



LEGISLATION AND POLICIES

Valuing Victoria's women: Women's Safety Strategy

A whole-of-government response to violence against women

THE VICTORIAN Government is developing a whole-of-government *Women's Safety Strategy* to reduce the level, and fear, of violence against women in Victoria. All forms of violence against women will be covered in the Strategy, including family violence, sexual assault, public safety issues, sexual harassment and violence in the workplace. Family violence and sexual assault will be a key focus in the first year of operation.

The overall aim of the Strategy is to *improve women's safety, well-being and capacity to fully participate in Victorian life by reducing the level, and fear, of violence against women*. To achieve this aim the Government will:

- improve co-ordination and strengthen local networks;
- change community perceptions and strengthen prevention initiatives;
- reduce barriers to women disclosing violence and seeking assistance;
- improve responses to women who have experienced violence;
- respond appropriately to people who use violence; and
- ensure responses are relevant to people from diverse cultures, backgrounds, and life experiences.

The Strategy was publicly announced by the Minister for Women's Affairs, the Hon. Sherryl Garbutt, MP at a Women's Safety Consultative Forum in September 2000. Over 75 people from across different sectors attended the forum and participated in workshops on how to achieve each of the objectives of the Strategy.

The "whole-of-government" approach

In Victoria, the whole-of-government approach will be achieved through the following structures: ►

IN THIS ISSUE

Legislation and policies

Valuing Victoria's women: Women's Safety Strategy	1
From policy to practice: routine screening for domestic violence in NSW Health	2
The NSW 'Violence Against Women – It's Against All the Rules' statewide community education campaign	4

Practice notes

Queensland's Rural Support Workers' new direction	5
Working with children in vulnerable families	6
Violence in the family, plan of action for the 21st century	6
The implications and effects of theories of inter-generational transmission of violence for boys who live with domestic violence	6

New publications/reviews

"Stalkers and their Victims"	8
------------------------------	---

Research findings/initiatives

Research into recovery and resilience in trauma survivors	9
An unacceptable risk: a report on child contact arrangements where there is violence in the family	9
NASASV access and equity project 2001	11

New on the Clearinghouse Good Practice Database

Gold Coast Fax-Back Project	11
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Forthcoming conferences/seminars

Internet documents	12
--------------------	----



Partnerships Against
Domestic Violence



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- An annual meeting of Ministers will be convened by the Minister for Women's Affairs to review progress in addressing violence against women and set directions and priorities for the coming year. The Ministers to be included are the Minister for Police and Emergency Services; Attorney General; Minister for Community Services; Minister for Housing and Aged Care; Minister for Health; Minister for Aboriginal Affairs; Minister Assisting the Premier on Multicultural Affairs; Minister for Workcover; Minister for Industrial Relations; and the Minister for Women's Affairs (Chair).
- A Women's Safety Co-ordinating Committee (WSSC) has been formed across Government, comprising senior executives and officer level staff appointed by relevant Ministers. The role of the WSSC is to oversee the whole-of-government response to violence against women. It will be chaired and resourced by the Office of Women's Policy, Department of Premier and Cabinet.
- The WSSC will establish effective mechanisms for the involvement of community representatives and non-government organisations in the development and implementation of the *Women's Safety Strategy*.

Progress to date

Four priority areas were agreed to at the first Annual Meeting of Ministers on Women's Safety in December 2000. These are areas that will particularly benefit from further development in the context of a whole-of-government approach. The four priorities are:

- increasing options for women who have experienced family violence (particularly the option of women and children being able to remain in the family home);
- strengthening local networks and responses;
- improving prevention initiatives; and
- developing an Indigenous Family Violence Strategy;

Working Groups are being established by the WSSC to progress each of these priority areas. Working Groups include both Government and non-government representatives to reflect a range of perspectives and expertise. "Think tanks" will also be convened to engage a broader cross-section of people in dialogue about these priority areas. The Indigenous Family Violence Strategy will have separate processes and structures in recognition of

the importance of an Indigenous lead approach to addressing family violence.

Consultation

It is expected that the draft *Women's Safety Strategy* will be available for public consultation in July 2001. This document will include:

- a whole-of-government policy statement on violence against women;
- a whole-of-government action plan outlining how the various Departments will meet the six objectives of the WSS;
- recommendations about how Government will address each of the four priority areas (as listed above).

This will provide an opportunity for community members to provide feedback on all, or part, of the Strategy prior to it being finalised as Government policy. A PDF version of the document is available from the Office of Women's Policy home page: www.women.vic.gov.au

Further information

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From policy to practice: routine screening for domestic violence in NSW Health

THE DOMESTIC Violence Policy Review Committee, which was convened in 1999, recommended that routine screening for domestic violence be implemented in particular program areas of the health service, where women presenting were shown by research to be most at risk. These were Emergency Departments, Antenatal Services, Drug and Alcohol and Mental Health Services. This recommendation gained broad support from the field when it was circulated in the Domestic Violence Policy Discussion Paper (1999).

However, it is a long road from a policy recommendation to standard practice across health services. Fortunately, Commonwealth funding was obtained from *Partnerships Against Domestic Violence* for a fifteen-month project to pilot, refine and implement routine screening for domestic violence. The two Area Health Services chosen for the pilot were Macquarie and South East Sydney, a comparatively

well resourced metropolitan Area and an under-resourced rural Area.

The project is divided into two parts, a pilot phase of six months followed by a statewide implementation phase. The project is currently on the cusp of these two phases. The pilot phase has been completed and the draft of the evaluation report, by Jude Irwin and Fran Waugh from the University of Sydney, has been submitted to the working party.

One of the main aims of instigating routine screening for domestic violence for women entering NSW Health Services is educative. Staff and the community are given the message that domestic violence is a widespread problem with serious health implications for victims. Health workers' awareness is raised and they are able to provide assistance. It is a service enhancement initiative, rather than a data or incidence gathering tool.

Development of the screening tool used by the project was guided by international and Australian research. For the purposes of this initiative screening has been defined as: *The systemic application of a test or inquiry, to identify individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventative action, amongst persons who have not sought medical attention on account of symptoms of that disorder.*

The screening tool trialed in the pilot study consisted of a preamble followed by four questions. The working party agreed that the screening questions should concentrate more on the physical end of the domestic violence spectrum, as a broad range of health staff more readily accepts this as a health issue. The questions needed to be clear, concise and easy to deliver in a short space of time. Nevertheless, two questions attend to fear and safety. It was also decided to limit the questions to recent and current partner and ex-partner abuse, based on significant systemic and pragmatic considerations.

It needs to be highlighted that women presenting for a wide range of problems, not including domestic violence, are being asked a standard set of questions about violence at home.

The tool, including responses, actions taken, referrals etc was printed on a form to be included in the patient's file. Improving the documentation of domestic violence in medical records is one of the aims of this project. Staff training, comprehensive protocols and attractive flow charts to guide staff were developed for the screening pilot.

The preamble and questions were to be asked of all new female patients over 15 years old, in privacy, at initial interview or assessment (usually towards the

end when rapport has been built). The preamble was designed to alert the woman to the issue, to let her know that **all** women were being asked (ie there was not something about her in particular that prompted the questions), that she does not have to answer the questions and that there are limits to the confidentiality of her answers, particularly in relation to safety issues.

Preamble: health worker to explain the following:

- In this Health Service we have begun a new project to routinely ask all women the same questions about violence at home;
- This is because violence in the home is very common and can be serious and we want to improve our response to women experiencing domestic violence;
- You don't have to answer the questions if you don't want to;
- All answers to the questions will remain confidential to the Health Service except where you give us information that indicates that you or your children are at immediate risk of serious harm. We would discuss this with you;
- Also, we are interested to know how women feel about being asked these questions, so afterwards we give you a brief survey to fill out and leave in a box at the front desk. Your answers to this will be completely anonymous.

Screening questions

- 1 Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?
- 2 Are you frightened of your partner or ex-partner?
- 3 Are you safe to go home when you leave here?
If domestic violence has been identified question 4 is asked
- 4 Would you like some assistance with this?

All women screened, no matter how they answered the questions, were to be given a resource card developed for the project. This contains information about the broad range of behaviours, including emotional abuse, that constitute domestic violence, as well as contact numbers.

Evaluation results

Whilst the report is not yet finalised, it is clear that there is positive evidence to proceed with routine screening for domestic violence. The real successes of the pilot have been Antenatal & Obstetric services, which have carried out screening at a high rate, and the positive support for screening shown by women patients.

Identification of domestic violence has been improved by screening. Disclosure rates differed across program areas, as did actual screening rates. Mental Health and Drug and Alcohol services had comparatively high rates of disclosure, but the screening rates in these services were lower. Some areas, such as Emergency departments, have real barriers that must be addressed for implementation. Some of these are: busy workload demands; lack of privacy; disruption to work practices; discomfort of health care practitioner; training not accessible; insufficient resources, such as staff time; and lack of supervision/support.

Five to eleven per cent of the women screened disclosed domestic violence. Less than a third of those women requested assistance. Most importantly, the women who were screened reacted positively to the questions, the resource card and the project. When asked about the appropriateness of health workers screening for domestic violence, women understood this as a health improvement initiative. Responses included, for example:

Yes because it is common and women need to know how to stop it and where to get help. Some women have just learnt to accept it.

I was in a violent relationship when I was younger and I think if someone would have asked me the questions like that maybe I would have told someone instead of putting up with it.

Because a lot of people don't say anything unless they're asked.

The final evaluation report should be available by the end of March. There is much interest from many committed health workers to assist with the implementation phase. We will be heeding the evaluators' recommendations, refining protocols, training and resources and working collaboratively to spread this initiative across the state's health services.

Further information

Karen Tuxford
Education Centre Against Violence
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The NSW 'Violence Against Women – It's Against All the Rules' statewide community education campaign

THIS COMMUNITY education campaign was launched in November 2000 by the NSW Strategy to Reduce Violence Against Women. The aim of the campaign is the prevention or reduction of violence against women. It principally targets men aged 21 to 29 years, using sport as a promotional vehicle.

At the campaign launch in November, campaign spokesperson Tony Squires, *Sydney Morning Herald* columnist and Presenter of ABC TV's *The Fat*, said: 'Most violence towards women is done by men. But this campaign is not all about blaming men. It's about finding those non-violent, caring types, the all round good blokes like me! We can help to stop the violence. The first step is educating men about the different forms of violence and getting them to talk about it.'

The NSW Government has implemented a number of campaigns and public education programs to state in no uncertain terms that the community should not tolerate violence against women. A number of these have encouraged women to report such violence. The Council on Violence Against Women felt that it was timely to develop a public education campaign that aimed to prevent violence before it started. One obvious way of achieving such a preventive focus was to target the peers of those men likely to commit violent acts. It was also clear to the Council that such a campaign would have to capture the imagination of the target audience using a language and ideas that they were comfortable with.

High profile sporting personalities such as Laurie Daley, Michael Slater, Dale Lewis and Mark Bosnich are featured on posters which are being displayed on buses in Sydney, Wollongong and Newcastle from January to April 2001. Radio advertisements and community service announcements are also being played across the state.

The campaign is being implemented and adapted across NSW. Local sporting and recreational clubs, government and non-government organisations, hospitals and educational institutions are getting involved and implementing the campaign in their own way. Local campaigns range from displaying the posters, to media activities, sports days, creative competitions and discussion groups. Booklets about how sporting and other groups can get involved are available from the Violence Against Women Specialist Unit. There have been many positive responses to the campaign. Local and national

sporting bodies and other community groups and members have suggested many different and creative ways to implement the campaign locally.

Other materials with the campaign message are being developed, including stickers, bookmarks, coasters and a flier which aims to inform individual men about how to become involved in preventing violence against women. Everyone in the community is encouraged to get involved and support the message of the campaign. Regional Violence Prevention Specialists and NSW Department of Sport and Recreation can offer support at the regional and local level.

Deadline for contributions to the June newsletter is May 22:
Brief, newsworthy contributions are invited.

Further information

Violence Against Women Specialist Unit
Phone: 02 9228 8439

PRACTICE NOTES

Queensland's Rural Support Workers' new direction

Linda Drake, Central Highlands Rural Support Worker, outlines the reorienting of a service to address child protection.

IN JUNE 2000, Families, Youth and Community Care Queensland changed funding for the 13 Rural Support Workers to come under the Child Protection Act. This has meant a refocus from assisting primary producers and administering emergency relief to helping families at risk with children in the 0 to 18 year old age group.

The aim of Rural Support & Family Workers is to empower families to have the knowledge, skills and resources needed to live safely. We provide information, links and support to families who are not at statutory intervention stage. Rural Support Workers also liaise closely with services, assist with awareness campaigns in the community and access funding to run relevant workshops. Some of our clients have suffered domestic violence in one form or another. We are able to provide support by visiting the home, assisting with information, contacts and by letting them know of upcoming workshops or training that may be of assistance.

The region I cover consists of five shires in Queensland's Central Highlands. All the Support Workers have large areas with the remote regions

covering a huge distance. There have been some concerns with the new direction as there are primary producers still requiring the traditional service, although in most cases the support workers have met the needs of primary producers as many have children in this age bracket. However, the new focus provides an innovative program that is pro-active in dealing with children at risk. Other Rural Family Support Workers are based in Daringa, Moranbah, Dalby, Miles, Roma, Hughenden, Goondiwindi, St George, Toowoomba, Barcaldine, Winton and Charleville.

Further information

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Working with children in vulnerable families

THE CHILDREN'S Resource Project supports SAAP (Supported Accommodation Assistance Program) workers assisting families experiencing family violence and homelessness in the Eastern Metropolitan Region of Melbourne. It is a unique service that identifies and addresses the specific needs of children experiencing homelessness or family violence.

The Children's Resource Project is also currently implementing a new project entitled *Working with Children in Vulnerable Families*. The project is funded by the Commonwealth Department of Family and Community Services and is operating in the Eastern Metropolitan Region of Melbourne. *Working with Children in Vulnerable Families* is funded to support Long Day Care, Family Day Care and SUPS workers working with children affected by family violence and homelessness. The project provides information, consultation and links to allow Children's Services to best meet the needs of this vulnerable group of children. The Children's Resource Project will be providing training to Family Day Care, Long Day Care and SUPS workers in each of the council areas in the Eastern Metropolitan region of Melbourne.

Further information

Nicole Patton or Kim Purdey, Phone: 03 9879 5344.

Violence in the family, plan of action for the 21st century

Conference report by Lynda Dunn, Central Queensland Community Legal Centre

NOVEMBER in Cyprus is definitely not a destination to be missed, especially when one can attend an International conference of the calibre of that held recently. Under the auspice of the Ministry of Justice and Public Order of Cyprus, the International Conference *Violence in the family, plan of action for the 21st century*, was held from 26th-30th November 2000. The Cypriot Government will be hosting the Secretariat for the next 2-3 years. This conference attracted over 350 delegates from more than 70 countries with a program that was as interesting and diverse as the participants.

There were 12 invited speakers from the United States, Israel, United Kingdom, Netherlands, Greece and Canada who spoke on issues ranging from the effect of violence on child witnesses to intercultural research. The conference commenced with opening addresses and the Keynote speaker was Yiannakis Agapiou MP, President of the Parliamentary Committee for Human Rights. Given the very turbulent history of Cyprus, having been invaded by Middle Eastern, European and Christian cultures over the past few thousand years, this address very interestingly linked human rights issues directly with those of familial violence.

There were 14 sessions over the 4 full days with the following headings: causes and consequences of violence in the family; police and military combating violence in the family; global action to combat violence in the family; intercultural research papers; legislation and policy making for combating violence in the family; effects of violence in the family on children; women mainly victims of violence; perpetrators; institutions-networks for combating violence; health; evaluation; older women victims of violence; the role of education; and raising awareness on violence in the family

As can be imagined, trying to decide which session to attend when there were so many could have presented an interesting challenge. However, the organisation of the conference was such that the sessions ran consecutively, each commencing with an invited speaker's address followed by 1-5 papers. While this method meant very long days, starting at 8am and finishing at 7pm, we did have the advantage of a lengthy lunch break to enable the head to be cleared. A small number of action specific workshops were held consecutively with the papers, the majority of these being attended by 20-30 interested participants.

The web-site currently contains a detailed list of participants and will be displaying a number of presented papers: www.familyviolence.org.cy. Conference papers will be available for purchase towards the end of 2001.

As with all conferences there needs to be outcomes and for this event the result was a Declaration of Expectations which country delegates will be forwarding to relevant Government Departments and Stakeholders. An International Committee has been convened which will undertake the immense task of organising a further conference. Preliminary discussions have suggested that the venue be either India or an African country, and that the timing be late 2002 or early 2003.

Further information

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The implications and effects of theories of inter-generational transmission of violence for boys who live with domestic violence

This is a condensed version of a longer paper presented by Cameron Boyd (Boys RAVE project) at the "Manning the Millennium" conference at the Gold Coast, November, 2000.

ONE OF my main interests in working with young men and boys who have witnessed domestic violence is in relation to theories of "inter-generational transmission of violence", sometimes called the cycle of abuse. Specifically, I have been interested in the extent to which these type of theories have shaped the responses of counsellors, funding bodies, the general community, and most importantly, boys and their mothers who have lived with domestic violence.

Depoliticisation of violence

One of feminism's major contributions to the field of violence has been to conceptualise gender violence as a political issue. This understanding of violence is based on unequal distribution of power to different social groups, and the gendered socialisation of boys and girls. This represents a major shift in thinking about domestic violence, from models of "dysfunctional families", cultures of poverty, individual psychopathology, and other previous models (Kelly 2000). Interventions to prevent violence which target boys who have witnessed domestic violence clearly draw upon, and re-create, the dysfunctional family

discourse. Because it is culturally accepted that boys from violent homes will be violent men, it makes “common sense” to work with these boys to prevent violence.

It is important to note that our culture is infused with invitations to young men to participate in violence. In other words, boys who live with violent fathers are not the only boys who receive training in dominant masculine (violent) ways of being. One might even argue that the family is one of the few places where boys might have a chance of engaging with ideas and experiences which challenge dominant ideas about masculinity in relationships (Phillips, 1993).

The 70 per cent question

It seems important to note that studies consistently indicate that most boys who grow up in violent homes do not “grow up to become abusive”. Smith (1998) suggests that the figure is around 30 per cent. What is rarely said is that this means that 70 per cent of these boys resist the use of violence in their lives. That this would not be emphasised seems extraordinary. More specifically, what relevance do services premised on the “inter-generational transmission” theory have for these boys? If boys are targeted as “at risk” of committing violence because of their witnessing of domestic violence as children, when in fact the majority of this group will not go on to “be abusive”, what purpose does this at-risk identification serve? Further, do we premise our services and support to young people and children on the risk that they may become violent in the future, or on the fact that they are deserving of support in their own right as individuals in the present? (Kelly 1994) Other difficult questions not explained by inter-generational transmission discourses relate to what extent using violence or abusive behaviour as a young person is predictive of using violence as an adult (Neugebauer 2000).

Stigmatisation and targeting

As O’Leary (2000) notes, the fact that most male survivors of sexual abuse do not go on to abuse others is rarely publicised or talked about. The same could be said about boys who live with violent fathers. “The “difference dilemma” for service providers, therefore, is how is it possible to identify and provide services to a group without, at the same time, labelling and stigmatising that group?” (Parker, Fook & Pease 1999, p151) “Son of violent father” is not a desirable social identity. Yet this is exactly the identity that a targeted violence prevention program asks boys to step into.

Effectiveness of violence prevention

Another concern with the sway that inter-generational transmission theories have, is that they simply may not be an effective way to stop violence from happening. All boys and men could be said to be potentially abusive in an intimate relationship, as there is no clear way of defining an abusive man from a non-abusive man (Allbrook Cattalini 1992). For violence to be reduced, significant structural, cultural, political and economic changes need to be made. Intergenerational transmission theory ‘diverts attention away from the real problems that contribute to wife abuse: the subordinate role of women in a patriarchal social structure’ (Cappel & Heiner 1990).

Defining violence

Given the implicit power imbalances between men and women enshrined in normative constructions of gender relations and heterosexuality, exactly how one would define a “non-abusive man” is by no means unproblematic. Conversely, such totalising descriptions rarely convey the entirety of a person’s life. I would suggest that most men would occupy a range of positions on a “non-abusive to abusive” scale across different contexts and at different times in their lives.

Studies exploring the inter-generational transmission of domestic violence almost exclusively focus on physical violence. Over the last few decades, the domestic violence movement has worked to promote an understanding that domestic violence is not limited to physical violence. Yet other types of abuse are rarely included in definitions of violence in these studies.

Gap between theorising on masculinity and violence and work being done with young men.

Our cultural and therapeutic constructions of violence and why it happens still largely depend on notions of violent individuals as deviant, when in fact it is well established that violent men are “normal” men. (Allbrook Cattalini 1992).

Interestingly, behavioural issues have been the prime motivation for most parents or teachers for referring boys to the groups I am currently involved with. The actual experience of domestic violence in the home, which is the ostensible “target” group

for the program, is rarely a consideration until the boy’s behaviour becomes a problem. This has serious implications in relation to “who has the problem”, and who gets to say who has the problem.

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Avoidance of adult responsibility

There is increasing interest in understanding the processes involved when children exposed to violence do not go on to perpetrate it, centring on the concept of 'resilience'. One problematic aspect of the notion of resilience is that it suggests as a solution (at least a part solution) to violence, the need to raise children who are resilient to the effects of violence. This could be said to completely miss the point, in that it is violence that is the problem and should be problematised, rather than the ways in which children respond to or cope with violence. These potentially become the focus for intervention within a discourse of resilience. (Conversation with Ron Frey).

What are the implications of asking the child to take an anti violence stance, when the perpetrator of violence in his life has never been held accountable or lost anything due to his violence? This question is not to suggest that violence prevention work can't or shouldn't be done with boys, but I would suggest that this should not be at the expense of holding adult men responsible for the violence they commit.

Violence prevention is clearly an important area of work, and there is much potential in engaging with young people in this project. However, we should not forego our critical faculties when it comes to thinking through the implications on the lives of young people. The complexity of violence, and people's experience of violence, the way people make sense of violence and the abuse of power in their lives, is largely missed by causal explanations of violence. The inter-generational transmission of violence, as an idea, is also a dangerously useful tool for those wishing to minimise the responsibility of adult men who commit acts of violence and abuse in their relationships. As anti-violence activists, child or youth workers, or domestic violence workers, this should be of extreme concern, and act as an invitation to offer alternative accounts and understandings of violence which acknowledge the complexity, confusion and struggle which are associated with both acts of violence, and acts of resistance to violence.

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NEW PUBLICATIONS/REVIEWS

"Stalkers and their Victims"

Paul Mullen, Michele Pathe` & Rosemary Purcell, Cambridge University Press, 2000.

Reviewed by Zoe Craven, social work/law student, Clearinghouse

OVER THE last decade, stalking, while not necessarily a new phenomenon, has emerged as a newly *recognised* issue of social, legal and scientific concern. *Stalkers and their Victims* takes an historical, socio-cultural and clinical perspective on the nature, epidemiology and impact of stalking in modern Western societies.

Stalking and being stalked are introduced as social constructs, to be defined and categorised primarily through the experiences of the victim. Consistent use of anecdotes and case studies throughout the text emphasises this approach. It is argued that despite a conspicuous absence of knowledge and research into the prevalence, incidence and impact of stalking, some trends may be ascertained from the existing literature. The first few chapters outline some of these trends. According to the text, perpetrators of stalking behaviour are most likely to be male, and the victims, female. Most stalkers will use multiple forms of harassment in their pursuit and will rarely receive a jail sentence for their crime, the legal system instead tending to divert offenders through probation and rehabilitation schemes. Limited research conducted in Australia revealed most stalkers are strangers to their victims. However, more extensive studies conducted in North America suggest most stalkers are ex-intimates of the victim. These studies also suggest that ex-

intimate stalkers are more persistent than others and more likely to become violent.

Throughout the book it is emphasised that the impact of stalking on the victim is devastating and often underestimated. Many victims will experience long term effects similar to those exhibited by sufferers of post traumatic stress disorder, including anxiety, depression and intrusive thoughts. That the source of their distress has the potential to return again and again only exacerbates these symptoms. It is with the safety and well being of the victim in mind that the authors proceed, throughout the next five chapters, to develop a typology and classification system of stalkers, their motivations, individual pathologies and personal characteristics. There is also a relatively detailed exploration of the various delusional and pathological disorders associated with stalking behaviour, such as erotomania and morbid infatuations. Largely directed at clinically orientated professionals, the use of case studies throughout helps to illustrate how such categorical systems can assist in assessing and managing the stalker and ensuring the safety of the victim.

The next section of the text looks at four specific areas, within the complex issue of stalking and stalking behaviour. Same gender stalking is examined, and the tendency of legal professionals and law enforcement officers, based on erroneous assumptions regarding sexuality and male/female relations, to minimise the safety risks posed to victims in this situation. The role of stalking by proxy is examined under a variety of headings, including private investigators hired by the stalker, delivery personnel and real estate agents. It is argued that anything from an innocent and unwitting disclosure, to inflexible systems which facilitate contact between victim and perpetrator, can perpetuate and encourage stalking behaviour, and various ways of combating this problem are suggested. The relationship between stalking and assault is also discussed and research suggesting only a very small percentage of stalkers become violent is presented. It is acknowledged, however, that an assessment of victim safety does need to be made and a list of possible risk factors to be taken into account is provided.

The final chapters of the text address some of the more practical issues, including various coping strategies for victims of stalking. It is suggested that anything from drug therapy and individual counselling, to group work and community advocacy, can be helpful, and that often a combination of a number of approaches is preferable. The legal position on stalking in the United States, Australia and the United Kingdom is briefly outlined and some criticism of recent legislation is provided. Lastly, the authors present a proposal for clinically

assessing and developing intervention strategies for perpetrators. The text concludes by arguing that, as mental illness is very often a causal factor in the development of stalking behaviour, therapeutic models of intervention which take account of the history, motivations, social networks and individual pathology of stalkers, with the victims safety maintaining priority, must be incorporated into prosecution processes.

Stalkers and their Victims provides an introduction to a complex and under-researched area of human behaviour. Stalking is defined as a social problem but its relationship to domestic violence and gender power relations in society is not really explored. Nor is the potential for change, that a feminist analysis of the issue might offer, recognised. While the victim is provided with practical tips on how to cope with the experience of being stalked, he/she may not be lead to challenge the hierarchical structures and institutions in society, which allow it to continue. Thus, as a text, it is more informative than critical and the authors themselves acknowledge this. If there is one common theme which runs throughout this book it is that stalking is different to other crimes. Why and how it is different can only be discovered through further research and the contributions of professionals from a broad range of theoretical and practical backgrounds.

RESEARCH FINDINGS/INITIATIVES

Research into recovery and resilience in trauma survivors

A STUDY is being conducted at the University of Queensland, Department of Psychiatry, in conjunction with the Victims of Violence Program, Harvard Medical School, U.S.A. Dr Gwen Roberts, who is conducting the study, says that the main purpose of the study is to test a new instrument, the Multidimensional Trauma Recovery and Resiliency Scale (MTRR). This meets the need to address the relative lack of instruments and studies examining positive (i.e. resilient and recovered) trauma survivors. In particular, the study in Brisbane is related to survivors of domestic violence, and involves two groups of women – one group who attended the Emergency Department, Royal Brisbane Hospital (not necessarily presenting with domestic violence problems) and have been part of a longitudinal study on domestic violence since 1995. The other group has sought help from a community agency in Brisbane, the Domestic Violence Resource Centre. All these women have experienced domestic violence in their lifetime, and a large number were abused as children or witnessed domestic violence.

Dr Mary Harvey, Assistant Clinical Professor, Department of Psychiatry, Harvard Medical School, has formulated the two companion instruments, a standardised clinical interview and the Multidimensional Trauma Recovery and Resiliency Scale.* She says that the measures are designed to assess trauma, recovery and resilience on each of eight domains of psychological functioning. The measures were developed for use with both clinical and community samples of trauma survivors, including adult victims of rape, incest and domestic violence, adult survivors of childhood trauma, combat veterans and other traumatised populations. These instruments are being tested in various centres around the world, including refugees from Guatemala and El Salvador in U.S.A., and adolescent girls in Montreal, Canada. The scale has been translated into French and Spanish.

The unstructured narrative interviews of the women are tape recorded, and cover many topics – their history, their memory for events, their difficulties and their coping strategies, their relationships, how they feel about themselves, and how they make sense of their experiences and their lives. The trained research assistant, with social work or nursing background, rates the interview on a 1 to 5 Likert scale (1 being not at all descriptive and 5 being highly descriptive). The tape is rated by two independent (trained) raters. The purpose of the ratings is to measure the interrater reliability of the scale. The eight domains of functioning are: authority over the remembering process (e.g. a relatively continuous memory for events in childhood and adolescence); integration of memory and affect (e.g. when recalling painful events the woman is able to feel emotions experienced at the time); affect tolerance and regulation (e.g. she is able to maintain a realistic view of situations even when emotions are strong); symptom mastery and positive coping (e.g. she is able to accept help and experience help as helpful); self-esteem (self care and self regard) e.g. she avoids situations that are demeaning, humiliating or unnecessarily painful; self cohesion (e.g. she feels like an integrated person whose actions and emotions fit together coherently); safe attachment (e.g. she is comfortable with current relationship with family of origin); and meaning (e.g. she is able to feel a realistic sense of hope and optimism about the future).

Early results from around the world indicate that the MTRR shows conceptual and empirical promise as an instrument able to assess a wide range of responses, including negative effects and expressions of recovery and resiliency. Perhaps most importantly, it offers to clinicians and researchers a means of assessing the positive expressions of recovery and resiliency currently neglected by virtually all trauma

assessment measures. If we are able to find what helps women to recover from their traumatic experiences, we may be able to translate these factors into intervention programs that will assist many women to recover and live healthy and meaningful lives.

* Harvey, M. R. (1996) 'An ecological view of psychological trauma and trauma recovery', *Journal of Traumatic Stress*, 9(1), 3-23.

Further information

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An unacceptable risk: a report on child contact arrangements where there is violence in the family (2000)

Kathryn Rendell, Zoe Rathus & Angela Lynch, for the Abuse Free Contact group.

THIS RECENTLY released study aimed to gather information on the way in which legal and welfare systems respond to women and children affected by violence and abuse after separation. The methodology involved a literature review, interviews with staff in key agencies, a survey of welfare and legal practitioners, focus group consultations and interviews with residential parents and ongoing input from the reference group. The report found that domestic violence and child abuse frequently co-exist, and the authors state that: 'The significance of this finding is that the abuse of children and domestic violence cannot be considered as different and unrelated events' (p. 32). Notwithstanding the violence which they had experienced, most of the women interviewed initially wanted their children to have contact with their fathers and thought that this would be positive for their children. 'It was only after realisation that the children were unsafe that the women wanted to change the arrangements.' (p. 41) The women described ways in which contact arrangements after separation were used by their abusers to harass them. They understood the abuse of the children on contact or threats to harm them, as part of a pattern of control and abuse of themselves.

The study explored the responses of two investigatory agencies: Families, Youth and Community Care Queensland and the Queensland Police Service and two family law system agencies: Legal Aid Queensland (LAQ) and Family Court of Australia. Inadequacies in the response to allegations of child abuse after the couple's separation were identified

within each system. For example, women's reports to the state child protection agency, when there were concurrent Family Law proceedings, tended to be viewed as vindictive, malicious or not serious. The LAQ emphasis on legal aid conferences, a form of non-litigious dispute resolution which shares some characteristics with mediation, was found to be problematic because women who had experienced severe domestic violence were not screened out from the conferencing process. This report contains detailed recommendations for change in all agencies charged with the protection of children. One recommendation is that service delivery in the family law system be structured around at least two, and possibly three, pathways:

- 1 'Relationship breakdown' not characterised by abuse
- 2 'Relationship breakdown' where there is domestic violence and/or child abuse
- 3 Possibly a third pathway involving Aboriginal and Torres Strait Islander people

The present situation is summarised in the report thus: 'The research...confirms that many of the effects of living with domestic violence on both women and children are poorly understood by decision makers in the welfare and legal systems. A recurring theme has been the failure of these systems to prioritise the issue of domestic violence and to understand its importance in protecting children from ongoing harm from their father after separation. Of particular concern, therefore, is the practice of not viewing domestic violence as a child protection issue.' (p. 110)

Available from:

Women's Legal Service Inc.
PO Box 119, Annerley, QLD 4103
Phone: 07 3392 0670 Fax: 07 3392 0658
Email: wlsi@gjl.com.au

NASASV access and equity project 2001

THE NATIONAL Association of Services Against Sexual Violence (NASASV) has received funding from the Office of the Status of Women, Canberra, to undertake an Access and Equity Audit. The purpose of this project is to audit Access and Equity strategies adopted in services against sexual violence, which have been shown to be effective in increasing access for Aboriginal and Torres Strait Islander women and children, and women and children from culturally and linguistically diverse backgrounds.

The aim of the project is to document access and equity strategies undertaken by services: either sole or collaborative projects. In addition, effective practice case studies will be collected, as nominated by the services. The findings will be used to inform Government policy and service practice and delivery, to enhance service provision to Aboriginal and Torres Strait Islander women and children, and women and children from culturally and linguistically diverse backgrounds.

This is a short project, with a 'due date' for the report on 30th June 2001. If there are any organisations who have not been contacted, and who wish to express their views on the issues or needs of women in relation to sexual violence and access and equity in service provision, or people who know of effective projects and relevant reports, please contact the project researcher.

Further information

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NEW ON THE CLEARINGHOUSE GOOD PRACTICE DATABASE

Gold Coast Fax-Back Project

The Fax-Back project, a joint project of the Queensland Police Service and the Gold Coast Domestic Violence Service, operates within the Gold Coast Domestic Violence Integrated Response (GCDVIR), a coordinated community response to domestic violence. It is an endorsed project of the Queensland Police Service and has been replicated in many other regions in Queensland. All nine police stations on the Gold Coast are participating.

The Fax-Back is a process whereby police investigating domestic violence talk to the aggrieved spouse about whether they would like any support or assistance from the Domestic Violence Service. This applies to all incidents of domestic violence, including situations in which: no action is taken; there was a police application made; there is an existing Domestic Violence Protection Order; or the respondent was charged or is being investigated for a breach, assault or other matter. After obtaining the aggrieved person's written consent, police fill out a pro-forma and on arrival back at the station, fax it

through to the Domestic Violence Service on a pre-programmed number. The Fax-Back form has been designed to take into consideration the high workload and paper work demands of police officers, being simple and quick to fill out. The Domestic Violence Service then provides follow-up support, assistance and information to the aggrieved spouse.

The rationale of the Fax-Back Project is to work towards reducing the number of police call-outs to a residence by providing the aggrieved spouse with information and options at an early point of intervention. Initial evaluation data shows that 430 forms were received from July 1st 1999 to June 30th 2000. Approximately 88% of aggrieved spouses for whom faxes have been received, have been new clients to the Domestic Violence Service. Approximately 91% were female. Women and children have accessed the Domestic Violence Service Gold Coast for counselling and support.

Further information

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FORTHCOMING CONFERENCES/SEMINARS

Australia's First Joint Domestic Violence & Sexual Assault Conference

Gold Coast 5, 6 & 7 September 2001

Combined Women's Crisis Services Gold Coast Inc.

Aims to bring together, for the first time, specialists in the area of domestic violence and sexual assault from across Australia and overseas. Eminent international speakers who have been invited include: Ellen Pence, Duluth; Associate Professor Ruth Busch, New Zealand; Sgt Joanne Archambault, San Diego Police Department; Trinka Porratta, Consultant and Jim Hardeman, Workplace Violence Prevention Strategies, Boston; Stacey Kabat, Peace at Home, Boston.

Contact

Conference Organisers
PO Box 409, Southport Qld 4215

Phone Enquiries:

Phone: (07) 55 914 222 or Phone: (07) 55 912397

Expanding Our Horizons –

Understanding the Complexities of Violence Against Women – Meaning, Cultures, Difference

Preliminary Notice

February 18-22, 2002 University of Sydney

This conference offers the opportunity to reflect on what is shared by women internationally as we seek to challenge the violence we experience. Speakers from Australia, Philippines, New Zealand, United Kingdom, India, United States, Canada and Vietnam.

Contact

vawhorizons@hotmail.com

INTERNET DOCUMENTS

Violence in Aboriginal communities

A comprehensive report from National Crime Prevention which brings together qualitative and quantitative data. Contains statistics on spouse assault; homicide; rape and sexual assault; violence towards children; suicide; and self injury. Describes a range of community based strategies for resolving, combating or preventing Indigenous family violence. <http://ncp.gov.au/ncp/publications/index.htm>

The Family Law Reform Act 1995: the first three years

Conducted jointly by researchers from the University of Sydney and the Family Court of Australia, the report addresses the impact of the implementation of the legislative changes on issues of contact, residence and relocation where domestic violence is an issue: <http://www.law.usyd.edu.au/>

The views expressed in this Newsletter do not necessarily represent the views of the Commonwealth of Australia or the Partnerships Against Domestic Violence Taskforce.

Whilst all reasonable care has been taken in the preparation of this publication, no liability is assumed for any errors or omissions.

The Clearinghouse is linked to the Centre for Gender-Related Violence Studies, based in the University of New South Wales School of Social Work.

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