic research and data collection program includes the evaluation of the effectiveness of the overall integrated strategy and each of its components. Broadly, this includes:

- Prevention and early intervention campaigns and initiatives.
- Early identification initiatives, including: the effectiveness of the screening processes proposed, particularly given there is limited research into the effectiveness of screening following disclosure of violence; the effectiveness of training and education strategies for staff working in the field.
- Connected initiatives including monitoring the effectiveness of: the Case Coordination Team model; the risk assessment tools and process is essential to ensure these are relevant and beneficial and in particular, that they are culturally sensitive and appropriate; information exchange and collaboration processes between key stakeholders; the effectiveness of individual services and systems in responding to domestic and family violence; the justice system response reforms and their effectiveness and alignment with the integrated strategy.
- Services and programs provided to perpetrators to ensure the goal of preventing and reducing the incidence of domestic and family violence is being achieved.
- At a systemic level, we encourage reviewing the effectiveness of the proposed cross sectoral Queensland Government domestic and family violence coordination unit in meeting clearly identified goals and outcomes. We envisage a key role of the propose homicide review board as contributing to research, however, we also recommend regular reviews of the model and its efficacy.

Homicide reviews

Death review boards have been shown to be an effective forum for examining and identifying service delivery improvements. We strongly support the development of Domestic and Family Violence Homicide Review Board.

Review of the Domestic and Family Violence Protection Act 1989

Reviewing the *Domestic and Family Violence Protection Act 1989* is a necessary adjunct to the development of any integrated strategy. Legislation plays a critical role in supporting and upholding changes to policies, programs and systems. As already discussed, the AASW recommends the information exchange provisions be reviewed and strengthened to facilitate seamless service delivery and collaborative practice. A further area for review is the effectiveness of the current system in supporting victims of domestic and family and intimate partner violence and in deterring and prosecuting perpetrators of violence.

Are there other, better ways to improve system planning and coordination?

The AASW Queensland Branch supports and encourages a paradigm that places accountability with those who perpetrate violence and does not seek to further abuse or marginalise victims. Central to this approach, is ensuring that the use of language in all strategic, practice, promotion and media reports, is appropriate and absent of labels or tones that create the perception that violence is mutually perpetrated. Developing a shared understanding, commitment and language can contribute to a shared understanding within our broader community, which is critical to effect any meaningful, systemic attitudinal change (Behrens, 2008; Meyers, 1997; Women's Coalition Against Family Violence, 1994).

There have been many examples, particularly in the media, of abusive relationships being described as 'tumultuous', 'volatile' or 'highly charged'. This language minimizes the responsibility and accountability for perpetrating violence and places the victim as seemingly an equal participant to abuse; thereby suggesting a degree of mutuality between the victim and perpetrator (Behrens, Media Release, 12/04/2008). It is recommended that all Queensland Government documents reflect the non mutuality of domestic violence and accordingly it is proposed that the strategic plan identifies and prioritises this approach from the 'top down'.

Case Study 6: The power of language

*“Wayne Carey avoids jail by donating to police charity” – reporting **he will not have to admit guilt** but have to do anger management classes (Courier Mail 14/10/2008).*

*“Domestic **disputes** at 10-year high” - Bureau of Crime Statistics figures show there were 29 domestic violence-related murders in NSW last year to June - the highest number in 10 years... (Courier Mail 24/11/2008).*

*“Three Children Knifed to Death” - the report described what had occurred as “the result of a **dispute** between the man and the woman” (Canberra Times 04/19/2008).*

“Family Killings: Father Wanted Reconciliation” (Canberra Times 17/09/2008).

*“Spurned husband stabs wife 20 times” - A man who stabbed his estranged wife 20 times claims he was **provoked** into killing her when she refused to hand over her mobile phone and spat at him during a confrontation at a shopping centre (The Age 08/02/2005).*

*“Four bodies found after couple’s **altercation**” (the father killed his 3 children and himself after his wife “fled” their home. The man had a “record of violent behaviour” (The Weekend Australian 28-29 June, 2008).*

*“He **didn’t mean it** – he was mad. Sick man shot wife six times” (The Sun 22/06/1990).*

It has been acknowledged that there are often multiple additional factors and stressors that can co-exist with violence, whilst also accepting that these do not cause the violence. The HREOC Social Justice report identified that situational systemic factors in Indigenous communities contributed to violence, whilst clearly recognising that these factors were not the cause. These included: loss of close family members; lack of available resources and programs to prevent violence; a subculture that tolerates violence; and poverty (HREOC, 2007, Social Justice Report 2007, Aboriginal and Torres Strait Islander Commissioner, accessed 26/11/2008 from, http://www.hreoc.gov.au/social_Justice/sj_report/sjreport07/chap2.html). In addition, the history of dispossession, oppression, removal, the breakdown of kinship systems and Aboriginal lore and changes to male and female status have also been identified as contributing factors (Family Violence Coordination Unit, 2007; Robertson, 2000; Wild & Anderson, 2007). Understanding and addressing multiple stressors is important as part of any holistic and comprehensive strategy to maximise the wellbeing, safety and health of our communities.

Importantly, there needs to be focused commitment and proactivity on challenging and addressing the underpinning structural factors that perpetuate violence against women: that is, gendered power inequality and existing structures that reproduce men’s violence (Pease, 2008; VicHealth, 2007). This requires conceptualising violence as ‘a socio-political problem’, which requires

intervention at these levels. Importantly, it requires the need to critically re consider the paradigm of gender mainstreaming that gained momentum in the last decade, and move back to a gendered-based analysis of violence against women by men, in order to be able to effectively address this (Pease, 2008).

Summary points

The AASW strongly supports the following initiatives:

- *The creation of an inclusive cross sectoral Statewide domestic and family violence coordination unit.*
- *The development of Regional Coordinator positions to work on establishing linkages between services and ensuring the unique needs of individual communities are met.*
- *The development of Domestic and Family Violence Homicide Review Board.*
- *A review of the Domestic and Family Violence Protection Act 1989 is a necessary adjunct to the development of any integrated strategy to ensure consistency and alignment.*

In addition, we:

- *Encourage the Queensland Government to explore synergies with the existing Child Safety Directors' Network and the benefits of establishing links.*
- *Recommend developing a robust strategic evaluation and research plan as fundamental to determining whether we are successfully reducing the violence against women. The cost benefits of doing so cannot be underestimated.*
- *Suggest the Queensland Government explores linkages with national research initiatives as means of collecting comparable data in a cost effective manner.*
- *Support and encourage a paradigm that places accountability with those who perpetrate violence and does not seek to further abuse or marginalise victims. Central to this approach, is ensuring that the use of language in all strategic, practice, promotion and media reports, is appropriate and absent of labels or tones that create the perception that violence is mutually perpetrated.*
- *Highlight the importance of understanding and addressing the presence of co morbidities and multiple stressors as part of any holistic and comprehensive strategy. The significant impact of systemic, political and social factors on Indigenous communities, and in particular the contribution to the perpetuation of violence has been recognised. Addressing these systemic level factors is essential to any holistic strategy.*
- *Advocate for the need for a focused commitment and proactive approach to challenging and addressing the underpinning structural factors that perpetuate violence against women: that is, gendered power inequality and existing structures that reproduce men's violence. This requires a critical review of the paradigm of gender mainstreaming and move back to a gendered-based analysis.*

Additional questions

Has the consultation paper adequately covered the main issues to be addressed to effectively target domestic and family violence?

We believe that the consultation paper has comprehensively addressed the main issues and hope that our additional suggestions have provided the Queensland Government with further direction.

Are there any other issues of initiatives that you believe should be considered for groups that may have increased vulnerability?

The AASW suggests that consideration should also be given to:

- Programs for those inmates in correctional facilities (both female and male).
- Programs for those on community correction orders.
- Linkages and programs for clients of mental health services.
- Linkages and programs for clients of drug and alcohol services.
- People in isolated rural and remote areas.
- Refugees, in particular those people whose population is small, as this increases the risk when women disclose because most are known within their communities.

Conclusion

Preventing violence against women by men and other forms of domestic, family and intimate partner violence requires a long term strategy to achieve the level of attitudinal, social, political and cultural change required. The AASW again commends the Queensland Government for its obvious commitment to establish a robust policy platform and strategy to achieve meaningful changes. Clearly, doing so involves collaboration and commitment at a whole of Government, Local, State and Commonwealth and whole of community level. Fundamental to successfully achieving this is critically drawing on the existing evidence of 'what works' and contributing to this body of evidence through a commitment to ongoing evaluation and research of policies, programs, and initiatives developed. It is only in this way that we can monitor and review the effectiveness of initiatives to determine progress. Furthermore, the voices of victims have to remain paramount throughout.

The AASW is committed to working with the Queensland Government to work towards implementing an integrated strategy and achieving the desired outcomes of the prevention and reduction of violence and the provision of more effective service delivery to the victims of violence.

REFERENCES

- Access Economics. (2004). *The cost of domestic violence to the Australian economy*. Commonwealth Government of Australia, Canberra.
- AASW. (1999). Australian Association of Social Workers Code of Ethics. AASW, Canberra.
- Anti-Discrimination Act 1991 (Qld)*.
- Australian Football League. (2005). *Respect and responsibility: Creating a safe and inclusive environment for women at all levels of Australian Football*. Policy document November, 2005.
- Bath, H. (2008). Neuroscience research and the transformation of child welfare. *Paper presented at the Child Safety Research Conference, Child protection, joining the dots: Integrating research, policy and practice, Brisbane 2008*. Department of Child Safety. Accessed 12 December, 2008, from, <http://www.childsafety.qld.gov.au>.
- Behrens, J. (2008). *Media Release*. Accessed 4/12/2008 from, http://www.ics.act.gov.au/dvpc/documents/html/media_release3.htm.
- Belsky, J. (1984) The determinants of parenting: A process model. *Child Development*, 55, 83-96.
- Besthorn, F. H., & Pearson McMillen, D. (2002). The oppression of women and nature: Ecofeminism as a framework for an expanded ecological social work (Frameworks for practice). *Families in Society: The Journal of Contemporary Human Services*, 83(3), 221-212.
- Blagg, H. (2000). *Crisis intervention in Aboriginal family violence: Summary report*. Partnerships Against Domestic Violence. Commonwealth of Australia, Canberra.
- Bronfenbrenner, U. (1979) *The ecology of human development experiments by nature and design*. Harvard University Press, Massachusetts.
- Bronfenbrenner, U., & Mahoney, M, A. (1975). *Influences on human development*. The Dryden Press, Illinois.
- Commission for Children and Young People and Child Guardian (CCYPCG), 2008. *Annual Report, Deaths of children and young people: Queensland 2007-2008*. The Commission for Children and Young People and Child Guardian. Queensland, Brisbane
- Commonwealth Government. (2008a). *Australia comes in from cold on Women's rights, media release from the Minister for the Status of Women*. Accessed 25 November, 2008 from http://www.tanyaplibersek.fahcsia.gov.au/internet/tanyaplibersek.nsf/content/womens_rights_25nov08.htm.
- Commonwealth Government. (2008b). *Prevention and reduction of family violence. November 2008: An Australasian Policing Strategy*. Commonwealth of Australian.
- Dale, P. (2004). 'Like a fish in a bowl': Parents' perceptions of child protection services. *Child Abuse Review*, 13, 137-157.
- Data Analysis Australia Pty Ltd. 2007. *Analysis of the 2005 Personal Safety Survey*. Report prepared for the Department of Families, Community Services and Indigenous Affairs. WA.

Dearden, J., & Jones, W. (2008). *Homicide in Australia : 2006-07 National Homicide Monitoring Program annual report*. Monitoring reports series, no. 01. Canberra: Australian Institute of Criminology, December 2008. Accessed 4 December, 2008 from, <http://www.aic.gov.au/publications/mr/01/index.html>.

Department of Education, Training and Youth Affairs, Partnerships against Domestic Violence, National Crime Prevention, 2000, *Young people and domestic violence: National research on young people's attitudes and experiences of domestic violence*, Fact Sheet, Department of Education, Training and Youth Affairs.

Department of Human Services. (2006). *Guiding Integrated Family Violence Service Reform: 2006 – 2009*. Victorian Government, Victoria.

Domestic Violence & Incest Resource Centre. (2004). *Developing an integrated response to family violence in Victoria – Issues and directions*. Domestic Violence & Incest Resource Centre, Melbourne.

Douglas, H. (2008). The criminal law's response to domestic violence: What's going on? *Sydney Law Review*, 30, pp. 439-469.

Downey, L., (1997). Adolescent violence: Systemic and feminist perspective. *Australian and New Zealand Journal of Family Therapy*, 18(2).

Family Violence Coordination Unit, (2007). *Family Violence: Risk assessment and risk management. Supporting an integrated family violence service system*. Department of Victorian Communities: Melbourne.

Flood, M., & Fergus, L. (2008). *An assault on our future: The impact of violence on young people and their relationships*. A White Ribbon Foundation Report. Accessed 25 November, 2008, from <http://www.whiteribbonday.org.au/media/documents/AssaultonourFutureFinal.pdf>.

Gevers, L. & Community Management Services. (1999). *Practice standards for working with children and young people who have lived with domestic violence: Kids and DV*, first published 1999 by Commonwealth of Australia, Reprinted by Families, Youth and Community Care, Queensland, Partnerships Against Domestic Violence.

Gondolf, E. W, (1999). *A 30 month follow up of court mandated batterers in four cities: Indiana, PA, Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania*. Accessed 4 December 2008, from <http://www.iup.edu/maati/publications/30MonthFollowup.shtm>.

Henderson, S., & Reid-Howe Associates. (2002). Evaluation of the Zero Tolerance "Respect" Pilot Project. *Crime and Criminal Justice Research Findings No. 59*. Accessed 25 November, 2008, from <http://www.zerotolerance.org.uk/>.

HREOC, 2007, Social Justice Report 2007, Aboriginal and Torres Strait Islander Commissioner, Report No. 1/2008. Accessed 26 November 2008, from, http://www.hreoc.gov.au/social_Justice/sj_report/sjreport07/chap2.html.

HREOC, 26/06/2007. *A human rights based approach is vital to address the challenges in Indigenous communities*. Media release. Accessed 26 November 2008, from, http://www.hreoc.gov.au/about/media/media_releases/2007/45_07.htm

Humphreys, C. (2008). Joining the dots for babies in out of care. *Paper presented at the Child Safety Research Conference, Child protection, joining the dots: Integrating research, policy and practice, Brisbane 2008*. Department of Child Safety. Accessed 12 December, 2008, from, <http://www.childsafety.qld.gov.au>.

- Meyers, M. (1997). *News Coverage of Violence Against Women*. Sage Publications
- Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence (Research Report No. 574)*. Department for Education and Skills, London: Queens Printer and Controller of HMSO. Accessed 12 December, 2004, from <http://www.prb.org.uk/wwiparenting/>.
- Moore, T. G. (2008). Rethinking universal and targeted services. *CCCH Working paper 2, Centre for community child health*. Parkville, Victoria: Centre for Community Child Health. Accessed 22 November, 2008, from, http://www.rch.org.au/empilibrary/ccch/Rethinking_universal_target_services.pdf.
- Mouzos, J. 1999. Femicide: An overview of major findings'. *Trends and Issues in Crime and Criminal Justice*, 124, pp.1-6. Australian Institute of Criminology, Canberra.
- Mullender, A., Hague, G., Iman, U., Kelly, L., Malos, e. & Regan, L. (2002). *Children's Perspectives on Domestic Violence*. London: Sage Publications.
- NSW Police Force. (2008). *Forces unite against family violence*. Media release 25/11/2008. Accessed 26 November, 2008, from www.police.nsw.gov.au.
- Office of Women's Policy. (2005). *Reforming the family violence system in Victoria: Report of the Statewide Steering Committee to Reduce Family Violence*. Victorian Government, Victoria. Accessed 20 November, 2008 from <http://www.women.vic.gov.au>
- Partnerships Against Domestic Violence, (2000), 'Young People Say "DV- No Way": Evaluation of the National Domestic Violence Prevention Workshops for Young People', Department of Education, Training and Youth Affairs, Commonwealth of Australia; David Indermaur (February 2001) 'Trends and Issues in Crime and Criminal Justice', Paper no. 195 *Young Australians and Domestic Violence*. Australian Institute of Criminology: Canberra; Critical Directions Monograph Series, (2001) v.1, no.1 p.8, Domestic Violence Resource Centre.
- PeakCare Queensland Inc. (2003a.). *Future directions for family based care (Report)*. Brisbane: Author.
- Pease, B. (2008). Engaging men in men's violence prevention: Exploring tensions, dilemmas and possibilities. *Australian Domestic & Family Violence Clearinghouse. Issues Paper 17*, August, pp. 1-20.
- Pecora, P.J., Whittaker, J.K., Maluccio, A.N., & Barth, R.P. (2000). *The child welfare challenge: Policy, practice and research*. 2nd edn. Aldine De Gruyter, New York.
- Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighbourhoods: The science of early childhood development*. Washington DC: National Academy Press.
- Statham, J., & Holtermann, S. (2004). Families on the brink: the effectiveness of family support services. *Child & Family Social Work*, 9(2), 153-166.
- Robertson, B. (2000). *The Aboriginal and Torres Strait Islander women's task force on violence report*. Department of Aboriginal and Torres Strait Islander Policy and Development: Queensland Government.
- Rollings, K., & Taylor, N. (2008). Measuring police performance in domestic and family violence

Trends and issues in crime and criminal justice, no. 367. Canberra: Australian Institute of Criminology, December 2008. Accessed 4 December, 2008, from <http://www.aic.gov.au/publications/tandi2/tandi367.html>

Taft, A. (2002). Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses. *Australian Domestic and Family Violence Clearinghouse, Issues Paper 6*.

United Nations General Assembly. (1993). *Declaration on the Elimination of Violence against Women*. United Nations. Accessed 25 November, 2008, from <http://www.in.org/documents/ga/res/48/a48r104.htm>.

United Nations General Assembly. (2006). *In-depth study on all forms of violence against women: Report of the Secretary-General*. Accessed 24 November, 2008, from <http://www.in.org>.

VicHealth, (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Victorian Government. Accessed 25 November, 2008, from <http://www.vichealth.vic.gov.au>.

VicHealth, (2007b). *Respect, responsibility and equality: Preventing violence against women program – May 2007*. Victorian Health Promotion Foundation, Melbourne. Accessed 8 December, 2008, from, http://www.vichealth.vic.gov.au/assets/contentFiles/VAW_FundedProjectsevidence_3.pdf.

Walsh, D. (1999). A risk assessment for practitioners when working with disclosures of domestic violence. In Fook, J., Lindsay, F. & Ryan, M (Eds). *Advances in Social Work and Welfare Education*. Australian Association of Social Work and Welfare Education. 2(2) March.

Walsh, D. (2002). 'The invisible man syndrome in child protection'. *Paper presented to Family Violence Intervention Programs Seminar, Preston Centre for Creative Living Family Violence Intervention Programs*.

Walsh, D. (2008). 'Keys to reform in Victoria'. *Presentation at The future of domestic violence services in Queensland, The University of Queensland*. February 2008.

World Health Organisation (WHO). (2002). *World report on violence and health*. (Eds: Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R.) World Health Organisation: Geneva. Accessed 26 November, 2008 from <http://whqlibdoc.who.int/>.

Wild, R., & Anderson, P. (2007). *Little children are sacred. Board of inquiry into the protection of children from sexual abuse*. Northern Territory Government, Northern Territory.

Women's Coalition Against Family Violence. (1994). *Blood on whose hands? The killing of women and children in domestic homicide*. Fitzroy, Victoria: Arena Publishing.

Zero Tolerance Charitable Trust: Accessed 25/11/2008 from, <http://www.zerotolerance.org.uk/>.

7.30 Report 25/11/2008, Accessed 26 November, 2008, from <http://www.abc.net.au/7.30/content/2008/s2429440.htm>