Social Work Focus

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FAMILY SUPPORT & FAMILY VIOLENCE

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FAMILY SUPPORT AND FAMILY VIOLENCE

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NEXT EDITION

Contributions for the Spring 2019 issue will be accepted until 3 September. The theme is **Aboriginal and Torres Strait Islander social work**.

AASW members whose articles are published in *Social Work Focus* can claim time spent to research and prepare them towards CPD requirements, specifically Category 3. We accept up to 10 articles in line with each issue's social work theme.

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Review Panel

ACKNOWLEDGEMENT OF COUNTRY

The AASW respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians, and pays its respects to Elders past and present.

Empower survivors, keep perpetrators accountable

AASW facilitates a skilled workforce to deal with family violence and advocates for government to fund real supports for survivors

CHRISTINE CRAIK
AASW National President

Welcome to this edition of FOCUS, which 'focusses' on family violence and family support. It is essential that wraparound family support is a vital part of our practice with a family who is or has experienced abuse by a family member, and reading the articles in this edition of FOCUS demonstrates that this is happening in some contexts. Whether a family is in a position to make a decision to stay safely together or to morph into a new beginning after family violence, they still need support and assistance so that they can find a safe way through their experiences and to the future they desire.

As social workers, we are well aware of the enablers of family violence, well aware of the statistics that result from these, and what that means for the individuals and families we work with. Globally, those who benefit from the gendered inequality embedded (in varying degrees) in the structures and practices of our legal, educational, political, medical, cultural and religious institutions and systems, sometimes make the choice to extend their entitlement in the form of 'power over' those in their family systems. Although we have some accurate data in Australia in terms of the consequences of this for family members, our fractured service systems make it difficult to see the national picture (which says a lot in itself in terms of this being taken seriously).

It is left to groups like 'Destroy the Joint' and organisations like Our Watch and the NCAS survey for us to understand the prevalence and impact of family violence on women and children and prevailing victim blaming attitudes. We know that at least one in three Australian women have and will experience physical violence in their life time, that over 80 per cent of women living in an abusive relationship will also have experienced emotional and economic abuse as part of that abuse; we know that a woman is admitted to hospital every seven minutes as a result of family violence and that at least one woman a week is murdered in a family violence context. We know that many children witness or hear violence perpetrated against their mother and that stalking and the fear generated from this, is an all too common reality for many families in recovery. We also know that those statistics are an average, and that for women with intersecting vulnerabilities the reality is grim indeed (AIHW 2018; WHO 2017).

It would be fair to say that there has been a lot of attention on family violence in the last decade with all states, territories and the Federal Government launching family violence plans. Regardless of all the talk, the reality is that the funding for family violence and the other programs that work to give survivor families a real choice (i.e. housing, income support, access to affordable legal services) is not adequate and does not meet the need. Nevertheless, we have seen governments across the country push for a 'whole of family' approach to family violence intervention. Social workers are at the forefront of implementing many of these new approaches and the responsibility is on us to ensure that the safety of women and children is not compromised in any way.

There are several principles that need to be embedded in this practice. Keeping in mind the mantra of 'what is best for victims and survivors' with an emphasis on victim and survivor safety and agency, is crucial. Family support work in this context needs to be informed by specialist family violence knowledge based on theoretical foundations of social justice, intersectional feminism and human rights. We know that many programs and practices have not held perpetrators accountable for their abuse, nor for the consequences of their actions on those they abuse. If we are working with a 'whole of family approach', a focus on these actions and consequences on family members is fundamental to ensure our work upholds the risk and safety of victims and survivors as a priority, and that it keeps the perpetrator responsible and empowers (not blames) the victims and survivors.

As social workers, we need to ensure that we are skilled up to do this work and as a professional association, the AASW has developed our new family violence capability framework and an Accredited Family Violence Social Worker credential to assist in this space.

Enjoy this edition of FOCUS and take some time to catch up on the news of the profession, book reviews and practice articles.

Our Profession. My Association.

Members are at the heart of the AASW

CINDY SMITH
Chief Executive Officer

New Clinical Social Worker credential, AASW Conference 2019 is now taking registrations, it's time to renew your membership and developing the Social Work Career Mapping Strategy.

It's hard to believe that this time last year, we had just launched the AASW's four-year Strategic Plan and we are now well into the second year.

In the AASW Strategic Plan 2018-2021, it has among its seven pillars: the promotion of the profession of social work and AASW members and building the professional capacity of members. What better way to do this but to bring social workers together at the **AASW Conference 2019 – Challenging Inequality: Working together for a just society** being held 7-9 November in Adelaide? We are very pleased to announce Natasha Stott Despoja AO is our keynote speaker and congratulate her on her recent Queen's Birthday honour.

The conference will feature high quality speakers, forums for discussion and presentations on key issues impacting on vulnerable members of our community and the current policy and service system environments.

We are seeking abstracts now. This is a must-attend for managers, policymakers and frontline workers. I encourage you to register before the early bird offer ends.

This year, we have launched the second credential in the Your Distinction program, the Accredited Clinical Social Worker credential. We have received a lot of positive interest about the credential, which is not surprising given the last member survey. Of the 1,500 responses received, 1040 members said they would apply for this credential. We have also seen quite a lot of interest from the broader sector, which resulted in some of the highest website traffic we have ever seen. You can read more about the inspirational members who have taken up the new credentials under the Your Distinction program, with Abbey Newman who is Accredited Family Violence Social Worker and Dr Stephanie Azri, who features in this edition, both as a published author of books and as a newly-minted Accredited Clinical Social Worker.

This year members are sharing their membership stories through the theme of **Our Profession. My Association.**

As we approach 30 June it is time to renew your membership. This year members are sharing their membership stories through the theme of **Our Profession. My Association.** Each member has their own professional and personal experience and I encourage you to read the inspiring stories on our website and social media.

Engaging members is essential for the Association; we have engaged with members directly on key issues, including consultations on the Royal Commission into Aged Care. We have undertaken the Member Communications Survey to better understand your needs and preferences in engaging with you. We have received more than 1,200 responses from members so far, which is fantastic.

The AASW also conducted a survey of Accredited Mental Health Social Workers' experiences and skills in 2018 which has culminated in a report - *Accredited Mental Health Social Workers: Qualifications, Skills and Experience* and a corresponding infographic resource. Both are being used to promote the substantial skills and knowledge of AMHSWs to key decision-makers. We know how important the role of social work in the mental health space is to address the mental health needs of vulnerable populations – it's making sure those who need help can get it from a mental health professional they can develop a therapeutic alliance with, and in many cases that person is a social worker with our "person in environment" approach.

World Social Work Day was on Tuesday, 19 March and this year's celebrations were a huge success, as you can tell from the roundup in this edition. The International Federation of Social Workers (IFSW) produced a compilation video showing the celebration all over the world and we

We are very pleased to announce Natasha Stott Despoja AO is our keynote speaker and congratulate her on her recent Queen's Birthday honour.

were thrilled to see Australia featured prominently. The AASW made good on its promise to 'lead the world' in the Twittersphere, as the Oceanic countries headed into World Social Work Day first. #WSWD19 trended on Twitter in every capital city as well as nationally – a selection of our favourite tweets is on our website. This is a day to promote the profession to the public, as well as take a day to reflect on the amazing work we do.

To ensure we are meeting the needs of all members, we are developing a *Social Work Career Mapping Strategy*. The aim is to ensure we understand the various career paths social workers take and to enable the AASW to provide services and support at each stage, in a way that considers the career drivers and aspirations of social workers. This includes the mentoring program, credentials, reviewing the Australian College of Social Work and ensuring relevant continuing professional development (CPD) is available to all our members.

#WSWD19 trended on Twitter in every capital city as well as nationally – a selection of our favourite tweets is on our website.

Don't miss a great opportunity to engage in some further learning through our Empowering Excellence program. Training is accessible at any time, using the online platform. Some of the offerings available will assist you to further develop knowledge of: Acceptance Commitment Therapy, Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, Evidence based relaxation methods, Interpersonal Therapy, Mindfulness, Narrative Therapy, Working within the NDIS, and Transitioning from service provider to manager. You may have seen the preview videos on our social media accounts – if not, please do check our Vimeo channel and you can watch them all.

Reflecting on the theme of this edition, **Family Support and Family Violence**, the fact that one woman per week is dying at the hands of her current or former partner constitutes a national emergency. The AASW submissions to the Royal Commission into Family Violence (Victoria) can be found on our website. We campaigned for more targeted funding to address family violence as part of our Federal Election Policy Platform. We look forward to working with the newly-elected Morrison Government on this and other issues.

On that note, it is important to take some time out for self-care and to make use of supervision and other support mechanisms. It's not always easy being part of a profession that is trying to change the world, but it is something that we can all be proud of. Take care!

National Families Week 2019

The AASW renews its call for urgent action to address family violence

During National Families Week 2019 (15–21 May), the AASW celebrated families as the central building block of our society. This year's theme, Stronger Families, Stronger Communities, highlighted their protective and nurturing capacity, while also recognising the threats to families from gender-based violence.

National President Christine Craik said, 'As social workers, we see the pivotal role that families play in building healthy and supportive communities. In working together to improve wellbeing, we see the great diversity and resilience of families in the face of significant challenges.

'However, we also see far too often that the very place that women and children should feel safe, within a family unit, is the very place where they are most at risk.'

Family violence is still far too prevalent in Australia, with those who perpetrate family violence destroying the safety and caring that the family unit should provide to all its members.

Data from the Australian Institute of Health and Welfare shows that family violence is a leading cause of homelessness in children under 10 years of age. The high rate of child protection notifications correlate with the family violence that is perpetrated against women and children. At least one woman per week in Australia is killed by a current or former partner.

Christine said, 'These devastating instances of family violence need to stop. It begins with cultural change and government policies, including funding of early intervention as well as support at the crisis and recovery level, especially housing and income support for those escaping violence.

'We now have a new parliament. In our Election Platform 2019, we asked for whoever formed government to commit to using the recommendations of the Victorian Royal Commission into Family Violence as a blueprint for national systemic reforms.

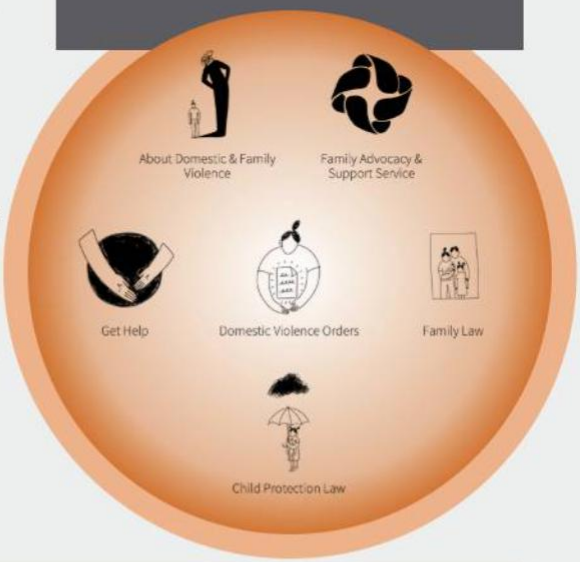
'If Australia is to build stronger families and stronger communities, this must begin with addressing the national emergency that is occurring within the family home across Australia.'

Family Violence Law Help website launched

Australians affected by domestic and family violence now have access to a new national website offering comprehensive and trusted legal information, to inform them about their legal rights, and where to get help.

The website provides information about family violence and how it affects children and parenting. It covers how family violence is addressed under Australian law, how to safely access legal help, and information about online safety.

www.familyviolencelaw.gov.au



Natasha Stott Despoja to address conference

Natasha Stott Despoja AO will be the keynote speaker for the AASW Conference 2019. Formerly a senator of 13 years and leader of the Australian Democrats, Natasha has served in a number of roles with a focus on the wellbeing of women and girls.

Natasha has recently completed a term on the World Bank Gender Advisory Council and served on the 2017 United Nations High Level Working Group on the Health and Human Rights of Women, Children and Adolescents. In the 2019 Queen's Birthday honours, she was made an Officer of the Order of Australia for distinguished service to the global community as an advocate for gender equality.

From 1995 to 2008 Natasha was a Senator for South Australia and was leader of the Australian Democrats from 2001-2002. She is the youngest woman ever to have been elected to the Australian Federal Parliament. In 2001, she was made a Global Leader for Tomorrow by the World Economic Forum.

Natasha is the founding Chair of Our Watch (the Foundation to Prevent Violence Against Women and their Children). Between 2013 and 2016, she served as Australia's Global Ambassador for Women and Girls responsible for the promotion of women's economic empowerment, women's leadership and the reduction of violence against women and girls.

Further information regarding our keynote speaker.

The AASW Conference 2019 will be held at the Adelaide Convention Centre, South Australia, 7–9 November 2019.

World Social Work Day 19 March 2019

Promoting the Importance of Human Relationships

AASW led successful World Social Work Day celebrations throughout Australia on Tuesday, 19 March. Each of the AASW branches organised events, some 13 in all, including breakfasts, a research symposium, evening functions and barbecues.

There was a national Twitter campaign, where the community was asked to share pictures depicting this year's theme 'Human Relationships' with the hashtag #WSWD19. World Social Work Day was promoted on all AASW social media platforms. The campaign caused the hashtag to trend on Twitter and was the second most-talked about subject in the country on the day.

The AASW website contained our events, posters and other resources for celebrating World Social Work Day. It now has our favourite tweets from the day.

AASW National President Christine Craik gave a World Social Work Day video address.

Prominent social worker and CEO of the Asylum Seeker Resource Centre Kon Karapangiotidis OAM was interviewed about World Social Work Day when he gave his keynote speech in Melbourne.

Every Parliamentary representative throughout Australia was contacted to raise awareness of World Social Work Day and encouraged to support World Social Work Day on social media – four did from across the political divide – Tasmania's Senator Catryna Bilyk, Queensland's Senator Claire Moore, South Australia's Rachel Sanderson MP and Queensland's Stephen Bennett MP. Organisations and government departments also participated in our Twitter campaign.

NSW Branch awarded the Social Justice Award to Lauren Foy, who was instrumental in the marriage equality campaign. Victorian Branch awarded their Social Worker of the Year Award to Kate Incerti, for her contribution to the homelessness sector.

Our promotion of World Social Work Day appeared in the Australian media:

- Bob in dialysis knowing his wife is well cared for – 18 March
- Social work: mental health practice and other specialisations – 19 March
- Social workers mark social day – 22 March
- Hastings celebrates World Social Work Day – 31 March

On the following pages is a selection of photos of the day's events from AASW branches around Australia.

AUSTRALIAN CAPITAL TERRITORY

Breakfast with Anita Phillips on disability policy.

VICTORIA

Breakfast with Kon Karapanagiotidis and Kate Incerti is awarded Social Worker of the Year for her contribution to the homelessness sector.

NORTHERN TERRITORY

Morning tea celebrating rural and remote social workers and the launch of the Mary Moylan Award.

NEW SOUTH WALES

Evening function on using interpreters, as well as presentation of the Social Justice Award to Lauren Foy, who was instrumental in the marriage equality campaign.

SOUTH AUSTRALIA

Breakfast with April Lawrie, the state's first commissioner for Aboriginal Children and Young People, and a celebration in Mount Gambier.

TASMANIA

Breakfasts in three cities – Hobart, Launceston and Ulverstone

World Social Work Day

NORTH QUEENSLAND

Breakfast in Townsville, barbecue in Cairns and dinner in Mackay.

QUEENSLAND

Evening function on the importance of human relationships in grief and loss in paediatric settings.

WESTERN AUSTRALIA

Afternoon Research Symposium on subjects including professional identity, empathy, German social workers working with refugees in Germany, eco-social work and Buddhism.

Continuing Professional Development

The hallmark of committed, professional social workers

DID YOU KNOW

Did you know that you can **Find a Supervisor** on the AASW website? We have a detailed search engine to help you find the right supervisor for your practice.

If, like a lot of professionals (social workers and otherwise), you are trying to meet your CPD requirements prior to the end of the financial year, it is important to familiarise yourself with the CPD Policy for members. This can be found on our website.

CPD is a vital part of the process towards professional registration and a higher profile of social work as a professional service that the public can access, which members tell us they want. While CPD enriches you as a professional, it also has benefits for the people you work with, as it ensures that you provide them with the best possible service you can offer with your up-to-date skills and knowledge. The AASW has a framework and services in place to help ensure that you are a well-rounded professional as a social worker, at any stage of your career.

1. PLAN

As a committed professional, you should evaluate your professional development needs and annually develop and record a CPD plan. Developing the plan itself counts towards your hours. Your plan should include developing learning goals and making sure that your CPD activities are relevant to those objectives and that you will meet your requirements in time. You can use the plan as a discussion point in conversations with your supervisor. The AASW has CPD Plan templates on the website. However, you are free to adapt or use something that better suits your needs.

There is no set method of recording a CPD plan, as this is something that is individual to each member. Some record the information in a diary; some use their CPD record as the starting point; others use an excel spreadsheet as a way of predicting hours.

2. RECORD

An easy way to keep track of your CPD, and to access our Trade Marks, is to update your My CPD Record on the AASW website. You can also record your CPD learning goals relevant to your plan to make sure you are on track. Simply log into the members' section and update your record.

3. REFLECT

To make sure that you are meeting your career goals, you should reflect on your planned and completed CPD activities throughout the year to assess whether you are meeting your objectives. Make an allocation for this on your CPD plan from the outset, or use a journal, to give you the space to reflect. Use your supervision sessions to assist with your reflection. Making notes of supervision counts towards reflecting. You should also ensure that you reflect on the impact your work has on you personally. There are elements of risk in practice, such as burn-out and vicarious trauma – your reflection should include a plan for self-care.

4. REPORT

When the time comes, be ready to report on your CPD activities. This will be easier if you have been keeping your My CPD Record on our website up-to-date.

A random sample of participating members will be selected to participate in an audit of 'My CPD Record'. The focus of the audit will be to encourage members to ensure they are completing professional development relevant to their needs.

Three categories of CPD for social workers

Category 1 – Receiving supervision (minimum 10 hours per year)

Supervision is important to ensure high standards of professional practice. Category 1 requires members to undertake supervision (or similar) relevant to one's practice.

Activities that may be recorded in this category include:

- receiving supervision
- receiving professional mentoring
- receiving professional coaching
- receiving professional consultation services.

Category 2 – Skills and knowledge (minimum 15 hours per year)

Regular and ongoing skill and knowledge development is vital for maintaining contemporary social work practice. The AASW encourages all members to participate in active, participatory learning but recognises that each member has different learning needs that are unique and therefore activity types may vary widely.

Activities that may be recorded in this category include:

- Academic study
- Research
- Attending conferences and symposia
- Attending seminars, workshops and presentations
- Attending online training and webinars
- Self-directed learning
- Developing a CPD plan
- Attending study tours
- Reading publications
- Reflecting on the professional and ethical standards documents.

Category 3 – Professional identity (minimum 5 hours per year)

Maintaining and developing the professional identity of social work is an important part of professional development as a social worker.

Activities that may be recorded in this category:

- Attending AASW events, including the AGM
- Participating in a practice group
- Contributing to the learning of other social workers
- Participating in research
- Presenting at a conference, seminar or similar
- Contributing to policy and research
- Presenting or promoting the social work perspective
- Contributing to publications
- Professional networking
- Contributing to public dialogue and advocacy
- Providing supervision, mentoring or support to social workers
- Membership of AASW Practice Group, Committee or Board
- Participating in World Social Work Day activities
- Publishing journal articles, chapters or a complete book
- Volunteering (must be relevant to social work).

If you intend to apply for the Accredited Family Violence Social Worker or the Accredited Clinical Social Worker credentials, there are additional CPD requirements. See our CPD Policy for more information.

AMHSWs are required to engage in 50 hours for the financial year, including 20 hours of CPD relevant to mental health and 10 hours of CPD relevant to Focused Psychological Strategies.

Rather than just 'ticking the boxes', take a thoughtful approach to CPD that is relevant to your practice and career stage.

ANOTHER IDEA

Contribute to your profession by writing for *Social Work Focus* or the AASW's journal *Australian Social Work*. Promoting innovative practice, ideas and research adds to the body of knowledge of the social work profession. This is a great way to meet the requirements of professional identity CPD.

You can submit an abstract to the AASW Conference 2019, allowing you to share your knowledge, contributing to professional identity CPD.

There are opportunities to get involved with submissions to government inquiries, at national or branch level. Our submissions endeavour to reflect the views of members – let us hear your views to ensure that we do.

The AASW Conference 2019 Challenging Inequality: Working together for a just society will bring together professions from various sectors, to explore and how to address pressing issues of inequality and sustainability. Presenters who are renowned in their fields, in a range of sectors, government and policy, as well as academia and research, will explore the latest developments in health, leadership, social justice, sustainability, research and advocacy. As you can meet a large amount of your CPD requirements for the year at this single conference, why not register at the website?

You can access a range of Empowering Excellence programs online. Previews of the individual workshops are now on our website. All Empowering Excellence workshops meet the Skills and Knowledge requirement of our CPD Policy and many are Focused Psychological Strategies (FPS), required of Accredited Mental Health Social Workers (AMHSWs). You can meet your minimum 10 hours with us.

Amplify! AASW Queensland Branch's Social Work Toolkit Forum

There is something special that happens when a group of social workers arrive at an event en masse for a variety of reasons but with a common openness to connect, lean in and broaden their practice repertoire. Perhaps, too, it was Griffith University's Logan Campus with its bushland setting and meadows of grazing cattle that gave February's Amplify Forum a distinctive and easy feel.

The day began with a Welcome to Country from Aunty Vicki-Ann of the Griffith Council of Elders. Aunty Vicki-Ann observed that the program negotiated matters intimately familiar to Aboriginal people, particularly trauma. She emphasised that Aboriginal people held immense knowledge on working with trauma and healing.

Queensland Branch President, Ellen Beaumont, then opened proceedings before the workshops began. There were nine workshops delivered across the program. One of the first was a necessary examination of the principles, strategies and interventions of trauma-informed care when working with the dead, the dying and their families. Catherine Walsh and Kim Sutherland very gently steered the group through a step-by-step 'how to' guide that brought the oft-confronting issue of how to approach death to a more comfortable and practical place.

In the second round of sessions, 'An introduction to compassionate listening through peer supported dialogue', saw delegates dig deeper into the emerging approach of peer-supported open dialogue in mental health care settings. It was an interesting hybrid of the Finnish Open Dialogue treatment approach to psychosis and Intentional Peer Support that is being trialled as an innovative and preferred approach in areas across the world. The framework seeks to bring together people in distress, their families and friends, and mental health professionals to provide support that is more compassionate and inclusive than conventional approaches to treating psychosis.

In a final session, Candice Butler shone a light on a new supervision framework for within the child protection sector. Developed by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd, the framework uses storylines as its foundation and weaves a supervision story that is 'is co-created, grown and developed by an ongoing, professional and collaborative conversation that is culturally grounded'. It explores and unpacks the stories of the worker, the child and family, and the organisation and inspires a focus on the support and development of child protection workers, outcomes for children and families, and accountability to community, culture and organisation. It was an interactive and reflective session that resonated across the room.

It was affirming to the organising committee that the positive and uplifting 'feel' of the day was reflected in participant feedback. The quality and professionalism of the presentations was particularly identified as a highlight of the forum along with the program emphasis on practice.

The Queensland Branch office and organising committee takes this opportunity to thank the presenters for their generosity and knowledge; delegates for their openness and participation; and volunteers for their time and welcoming smiles. The Branch also thanks Griffith University for its warm and easy hospitality.

SPONSORS

Gold: Maurice Blackburn Lawyers and the Department of Child Safety, Youth and Women

Silver: Uniting Care

Bronze: Aftercare

What is Your Distinction?
The AASW's credentialing program

With the recent launch of the Accredited Clinical Social Worker credential in the Your Distinction program, the AASW continues to distinguish specialised social work practice in a range of areas. Social workers specialising in family violence can apply for Accredited Family Violence Social Worker credential now.

Credentials assure individuals and their families, the Australian community, employers and funding bodies that accredited social workers have acquired a distinguished level of expertise in their field of practice. The AASW has had an accreditation program since 2005, and the expansion of the program has been led by both industry drivers and demand from members.

Over the coming months, new credentials will be launched. You can register your interest on our website.

These credentials offer you an opportunity to position yourself as a social worker with a reputation of expertise and distinction, assuring the people you work with that you meet the highest standards of knowledge, safety and quality of service in social work.

For eligibility requirements and to apply, visit the AASW website.

Why Should You Become Accredited?

Some of the many benefits from becoming accredited include

- Credentials are a symbol of quality and established competency
- Credentials are a sector indicator of achieved experience and capability
- Your Distinction – a credential establishes that you have achieved recognition in your field of practice
- Commitment to ongoing excellence – the credential demonstrates the currency of your skills and knowledge by setting a high standard of continuous professional development that validates your commitment to excellence
- A formalised community of practice and network of peers – through sharing of knowledge and experiences and delivering on best practice.

Your Distinction

Dr Stephanie Azri & Abbey Newman

Dr Stephanie Azri

Accredited Clinical Social Worker

The Accredited Clinical Social Worker (ACSW) credential was launched in March 2019. Stephanie Azri tells us about her social work journey and the benefits of the new credential.

What is your background as a clinical social worker?

I have been a clinical social worker since 2008, and have a Masters in health studies and PhD in clinical social work. While I work as a team leader for QLD Health (mental health), I also am involved with the University of New England and run a small private practice in Beenleigh.

For the last year, I have been lucky to assess mental health applications for the AASW as well, giving me an exciting outlook on the quality of the work done by AASW members. I am also an academic undertaking peer reviews of articles submitted to various journals before publication to strengthen the quality of the social work research around me.

My interests are women's issues, family and parenting adjustments, as well as couple work (relationships and sexology). I have also been running therapy groups for children, focusing on building resilience in them and the people around them.

What appealed to you about applying for the Accredited Clinical Social Worker credential?

Although the bulk of my family therapy work is in mental health, my passion is in other clinical areas, for instance, sexuality, family, relationships, adjustment to life changes, mentoring of the workforce and clinical supervision. It seemed more fitting as a recognition of my work and my interests as a social worker. As an assessor for AASW's accredited mental health applications, I was offered to be part of the pilot of the credential and I gladly accepted.

How do you see that being an Accredited Clinical Social Worker will progress your career?

I believe that this recognition will add credibility to my work and highlight my area of specialty and interest in one word. I believe our profession is not recognised as much as it should be. If you consider how clinical social workers are viewed in other countries, I think it's about time that we, as a collective, worked hard and smart about demonstrating to our communities that the work social workers do goes way beyond filling forms and looking up housing.

For me, the clinical 'title', assists me in demonstrating a particular set of skills that I practice and value and it is only the beginning of a crusade to finally receive equal recognition, respect and understanding as other professions also offering clinical interventions to people.

What advice do you have for others considering applying for the Accredited Clinical Social Worker credential?

The application may appear like a body of work; however it is also an enjoyable process designed to remind us of the skills we hold and how we apply them in real life.

My advice would be to take this time to consider your growth as a professional, your goals as a social worker, and trust that you already have the answers. Undertaking this credentialing process is about you proving to yourself that you have considered your work as a social worker and reached a standard that highlights a level of expertise worthy of recognition.

If you're interested in clinical social work, talk to clinical social workers, challenge anyone who may tell you that 'clinical' social work isn't a thing or only 'a microscopic part of social work' (as my own daughter was told in her fourth year of social work study) and work towards upskilling in the area. Once you have, give the credentialing a go. Not only will it benefit you as a professional, but it will benefit the profession as we work together in strengthening the way we are perceived in the community.

Abbey Newman

Accredited Family Violence Social Worker

The Accredited Family Violence Social Worker (AFVSW) credential was launched in July 2018 under the AASW's Your Distinction program. Abbey Newman tells us about her social work journey and how she came to specialise in family violence.

What is your background as a family violence social worker?

I have always had a passion for working in the family violence sector. I wanted to play a role in correcting gender inequality and helping to end violence against women and children. I have had over 14 years' experience in the family violence sector and have worked across the spectrum.

My first family violence role was in a specialist family violence service in Geelong that had a traditional feminist management structure. Survivors retrained to become family violence support workers and practice was heavily informed by lived experience.

However, much of my career has been within the justice system. I spent ten years with Magistrates Courts Victoria (MCV), where I had a range of roles including as family violence applicant and respondent practitioner.

In this position, a lone social work role inside a multidisciplinary team, I supported clients who had experienced family violence navigate through the legal system, which is complex and often uses language that is difficult for most people to interpret.

I was heavily involved in the Family Violence Royal Commission (FVRC), for which I prepared and provided evidence in the public hearings. I have since held roles within MCV and externally where I have assisted to implement some of these recommendations.

While at MCV I developed an interest in working with perpetrators of violence and have a role as a Men's Behaviour Change Facilitator. I also work within one of the therapeutic demonstration projects, Keeping Safe Together, resulting from the FVRC.

Over the last eight years I have lectured at RMIT University in 'Working with Violence and Abuse,' a core subject now that the FVRC recognised the need for all social workers to have family violence practice knowledge. While in my role with MCV, I have supervised students undertaking their placement at the court. Their enthusiasm and fresh knowledge helped me stay current in my practice and created a social work team in an isolated role.

What appealed to you about applying for the AFVSW credential?

I am happy to see Family Violence credentialing supported by the AASW, especially since the FVRC created both attention and funding for the sector, requiring family violence specialists to lead reforms. Practice standards are evolving, and it has become hard to identify practitioners who hold specialist knowledge and experience.

I applied because I wanted to be clearly identifiable as a family violence specialist and make sure that my practice complied with the AASW standards. I hope that this credential is further recognised within the sector and more broadly so that specialist knowledge continues to inform reforms and lead practice.

You are an "expert witness" in legal proceedings; how does the AFVSW credential help you in your role?

I have recently started a small private practice as a family violence specialist. Referrals are received predominately from legal services and police prosecutors to assist victims who are currently navigating the legal system. I prepare reports using a trauma-informed, family violence lens, that identifies and labels family violence, highlights the impacts on victims and their children and explores the dynamics of family violence.

Following submission of this report to the court, I can then appear to provide evidence as an expert witness. The court must first accept that you qualify as an expert before you can provide evidence as an expert witness. The AASW Family Violence credential has helped provide the court this confidence. Before there was no specialist qualification that could highlight a family violence specialist.

What advice do you have for others considering applying for the AFVSW credential?

The application process provided the opportunity to reflect on my career within the family violence sector and take stock of the professional development I had done to date. It also encouraged me to plan for my development going forward and self-identify areas to strengthen.

The application process is reasonably clear and highlights your practical and theoretical knowledge well. The case studies are relevant and current, so they also encourage you to reflect on your practice and current best practice frameworks.

I would encourage anyone who is in the field, especially those who are looking to move into private practice to apply, as this credential highlights your specialist knowledge and sets you apart from other specialties.

Social work registration in Australia

Australia is the only English-speaking country that does not require social workers to be registered to ensure public protection. The AASW has been advocating for the statutory regulation of social workers in Australia for many years.

In response to a Coroner's recommendation to register social workers after the tragic Chloe Valentine case in South Australia, momentum has built to begin legislating to make registration a reality in that state.

The AASW presented to the Joint House Committee of the South Australian Parliament on the proposed Social Workers Registration Bill 2018 on 30 January 2019.

The AASW was represented by AASW CEO Cindy Smith, AASW Board member Anita Phillips, who has campaigned for Registration of social workers for many years, AASW South Australian Branch President Patricia Muncey and AASW Manager of Social Policy and Advocacy Debra Parnell.

Anita Phillips was interviewed on ABC radio about the Bill and the proposal for Registration.

The Joint Committee is consulting with stakeholders in relation to the proposed regulatory framework and its implementation over the coming months.

We are looking to build on the successes in South Australia across all states and territories of Australia and are currently engaging in direct advocacy in order to achieve state- or territory-based registration across Australia.

At the time of writing, a federal election was underway and social work registration was included as part of our platform.

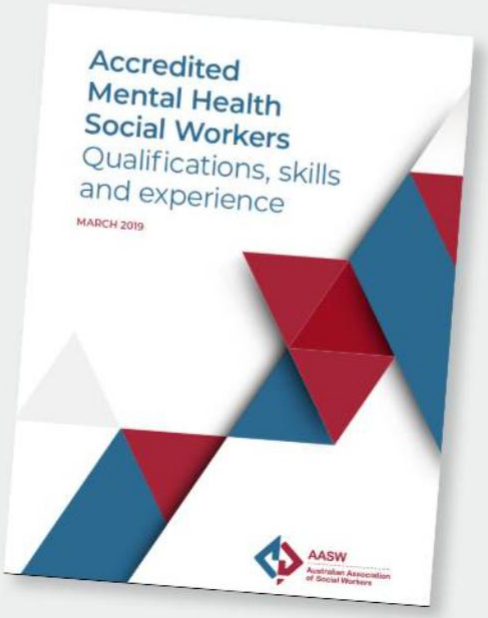
We look forward to making more progress to registration of our profession in Australia. Registration of the social work profession is an important step to ensuring the safety and wellbeing of Australia's most vulnerable.

See our campaign webpage for the latest actions.

‘Social workers have a vital role to play in mental health’: AASW report

Accredited Mental Health Social Workers (AMHSWs) provide a vital service to those experiencing mental health disorders according to a new report *Accredited Mental Health Social Workers: Qualifications, Skills and Experience*, published in March.

‘This report will be an important resource in the Association’s advocacy for greater recognition of AMHSWs under Medicare, other programs, and private health funds,’ AASW National President Christine Craik said. ‘In documenting the breadth of skills and experience, and high standard of qualification of AMHSWs, this report demonstrates that AMHSWs are truly experts in complexity.’



AMHSWs are one of the few designated allied health professional groups eligible to provide private mental health services to people with diagnosable mental health conditions or people ‘at risk’ of developing mental health conditions under the Commonwealth Medicare initiative.

There are currently more than 2,200 AMHSWs working across Australia, in major cities, regional, rural and remote regions. As a group of providers, AMHSWs are the second largest after the combined group of Clinical Psychologists and Registered Psychologists.

The report is based on extensive analysis of AASW data, including 2013 and 2018 member surveys. It provides an overview of the skills, knowledge and services provided by AMHSWs, for example:

- More than 40 per cent of AMHSWs provide services in rural and remote areas
- More than 60 per cent of AMHSWs have postgraduate qualifications
- More than 75 per cent of AMHSWs have over 10 years’ practice experience.

Increased access to mental health services for those who most need it is vital for public health. The public, general practitioners making referrals and government policymakers need to know that AMHSWs can provide evidence-based mental health interventions.

Read the complete report.

AASW

Australian Association of Social Workers

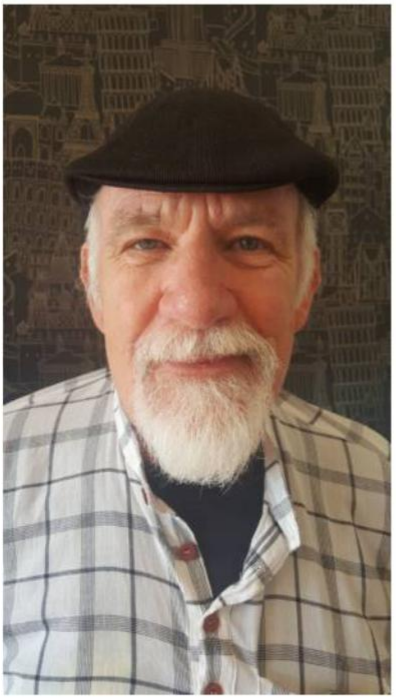
Our Profession My Association

Renew Your 2019-2020 Membership

Devastating Christchurch massacre: Responders and leadership

Perspective of a Kiwi social worker

BY MURRAY CREE



Crises become turning points for a range of stakeholders. This includes social workers, whether they are based in hospital emergency departments or community practice contexts. The Christchurch massacre in New Zealand in March 2019 brought into focus how we, as professionals, respond, when the event is so personally devastating to us.

Following the shooting deaths of 51 people, Christchurch was a city and region in deep and devastating shock as it searched for meaning behind the brutal massacre of Muslims at prayer in their mosques. Prime Minister Jacinda Ardern quickly took on the public leadership role, personally and in the global media.

Sadly, Christchurch has been the site of traumatic events before, when major earthquakes in 2011 destroyed much of the city.

Individual deaths and injuries are a first crisis response challenge. Police and Emergency Services are the first responders – they have a situation to resolve immediately and rapidly. Social workers are second- and third-line responders. They have to deal with direct family trauma and deeper community trauma over a lengthier period of time.

They have to deal with direct family trauma and deeper community trauma over a lengthier period of time

Melbourne faced similar challenges with its Black Saturday bushfires in 2009. One hundred and seventy-three people died and 440 people were taken to hospital with serious burns, another 7,500 were left homeless. The bushfires occurred in conditions following from a long, dry summer. Some were still burning two weeks later.

Social workers were in the recovery teams. Some came from government agencies and charities while others were sub-contracted to help. But what could they do beyond offering direct aid such as food, blankets and emergency funds? I was one of the emergency counsellors called in to work with bushfire recovery survivors and their support networks.

Social workers have skills such as empathy, listening, clarifying and quick analysis of social situations. They can engage in short-term goal setting and finding alternative recovery strategies that use support and care from a range of sources. Sometimes conflict resolution is needed to address unexpected anxieties and challenges as relationships come under new pressures. Support for other workers is often necessary, too, as volunteers may need support to deal with the enormity of a crisis.

Crisis social work is at a turning point. It is gradually becoming a practice specialisation with distinct knowledge and intervention skills. Crisis social work can demonstrate a spectrum of inputs for its clients. However, not all social workers are cut out for the crisis role and its heavy emotional demands, which require the resilience to manage deaths, injuries and extreme distress. Interventions need specialist education and supervision.

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Murray Cree is a sociology researcher, human services and business management consultant based in Warragul, regional Victoria. Murray is both New Zealand and Australian trained in social work.

Balance for Better

Social workers call for action on gender inequality

International Women's Day was celebrated on 8 March this year, with the theme of #BalanceforBetter. The Australian Association of Social Workers (AASW) marked the day by calling for action on gender inequality.

AASW National President Christine Craik said gender equality is vital to health and future of our nation, and to the work of social workers.

'We need to recognise that when women are disadvantaged, we are all poorer,' she said.

Christine pointed out that social workers feel the effects of gender inequality both professionally and personally. Professionally, social workers strive to address the effects of gender inequality with the people and communities they work with at an individual and a systems level.

On the personal side, social work is also a female dominated profession. It is a highly skilled occupation that can often carry elements of risk in practice. However, like many other female dominated professions, social work is often paid at lower rates than similar male dominated professions, and does not come with the status of male dominated professions that carry the same risks and the same (or often lower) qualification levels. 'Social workers well understand the need to Balance for Better,' she said.

Australia's report card for gender equality is not looking good. More women than ever before are being incarcerated around Australia for crimes of poverty and through living lives influenced by trauma, family violence and sexual abuse.

There is an alarming increase in homelessness for women and children as a result of family violence and for women over the age of 55, many of whom find themselves with little in the way of superannuation or savings, due to their years of unpaid and uncounted work of caring and child rearing.

Government policies such as the Centrelink automated debt recovery scheme, robodebt, and the ParentsNext program are punitive, deficit-based and are contributing to increasing numbers of women and children living in poverty.

Christine called for the root causes of inequality and the misogynistic and discriminatory policies that devalue and fail women to be addressed. 'If these are not addressed, then the inequitable situation we currently have will continue to enable the unacceptable rates of family violence, sexual violence, poverty, and homelessness that we see now', she said.

'This starts with recognising women as equals and that the work women do is of equal value to that of men, whether it is paid or unpaid. It means recognising that women need to be in positions of power, including on boards and in government.'

AASW calls for a nationwide ban on 'conversion therapy'; commends recent Brunei boycotts

On 17 May, the Australian Association of Social Workers recognised the importance of issues raised by IDAHOBIT, as we continue to take a stand against discrimination of the LGBTIQ community.

The United Nations International Day Against Homophobia, Transphobia and Biphobia (IDAHOBIT) marks the day the World Health Organization made the decision in 1990 to remove homosexuality as a mental disorder.

AASW National President Christine Craik called on the government to ban so-called 'conversion therapy' across the nation.

'As social workers, we have noticed that the use of these discredited therapies has actually been on the rise in Australia. It is a situation we have been monitoring. As a profession, it can sometimes be our job to help undo the damage that these so-called 'therapies' can cause to families and individuals.'

Christine said much action is still needed to counter discrimination based on sexual orientation and gender identity in Australia.

'We are saddened and disappointed that homophobic, biphobic, intersexist and transphobic views continue to be broadcast, and that they are given air time in our media and community,' she said.

'We only have to look at the highly influential but misinformed media commentary that led to the ultimate disbandment of the Safe Schools program nationally. We want to see the Safe Schools program reinstated in its full scope and we urge the government to do so. These programs save lives.'

> It would be great to see our political leaders taking a diplomatic stance on Brunei.

Christine urged Australia to promote human rights and counter homophobia, biphobia, intersexism and transphobia internationally.

'There is much influence that Australia has abroad, particularly in our part of the world. It would be great to see our political leaders taking a diplomatic stance on Brunei, which recently introduced and then retracted the death penalty for homosexuality. It is still illegal though.

'It is good to see the recent boycotts have gone some way to working. Brunei is a fellow Commonwealth country and one in our region. Now is the time for political leaders to flex diplomatic muscle and use it to promote human rights.'

Practical advice for communicating about parenting

A major research project has revealed some important new advice on communicating about parenting for those working with families.

The project – a partnership led by the FrameWorks Institute and the Parenting Research Centre – shows that the common practice of opening communications with messages about 'effective parenting' or 'parenting skills' is not meaningful to parents. In fact, they resist these messages because Australians don't usually consider parenting as something that can be learned or something that is more than a private concern.

But researchers on the project, who considered the views of more than 7,600 Australians, have discovered a powerful new story that agencies working with families can tell, and which helps people think about parenting in more productive ways.

Beginning communications about parenting with an emphasis on child development and the role parents can play is highly effective, the research found. It exposes people to the fact that supporting children means supporting parents. And it opens their eyes to the idea that as a society we can do things to improve parenting – and governments can be part of the solution.

Changing existing public perceptions about parenting is important because doing so will remove barriers to parents seeking help when they need it. It will also build public support for funding and designing policy solutions and system supports around parenting.

The research found that changing the way we talk about parenting does not mean we should stop talking about parenting skills. Rather, we should talk about it in the context of what is good for children. Simply changing the order of our messages and what we choose to focus on first makes a big difference in helping people engage.

The project has developed tips and tools to help organisations communicate differently. For example, it recommends avoiding the common messages that parenting is hard, or a struggle because this highlights the problem and doesn't help people focus on solutions.

The research project was funded by, the Federal Department of Social Services, Department of Education and Training Victoria, NSW Department of Family and Community Services, and The Benevolent Society.

For more information on the research and practical strategies and tools, visit the Parenting Research Centre website.

Ending chronic homelessness in Australia

Celebrating another successful phase of J2SI

Sacred Heart Mission's (SHM) Journey to Social Inclusion (J2SI) program is one of the most effective programs to end chronic homelessness in Australia.

SHM has been developing, modifying, evaluating and scaling J2SI for more than 10 years. The second iteration, which started in 2016, officially finished in March.

For the past three years, SHM have been working closely with 60 people experiencing homelessness to get housing and to stay in that housing, while they work towards personal goals such as improving health and independence, connecting socially, finding work, or returning to study. At the end of the program, 85 per cent of people remain in safe and appropriate long-term housing.

J2SI Program Coordinator Michelle Skog says the program's positive outcomes go beyond housing.

'A steady 9–12 per cent of participants have returned to work with 9 per cent consistently employed over the past 18 months, which is really positive considering about half are receiving a Disability Support Pension,' Michelle says.

'Ultimately, we know J2SI can support people to build safety and independence in their lives, improve their health, and reduce their need to rely on crisis services.

'Long term, this can significantly reduce homelessness, demands on health and emergency services, poverty-related crime, and the likelihood of jail time."

While celebrating outcomes such as housing and employment is important, J2SI staff are quick to emphasise the diverse client achievements, which the flexibility of the program promotes.

'Achievements are relative for people participating in the program and the support is tailored for each individual,' Michelle says.

'It can seem a simple thing for someone to take public transport on their own, or have a mobile phone, but these might be big steps after someone has experienced years of social isolation or significant mental health issues.

'For someone else, a step might be engaging with support to deal with their legal issues, turning up to a men's shed, or sitting down to write a resume.

'Others have gone to university or trained to become Peer Support Workers helping others with similar experiences.'

Using a rapid housing approach and three years of intensive support that wraps services around the person and has a trauma-informed lens to the service delivery, J2SI is proven to break the cycle of chronic homelessness for those who participate.

> Ultimately, we know J2SI can support people to build safety and independence in their lives, improve their health, and reduce their need to rely on crisis services.

Taking learnings from the pilot and Phase Two, J2SI will become available to another 60 people, bringing the total clients supported by J2SI Three to 120 of the planned 180.

For more information email: j2si@sacredheartmission.org

2019 Trauma Education

presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist with
24 years of clinical and teaching expertise in CBT and traumatology

PLAN OR ACT NOW TO SAVE ON THE FEE

Two highly regarded CPD activities for all mental health professionals: **14 hours for each activity** Both workshops are endorsed by the AASW, ACA and ACMHN – level2

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

This two-day (8:30am-4:30pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting immediately practical skills and up-to-date research in this area. **In order to attend Treating Complex Trauma, participants must have first completed this 'Treating PTSD' program.**

9 - 10 May 2019, Melbourne CBD
16 - 17 May 2019, Sydney CBD
23 - 24 May 2019, Brisbane CBD
30 - 31 May 2019, Auckland CBD
13 - 14 June 2019, Perth CBD
20 - 21 June 2019, Adelaide CBD
22 - 23 August 2019, Darwin CBD
(minimum numbers must be achieved by 30/4/19 for Darwin)

Clinical skills for treating complex traumatisation

Treating Complex Trauma: Day 3 - 4

This two-day (8:30am-4:30pm) program focuses upon phase-based treatment for survivors of child abuse and neglect. This workshop completes Leah's four-day trauma-focused training. The content is applicable to both adult and adolescent populations. The program incorporates practical, current experiential techniques showing promising results with this population; techniques are drawn from Emotion focused therapy for trauma, Metacognitive therapy, Schema therapy, Attachment pathology treatment, Acceptance and commitment therapy, Cognitive behaviour therapy, and Dialectical behaviour therapy.

27 - 28 June 2019, Auckland CBD
1 - 2 August 2019, Melbourne CBD
8 - 9 August 2019, Sydney CBD
15 - 16 August 2019, Brisbane CBD
29 – 30 August 2019, Darwin CBD
(minimum numbers must be achieved by 30/4/19 for Darwin)
5 - 6 September 2019, Perth CBD
12 - 13 September 2019, Adelaide CBD

Program fee for each activity

Super Early Bird $600 each if you register more than six months prior to the worshop date

Early Bird $690 each if you register more than three months prior to the workshop date

Normal Fee $780 each if you register less than three months prior to the workshop date

Program fee includes GST, program materials, lunches, morning and afternoon teas on both workshop days.

For more details about these offerings and books by Leah Giarratano refer to www.talominbooks.com

Limited places available at each workshop so register early to avoid disappointment

Please direct your enquiries to Joshua George, **mail@talominbooks.com**

Registration form: AASW Members

Please circle the number of workshop/s you wish to attend above and return a copy of this completed page via email

Payment method is Electronic Funds Transfer. *An invoice with our banking details and payment reference will be emailed to you*

1.Name:	1.Dietary Requirements
1.Address:	
1.E-mail:	1.Mobile:

EFT payment for two people or events is required. Simply complete the information above, scan and email this page to mail@talominbooks.com

A receipt will be emailed to you upon processing. Attendee withdrawals and transfers attract a processing fee of $66.
No withdrawals are permitted in the ten days prior to the workshop; however positions are transferable to anyone you nominate.

AASW's Federal Election 2019 campaign

Federal elections are an important opportunity for us all to promote our vision for a just society and the steps that are needed to create it. The recent election campaign enabled the AASW to continue the advocacy we have conducted around key social justice issues and professional issues for some time.

The Australian Association of Social Workers congratulates Prime Minister Scott Morrison and the Coalition on winning the last election and looks forward to working with the re-elected government on the issues contained within our Federal Election Policy Platform.

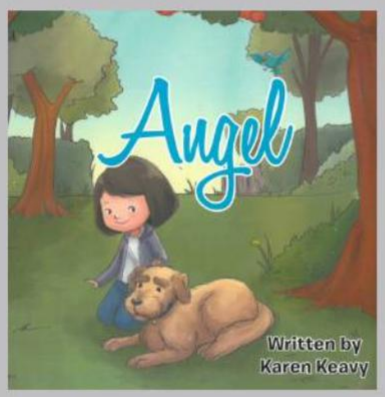
During the campaign, the AASW promoted a letter-writing campaign to all candidates to promote our Platform. We published responses on our website from the ALP, Brian Mitchell MP and Dustin Perry.

We campaigned for the issues members identified as requiring urgent attention. We will be maintaining the focus on these in our advocacy during the next Parliament. The issues nominated by the AASW are:

- Quality of the social work workforce
- Reconciliation
- Family violence
- Medicare, mental health and the role of social workers
- Refugees and people seeking asylum
- Mental health
- People living with disability and the NDIS
- Income support and employment programs
- Housing
- Aged care
- Redress
- Sustainability and the Sustainable Development Goals.

More detail can be found in our Federal Election Policy Platform.

Book reviews



ANGEL

By Karen Keavy, Balboa Press, 2018
Also available as an e-book

Angel is a children's picture book about a young girl who is sexually abused by her grandfather. The book explores sexual abuse through the eyes of a child, the confusion and hurt that is caused by it, and the courage that Angel has to tell her mother. It is beautifully written and illustrated, making it an excellent tool to educate children about sexual abuse. *Angel* is written for children, but could be equally used for adult survivors of sexual abuse.

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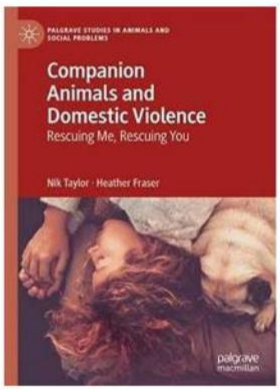
Karen Keavy is a child counsellor based in South Australia.



COMPANION ANIMALS AND DOMESTIC VIOLENCE: RESCUING YOU, RESCUING ME

By Nik Taylor and Heather Frazer, London: Palgrave, 2019

Domestic violence is a major and serious social problem across the world that has short- and long-term effects on individuals dominated and violated by trusted 'loved ones'. Seldom mentioned but often caught up in domestic violence are companion animals. The main aims of this book are to: draw attention to the link between domestic violence and animal abuse, take seriously the abuse (and neglect) companion animals can experience in domestic settings and more widely explore the potential significance, benefits and risks of human–companion animal relationships.

The book was launched at Avid Reader bookshop in Brisbane on 8 May. The book is a summary of several studies and explores the deep sense of comfort that animals can provide survivors of family violence, including the non-judgmental support that companion animals offer to many humans, which plays an important role in the aftermath of domestic violence. The links between human and animal abuses are examined, particularly domestic violence. Intersectionality is our theoretical means for understanding interlocking privilege and oppression, as they apply to humans but also (other) animals. The book explains that animals need to be considered in our understandings of domestic violence despite this necessitating a change to current human-centric thinking and theorising.

Close-up examples of abuse are provided from the *Loving You, Loving Me* study used to consider what it means to construct companion animals as family members in the context of domestic violence. This means it is not just the benefits of 'pet-keeping' for humans that we consider, but the harms caused to all victims of domestic violence, human and animal. Experiences of love relationships that become abusive are explored in the book, forcing victims to re-evaluate their ongoing viability. As we consider how humans embark on their recovery after leaving domestic violence, along with their animal companions, so too we need to address the animals' recovery. Themes of escape, refuge and recovery are used to analyse how victims and survivors managed to escape domestic violence in their homes, and how they try to recover from the violence and rebuild their lives with the support of others. Finding housing that accepts animals is important in this process.

L to R: Nik Taylor, AASW President Christine Craik, and Heather Fraser, with ABC Radio National's Paul Barclay at the book launch at Avid Reader in Brisbane

Finally, the book reflects on historical changes associated with feminists making domestic violence a public not just personal problem. The themes of love, empathy and healing possibilities of human-animal companionship are explored in the book, especially the need to value the labour that companion animals perform, especially their emotional work. The authors argue the importance of considering the necessary provisions for animals in the context of domestic violence, including suitable housing for human and animal victims.

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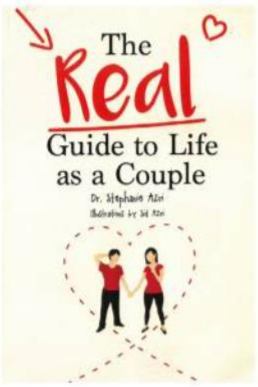
Nik Taylor (Associate Professor in Human Services, University of Canterbury, NZ) and Heather Fraser (Associate Professor in Social Work, QUT)



THE REAL GUIDE TO LIFE AS A COUPLE

By Stephanie Azri, illustrated by Sid Azri, Praeclarus Press, 2018

Review by Keona Perry

There are many relationship books on the market today, all offering sound practical advice to the reader – but to be honest some fail to engage the reader as they were intended to, and end up collecting dust on the bookshelf.

When I stumbled across *The Real Guide to Life as a Couple* by clinical social worker Dr Stephanie Azri, it was initially the cover that captivated me. The bold red 'Real' on the cover suggested that it was a no-nonsense, straightforward guide to living life as a couple, which was exactly what it turned out to be – and more.

The Real Guide to Life as a Couple is the first interactive relationship book I have read. As well as offering serious relationship advice, techniques and information to couples – or potential couples – looking to develop and maintain a healthy relationship, it also features interactive 'Truth or Dare' games at the end of each chapter that enable couples to have some fun while learning how to effectively communicate with each other.

What I also particularly enjoyed was Dr Azri's style of writing; she has the unique ability to engage her readers though her conversational writing, which left me feeling that she had written the book just for me.

The book focuses on what the reader can do to enhance their communication skills, and ultimately their relationship with their partner, as opposed to trying to 'change' their partner, which so many people are guilty of! *The Real Guide to Life as a Couple* empowers the reader, enabling them to learn effective and straightforward communication skills, to take ownership of their behaviours. It certainly had me doing some self-reflection throughout and from this, I was able to identify my strengths and weaknesses in my communication skills with my husband.

Through the fun exercises and challenges in the book, couples are enabled to openly communicate with each other on a deeper level, while also incorporating some joy and laughter, in turn enhancing the bond in the relationship. The comic illustrations and truth or dare games is what sets this relationship book apart from others on the market. It actually engages couples to explore together their values, beliefs, what attracted them to their partner, along with some truly fun exercises – I won't spoil the surprises – that provide an opportunity to show your partner how you feel about him or her.

The book covers such topics as communication, parenting, sex, dealing with friendships and losses, just to name a few. Whether you are a heterosexual couple, same sex couple, dating, newly engaged or have been married for years, this guide will definitely enhance your communication within your relationship, ultimately creating a stronger bond between you and your partner.

To order a copy of *Real Guide to Life as a Couple* at the **Footprint Books** Website with a **15% discount** click www.footprint.com.au

Please use **discount voucher code BCLUB19** at the checkout to apply the discount.

Keona Perry BHS, MSW, has worked in the welfare sector for 14 years. She has worked with the Partners in Recovery program (as both Team Leader and Support Facilitator); as a mental health support worker; child safety officer; and in her own women's counselling practice. She is currently a social work clinician with Queensland Health, and is building her own private practice, Walk Talk Therapy.

STEPHANIE AZRI
Social worker and author

Stephanie Azri is something of dab hand at writing books. *The REAL guide to life as a couple* is her fifth book, with her sixth title due out in September and the seventh in early 2020. Clearly she has a passion for writing; she started writing stories at 10 years of age, and has been writing ever since.

Stephanie, a clinical social worker with a PhD, has had academic articles published, including in the AASW's own journal, writes magazine articles, a blog and even wrote a family column for her local newspaper for a couple of years. Word has it that she also writes romance fiction under another name.

However, the motivation to write her first book, Stephanie explains, was her experience of a complication with her third pregnancy. Stephanie was studying for her Bachelor of Human Services degree and 20 weeks pregnant when she was advised that her daughter would die. 'I didn't know when, but I knew she would die at some point after birth,' she said.

There was not much information available for families in this situation and so Stephanie decided to write *High risk pregnancy and foetal diagnosis; your journey,* about the experience of women who have received an adverse prenatal diagnosis. Stephanie later wrote on this topic for her PhD in social work.

Stephanie is a mental health social worker with 17 years' experience in the area of women, couples and families. 'As a woman, and a mother of five children, I have focused my career on women's adjustment through life, family issues and more recently on relationship and psychosexual therapies.'

Yes, that's *five* children, and before you ask, 'where does she get the time?' there's more! Stephanie works full time as a team leader for Queensland Health in the community mental health field; is an academic, having worked for almost seven years at university, teaching and tutoring in social work, and also assesses Accredited Mental Health Social Worker (AMHSW) applications for the AASW. She runs a small private practice after hours and provides clinical supervision for the next generation of social workers.

Stephanie also runs PDS Australia, the Prenatal Diagnosis Support group for families who have or are expecting babies with a poor or long-term prognosis.

Despite having such a busy work schedule and family life, Stephanie still finds time to write. 'I meet my passion by writing books in my areas of specialty. My nonfiction writing is 100 per cent an extension of my social work practice and is relevant to my work in private practice,' she says.

Although Stephanie credits her output to discipline, I'd say there's a fair dollop of talent and passion as well to account for it. And yes, the illustrations in the book are by her husband, Sid.

Vale

Professor Catherine McDonald
1955–2019

I first met Catherine McDonald when she came to RMIT in 2007 to take up the position of Professor of Social Work. First impressions were that she had a sharp mind and she meant business.

I soon discovered that Catherine was one of those rare academics who was able to sum up people very well, often with brutal honesty. But she knew how to stand her ground and she fought for the things that had to be fought for – and for the people she had to advocate for.

She could detect pretension from a mile away. Although you didn't always agree with her, you had to admire the ethical and honest way that she communicated her ideas and intentions. She called it as she saw it, and you never had to second guess what she was up to – you always knew where you stood with Catherine. I learnt so much from her as a person, a woman in a leadership position, and as an academic.

Catherine mentored her academic staff, finding opportunities to support publication, professional development and through modelling what it means to be a fearless academic.

Studying at the University of Queensland, Catherine was awarded her Masters of Social Welfare, Administration and Planning in 1984 and received her PhD in 1996. Prior to taking on the role as Professor of Social Work at RMIT University, Catherine had been a senior lecturer and then Associate Professor in the School of Social Work and Applied Human Services at UQ.

Catherine kept her private life private and let her intellectual work build her reputation. She published widely on social work and social policy. As a theorist, she was particularly critical of managerialism in welfare reform and reform of other social institutions. The analysis in her book *Challenging Social Work* remains relevant, as do her many papers analysing institutional change and its implications for effective human services practice.

Catherine was a generous, enthusiastic and inclusive Professor during her time at RMIT University. Upon her retirement from RMIT in 2012, Catherine was made an Emeritus Professor and held this role until her death in April this year.

Catherine was an amazing force of nature, a huge personality and her passing has left a huge gap in the social work stratosphere.

By Christine Craik

FAMILY SUPPORT & FAMILY VIOLENCE

Ensuring we consider adverse childhood experiences

Re-working a social work tool

CAROLYN COUSINS & DAVID DUFFY

To request access to the free ACE-Genogram tool, please email duffy.coffs@gmail.com. In order to assist with assessing the usefulness of the tool, you will be asked to complete a short SurveyMonkey before you are given access and then six months after.

About the authors

Carolyn Cousins and **David Duffy** are social workers who practice in the areas of family violence, child protection and family support. Both bring strong trauma-informed frameworks to the work they do, and encourage others to ask questions about the links between diagnosis and past experience. David developed the ACE-Genogram and is keen to share it with others as a helpful tool for ensuring early childhood trauma is front and centre in social workers' thinking about presenting issues and challenges.

It is hard to overstate the significance of the longitudinal Adverse Childhood Experiences (ACE) study in the United States in increasing our understanding of the long-term effects of trauma. In the TED Talk about the ACE Study, which has been viewed almost five million times, Dr Nadine Burke-Harris outlines that this study established decisive links between traumatic early experience and adult ill-health, showing that the *adaptive* behaviours and functions that develop to cope with childhood trauma can then become damaging to health over time.

Professor Warwick Middleton states in his introduction to the well-regarded Australian resource *Practice guidelines for treatment of complex trauma and trauma informed care:*

> *The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma, and the more severe and prolonged the trauma, the more severe are the psychological and physical health consequences.*

The ACE study also showed that adverse childhood experiences are very common, and that ACEs can have a profound effect even 50 years after they occur. The longitudinal study conducted in Christchurch by David Fergusson has similar findings, although not quite as long-term yet.

Over the past few decades, through MRI scans and the study of early brain development, there has been an increase in our knowledge of the impacts of trauma and violence on the human brain. This focus on the neurobiology of trauma has seen a shift in language from differing abuse types (i.e. physical abuse, sexual abuse, domestic violence) to use of the overarching term 'trauma'.

This reflects the more medical approach of neurobiology, and brings some scientific legitimacy to the impacts of violence on the people who experience it. However, we are not yet sophisticated enough in our understanding of the impacts of trauma to be sure whether the different abuse types impact the developing brain differently. We certainly know from clinical work that there are very differing dynamics and effects on victims of the differing trauma types, and the meaning we all make of them.

Neurobiological research is also sending us back to our thinking about the importance of human relationships, especially our early ones, and the impact of relationship breakdown and trauma on the developing brain. A key feature of an infant's early environment is the relationship with the primary carers, whose initial role is to ensure the infant survives by responding to their basic needs. Our inbuilt attachment system means that infants and young children seek comfort and protection when they experience anxiety, fear, confusion or feelings of abandonment.

Children whose parents or other primary carers are responsive to their needs and sensitive and emotionally attuned to their mental states, are likely to develop an internal working model of themselves as loveable, valued and socially effective and others as positively available, understanding and interested. These children develop secure attachments that form the basis for 'healthy psychosocial development, self-esteem, and coping capacity'. However, where

the source of risk is someone close, as in interfamilial abuse: 'It stands to reason that the most devastating types of trauma are those that occur at the hands of caretakers' (Louis Cozolino, *The neuroscience of psychotherapy*).

A trauma-informed service is one in which staff understand some of the impacts of trauma and commit to and act upon the principles of safety, trustworthiness, collaboration and empowerment. The key trauma-informed question is 'What has happened to this person in front of me, *rather* than what is wrong with them?'

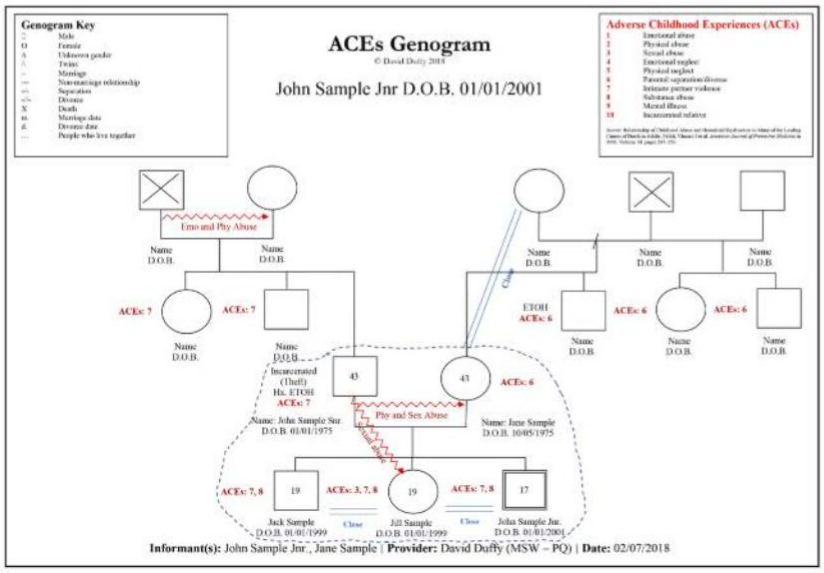
However, increased recognition of the impact of traumatic childhood effects is not the same as finding ways to systematically ensure we are naming and addressing the effects in our clinical work. A trauma-specific service is one that aims to directly treat the chronic conditions caused by trauma experiences and related symptoms. Assisting trauma survivors to manage dissociative symptoms, render painful images more tolerable, and teaching skills for the regulation of powerful emotions.

In order to ensure we consider a person's trauma history in both our clinical treatment and planning, we capture the prevalence of ACEs early in engagement by linking ACEs to the common social work tool of a genogram. A high ACE score indicates potential impact on relational capacity, which may mean supports will most likely be lacking. Taking an ACE-based genogram can also attune the social worker to attachment issues from the first point of contact a recommendation of the Adults Surviving Child Abuse's (ASCA) Clinical Guidelines. Furthermore, the ACE-Genogram can be used as an alternative to traditional ACE screens to capture ACE exposure. As a family assessment tool, it is specifically beneficial for assessing the complex dynamics that can exist within the family systems of those who experience non-familial and or familial ACEs, including intergenerational abuse.

Sensitively assisting the client to understand how experience shapes the brain, the impacts of trauma on the brain (particularly the developing brain) and normalising their response assists the client to identify some of their behaviours as resulting from what has happened to them, rather than what is wrong with them.

Psycho-education can assist a shift in self-perception and give a degree of control. It can also begin to address, in safe environments feelings of self-blame and shame that can be having a profound and debilitating effect. By externalising the impact of ACEs, clients can begin to see their own responses as understandable adaptations to an overwhelming situation. This should not then absolve them of responsibility for their behaviours, however it can help clients rewrite the negative scripts about themselves they may be carrying and allows them to see that they have the option of mastering, over time, what can feel like ingrained responses.

The ACE-Genogram



The ACE-Genogram should complement the existing clinical skills of a practitioner, particularly those who are familiar with trauma assessment and counselling, the use of genograms in family assessments, and trauma-informed practice.

Due to the prevalence of ACEs, the genogram may be used for screening regardless of whether or not there are clear indicators of ACEs. However, as Finkelhor (2017) states there is still controversy about whether routine screening for ACEs is consistent with trauma-informed practice, especially when there may not be the service infrastructure to respond to such issues after they are raised. Our view is that assessment be undertaken within a therapeutic relationship when clinically indicated, and not merely to meet administrative requirements.

Key considerations for using the ACE-Genogram

- Explain the purpose of the assessment tool (i.e. to identify adverse childhood experiences and how these can affect family relationships), with informed consent and appropriate confidentiality.
- Provide a safe and trauma-informed environment (see ASCA Complex Trauma Guidelines).
- Don't ask about ACEs when the suspected perpetrator or other family members are present.
- Use as part of clinical interview during face-to-face contacts.
- Maintain familiarity with local referral options and reporting requirements.
- Provide clinically indicated follow-up, such as trauma-informed psychoeducation, crisis and trauma counselling, safety planning, and legal obligations.

Living Well Group

Self-care, art opportunities and afternoon teas

DANA ROBSON

When I was first employed in 2008 at the community health centre where I work, there were no family violence groups running. I found that often women needed more than one-on-one counselling and thought that they could possibly use the support of others. Social workers know the power of group work and so when I advocated to start a family violence support group I was given encouragement to do so, writes Dana Robson.

Initially I began a short-term formal group, co-facilitating with a worker from Berry Street. We ran the 'Breaking Free' program together and later I also facilitated the 'Looking Forward' group. Both programs were based on psycho-education, formal and short-term groups. When I asked for feedback I was told by participants 'We don't need you to tell us what family or domestic violence is; we can tell you what it is, but we like your self-care focus, your guest speakers, your art opportunities and your afternoon teas'!

This feedback and my desire to offer women who had been or still were in family violence situations more support, led me to develop the Living Well group in 2010. The name of the group came from the idea that the best revenge is to 'live well'. We wanted women to move forward but not feel resentful and stuck in the past. The thinking behind this was that sometimes perpetrators still had control over women who, although now physically safe, were still held prisoner by these indoctrinating thoughts that had become their own because of the abuse and control they had experienced from their violent partners.

I used the manual *Collected wisdom*, which was developed and coordinated by Women's Health in the North, a women's health service based in Melbourne. The manual is a wonderful resource to inform workers and has resources and collected wisdoms developed to offer a framework or knowledge-base for family violence group work.

The first Living Well group, which started in 2010, is an ongoing informal group to support women who have experienced, or who are still experiencing, family violence. Women who want to support victims or survivors (as we prefer to say) are also welcome to attend so they can be informed and helpful to other women experiencing family violence. In addition, the expertise and knowledge cultivated in collaboration with the group has also influenced the development of the group's formal guidelines.

The guidelines for group behaviour are not restrictive, their main emphasis is on safety. For example, swearing can be a trigger and as we do everything possible to keep people safe, swearing is discouraged so that others do not find themselves heightened. The Living Well group is held at the health centre in a spacious room with a kitchenette. Hospitality is important and so a cup of tea or coffee is offered, with occasional 'mocktails' and a biscuit or two. We try to offer healthy options such as fruit, particularly when we have visitors like dieticians!

As we have access to many staff with expertise at the centre, we can draw from a variety of disciplines to offer information as requested by the group. For a few years, I co-facilitated with a wonderful social worker from Berry

About the author

Dana Robson is an experienced accredited social worker working as a general counsellor in a community health centre. She has provided counselling and support to victims experiencing family violence over a number of years. Dana facilitates a family violence group called Living Well and has worked in this setting for the last 10 years. Dana's Master of Social Work thesis was titled 'Why women don't leave', which examined Judith McHugh's theory of 'thought reform' as a reason for women remaining in violent relationships.

Street, Helen Micallef, whose years of experience and wisdom provided an incomparable resource to the group.

To date we have had dieticians, nurses, masseuses and dentists. We have learnt about 'healthy poo' (we even made up some fake poo to demonstrate good bowel management), made healthy lunches, learnt about types of continence (stress and urge), spoken and laughed about things we all wanted to know but didn't dare ask before. Everyone likes to learn but no one wants to feel as though they are at school.

The Living Well group does not have its own budget, however due to its success, funds were made available one year from within the counselling team for group participants to go on an outing to the hot springs on Victoria's Mornington Peninsula. This was a very restful, happy day and we were all able to embrace our feminine shapes in deliciously warm water on a lovely day. Self-care is greatly encouraged!

More common for our group is to take part in some form of creative activity. I have actively encouraged art therapy students to do their practical placements with us, offering the students opportunities to hone their skills and the group an opportunity to be directed in their creative outlet by someone with fresh ideas. It is often so much easier to talk about the painful things in life when one's hands are busy.

Sometimes talking is not even necessary; a common shared silence is acceptable as well. At present, we have an artist, Lena Aderhold, working with the group. Lena has overseen many wonderful projects, including a beautiful mosaic-covered concrete bench. This project was far-reaching as it attracted many others, such as staff and community members, who wanted to support our aim of supporting women who have experienced family violence.

Apart from the joyous projects we have been involved in, the Living Well group likes to assist others and we submitted a document to the Royal Commission on family violence. We were very proud to see some of our recommendations included.

For many years, during the third week of October, the Living Well group has been involved in the Clothesline Project where T-shirts have been painted with logos and messages of anti-violence and then displayed on the walls at the community health centre. Community members have been invited to join in and add their own messages in whatever language they prefer.

On the following Saturday a walk from the community centre to the local park and back again is held, and then followed by a BBQ. This has been an opportunity for the community to make a peaceful demonstration about women and children (and men) being safe on the street no matter what they wear or who they are.

This year has started with renewed energy and interest. We are looking forward to finishing mosaic garden pots for the child care room as well as exploring ideas for do-it-yourself home maintenance. In 2019 we would like to involve our nearby school in our Clothesline Project and give our local children a voice to speak through art. The Living Well group understands that children who witness violence are also victims. We would like to focus on children and be a voice for them!

Apart from the joyous projects we have been involved in, the Living Well group likes to assist others.

Open Arms

Veterans' and families' counselling

KAREN GREEN

Karen Green provides a broad overview of the services that Open Arms can provide to assist the families of veterans.

Open Arms is a free and confidential, 24/7 national counselling service provided through the Department of Veterans' Affairs. The service is a provider of high quality mental health counselling services for Australian veterans and their families. Individual counselling, couples and family therapy services are provided by a team of centre-based clinicians and a network of Outreach Provider Counsellors (OPCs) across all regions of Australia.

Our team is focused on meeting client needs through a combination of proven clinical practices, new and emerging evidence-based approaches including psycho-educational and therapeutic group programs. Similar to other community-based mental health services, Open Arms clients commonly present with issues including depression, anxiety, substance use challenges, workplace challenges, intimate partner relationship concerns and parenting issues. Notably, Open Arms specialises in the provision of evidence-based clinical treatment services for the veteran population that has been exposed to potentially traumatic events, or have been formally diagnosed with Posttraumatic Stress Disorder.

All families experience routine daily challenges, however, there are unique stresses that military and veteran families experience pertaining to the posting cycle, training exercises, deployments, partner employment, education challenges, and access to services for dependents with special needs. Transitioning from the military to become a civilian family involves a range of issues too, and the success of how these are managed will depend on the whether the discharge was voluntary and planned, or due to medical injury or illness that may further impact on income-earning capacity. Resilience, family and social support, and good mental health are critical factors in a positive transition.

The Vietnam War was a difficult chapter in Australia's history, and for those who served, the experience forged strong bonds and a commitment to look out for each other. This deep sense of mateship led Vietnam veterans to lobby for a specialised counselling and support service for veterans and their families. The original service was founded by Vietnam Veterans in 1982. Over the past decades, the counselling service has evolved, and eligibility has expanded in response to the changing needs of Australian veterans and their families. Formerly known as Veterans and Veterans' Families Counselling Service (VVCS), the name was changed to Open Arms in 2018.

Open Arms employs clinical counselling staff and case managers, including accredited mental health social workers, psychologists, occupational therapists and mental health registered nurses. Community and Peer Advisers, who are veterans with a lived experience of mental health challenges, further complement the work of the clinical team. Our Peer Advisers purposefully share their experiences with clients in order to inspire hope and they walk in partnership toward the clients' goals that relate to improved mental health and wellbeing. All Open Arms counsellors have awareness of military culture, the unique demands of military service, challenges that may be experienced when transitioning from

OPEN ARMS | 1800 011 046 | OpenArms.gov.au

Who we help: Open Arms services is open to any person who has served one day of continuous full-time service in the Australian Defence Force (ADF) and their partners and children. More detailed information about eligibility can be obtained from: www.openarms.gov.au/who-we-help

About the author

Karen Green is the Assistant Director – Clinical Coordination with Open Arms, North Queensland. For almost two decades she has specialised in working in with military personnel, veterans and families. Karen is also a research consultant with a Fordham University, New York, project investigating the scope of military social work practice across 25 countries.

military to civilian life, and how these factors impact on both veterans and their families.

In order to maximise the benefits that clients gain from our service, Open Arms staff must be well engaged with existing community, military and veteran supports available in each location around the country. Active community engagement strategies are required to ensure that our stakeholders know the full suite of services that we provide to support the health and wellbeing of the broad veteran community. Our key stakeholders include the military chain of command and support elements within the Australian Defence Force (ADF) system, Joint Health Units – including psychiatrists, medical officers, Mental Health and Psychology Sections, ADF Rehabilitation Program, Defence Community Organisation, the broader Department of Veterans Affairs, and a wide range of ex-service organisations.

SO, HOW DOES OPEN ARMS HELP FAMILIES?

The following fictional scenario provides a brief overview of how Open Arms supports families to address mental health challenges and to enhance the quality of life of all family members.

John, a 37-year-old Infantry Sergeant in the Australian Regular Army, enlisted 17 years ago. He and his wife, Jenny, have been married for 16 years and have two children, Judy, aged 15 years, and Jack, aged 11 years. John had several postings and deployments during his career and had been accompanied by his family wherever the job took him around Australia, seeing each new place as a new adventure.

Shortly after posting to Townsville, John was deployed for six months and although he enjoyed being able to put his training into practice, he was exposed to a range of traumatic events. He experienced what he described as unsupportive leadership after trying to revive a colleague who suffered a heart attack, and he also sustained a relatively minor injury that had been causing ongoing lower back pain. Communication between John and the family was kept relatively upbeat and focused on all that was going well, including the countdown until the family would be reunited. Neither John nor Jenny wanted to cause stress to the other as both prided themselves on their resilience and 'can do' attitude.

During the deployment, Jenny was initially managing well, however after being retrenched from her job, she found she was not sleeping well, and was consuming more alcohol than she would have previously. She had withdrawn from social activities and exercise.

Judy's behaviour had also changed. She was irritable, sometimes tearful, less talkative, and would retreat to her room – only emerging for a meal or shower.

Jack had not made friends at school and was consistently complaining about feeling unwell to avoid school. Jenny was being called regularly by the school to collect Jack due to illness. Jack seemed despondent when talking with John by phone.

When the family reunited, all family members were aware that the dynamics of the family had changed. The usual supportive fun and relaxed family had been replaced with an atmosphere of tension, and there was a sense of not being connected. John was highly motivated to improve his family's quality of life.

A friend suggested that John and Jenny contact Open Arms. An intake was completed with each family member by a clinician and they were allocated to a suitably skilled counsellor. Following a comprehensive assessment of each family member's presenting issues, goals and a treatment plan were collaboratively established. At the conclusion of services, each family summarised the assistance that they were provided through Open Arms.

JOHN

On an individual level, John had actively engaged in trauma-focused clinical treatment. He also engaged with a peer adviser and attended the 'Recovery from Trauma' and 'Doing Anger Differently' group programs. In addition, he worked with his usual medical officer to manage his lower back pain and found great benefit in attending the Open Arms 'Managing your Pain' group.

JENNY

Jenny worked with her counsellor on a range of focused psychological strategies and attended the 'Sleeping Better' program. Jenny reduced her alcohol intake and returned to a healthier, relaxed, more social lifestyle. She and John attended couple counselling and noticed an improvement in their communication about challenging issues and also their intimacy. She was able to share her learnings from the 'Engaging Adolescents' workshop with John and both noticed Judy's responses improving.

JUDY

Judy connected well with her counsellor and enjoyed the skills training homework activities she was assigned to help her to improve her self-esteem and assertiveness.

JACK

Jack was initially unsure about family counselling. It was revealed that he was worried about his father being killed when he was deployed. He thought that he might have to 'step up' if something adverse happened to his father, and he wanted to be nearer to his mother in case he needed to provide support. Using a systemic practice model, the family learned practical problem-solving skills and CBT strategies that could assist Jack to manage his concerns.

Open Arms counselling assisted John and his family dealing with issues related to military service, and ultimately assisted the family to become a stronger more mindful family system.

More information about Open Arms, including employment opportunities for AMHSWs is available https://www.openarms.gov.au

Responding to and supporting patients experiencing family violence

CLAIRE JONES AND STEPHANIE ARROTT-WATT

Monash Health, based in Melbourne's south east, has implemented the Strengthening Hospital Responses to Family Violence project and is working towards increasing staff capability to identify and respond to family violence.

In 2016, the Victorian Royal Commission into Family Violence made 227 recommendations to provide more effective and coordinated responses to family violence across the state. Recommendations 95 and 96 relate specifically to the need for hospitals to educate all staff regarding identification and management of family violence.

The Strengthening Hospital Responses to Family Violence (SHRFV) project, developed and piloted by the Royal Women's Hospital and Bendigo Health, has expanded across health networks state wide to embed the practice of identifying and responding to family violence.

In response to the Royal Commission, and in line with the health service's 'statement of priorities' to improve the whole hospital response to family violence Monash Health has used funding from the SHRFV project to introduce specialist social worker roles.

The introduction of specialist roles was deemed necessary because although health social workers possess generalist skills and knowledge in family violence they are increasingly being faced with high risk presentations requiring more specialist knowledge. Two fixed-term senior social work positions, the Social Work–Family Violence (SWFV) Clinical Lead and the Mental Health Family Violence Specialist Advisor, were created as a result.

The SWFV clinical lead position provides a direct clinical response to family violence presentations in the Casey Hospital Emergency Department due to the high incidence of family violence in this region of outer eastern Melbourne. Stephanie Arrott-Watt began in the position in August last year.

A new social work service has also started up at the Pakenham Pregnancy Clinic for women experiencing family violence. As part of this model of care, in-service training encouraging reflective practice with small groups of midwives is also being provided to improve midwifery capacity to identify and respond to family violence and to encourage collaboration between the social work department and midwifery. This is an exciting addition to the Clinic, which previously had no social work services on site.

The SWFV clinical lead also provides secondary consultation to social workers and team members working with family violence cases across Monash Health. The flexibility of this role allows Stephanie to focus on building on the skill set of social workers and this involves direct one-to-one consultations, secondary consultation, information and advice as well as shadowing and shared case management where particular complexities exist.

Claire Jones started in the newly created Mental Health Family Violence (MHFV) Specialist Advisor position in October 2018 as the Mental Health Family Violence Specialist Advisor. Claire provides one-to-one consultations, information and guidance to clinical services, secondary consultation and education and training to Monash Health's Mental Health Program, including drug and alcohol teams.

About the authors

Claire Jones is the Mental Health Family Violence Specialist Advisor at Monash Health in Melbourne. She has 20 years' experience in mental health, addiction and homelessness services. Claire has a BA, a BSW and a Graduate Diploma in Mental Health Services and is currently enrolled in Masters in Advanced Social Work at the University of Melbourne.

Stephanie Arrott-Watt is the Family Violence Lead Social Worker at Monash Health in Melbourne. She has a BA/BSW, Masters of Mental Health Science, and 11 years' experience across women's and children's health and child protection in the United Kingdom.

As part of this model of care, in-service training encouraging reflective practice with small groups of midwives is also being provided to improve midwifery capacity to identify and respond to family violence.

One of the most important and pressing tasks so far has been the implementation of the Information Sharing Entity Scheme of which all designated mental health services in Victoria became a part of in September last year. This, in addition to the Child Information Sharing Scheme, are two parts of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework and all are part of the phasing in of Family Violence Reforms knowledge and capability building.

The implementation of these programs began in October 2018. Claire is currently working with the Mental Health Family Violence Committee and Legal Services to review and develop policies and procedures to enable Monash Health's Mental Health Program comply with these legislative changes. A core part of Claire's role has been educating mental health professionals on these changes.

The reforms have encouraged collaboration between social workers from our bed-based and mental health services, provided guidance and support to general social workers and created more seamless, consistent and inclusive work practices through an ongoing collaborative approach to this complex and indiscriminate social health issue.

Snapshot of domestic violence in Queensland

STEPHEN PAGE

'This case is like all the others. It has allegations of domestic violence, child abuse, drug and alcohol use and prostitution. When will these cases ever end?' said a Federal Circuit Court judge who was presiding over a case I was working on. He spoke in exasperation, seemingly wondering how he had ever agreed to be appointed – and ending up in a seemingly never-ending, unhappy place.

When His Honour uttered these words, I thought: 'Welcome to my world.' Starting as a graduate in 1985, I was thrust into a world I had never come across – a world of domestic violence and power imbalances, where human rights did not begin at home, and where it seemed power and control and the use or threatened use of violence ruled the roost.

Since then, massive resources have been applied to tackle family and domestic violence. Too often, women and children are killed, and we are left wondering what we didn't do as a society to enable them to be safe.

For some, International Women's Day in March was a great celebration marking the rise towards equality of women with men, and a discussion of what needs to happen next. For me, the day was much more poignant, occurring a few days after the murder of Sydney dentist Preethy Reddy, whose body was stuffed into a suitcase and then into the boot of a car. For me, her murder symbolised unfortunately how far in Australia we have yet to go to ensure that women and children are safe.

Having said that, there have been changes to how our society deals with domestic violence. Domestic violence is now talked about openly. The website of the ABC, for example, covers a lot of domestic violence stories, and with each one keeps a counter of how many police call outs there have been so far, either statewide or nationally. Hotline numbers are provided, so those needing help can hopefully get it. Each of the major parties in the lead up to the federal election promised big licks of government money to help tackle domestic violence.

And while it seems that nothing is changing, that deaths are happening too often, things are getting better. Obtaining a protection order is now easier. Police are doing more to obtain orders – and to follow up with prosecutions. Queensland's statistics at least are encouraging (Table 1).

About the author

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Table 1. Percentage of decrease in domestic violence police callouts and applications for protection orders in Queensland

	2014–2015	2016–2017	2018–2019	% Decrease
Domestic violence callouts	71,777	62,264	–	13%
Applications for protection orders	–	32,072	30,381	5%

Source of statistics:

https://www.police.qld.gov.au/rti/published/about/crime+statistics.htm

https://www.dvconnect.org/education-resources/public-awareness-campaigns/

https://www.courts.qld.gov.au/court-users/researchers-and-public/stats

STATISTICS FROM QUEENSLAND'S HOTLINE SERVICE DV CONNECT

55,000 calls a year in Queensland handled (most calls are from south-east Queensland, especially Brisbane)

1,800 women and children, and about 200 pets a year moved to safety

9% of the moves to safety are in far north Queensland*,

83% of the women callers are Anglo-Australian

10% of the women callers are Aboriginal/Torres Strait Islander**

26% of those Aboriginal/Torres Strait Islander women callers require a move to safety

Notes. *the first trip is typically by plane;
** about double the percentage of this group as a proportion of population

PROTECTION ORDERS IN QUEENSLAND

Tellingly, 71 per cent of protection order applications are brought by police. Police practice used to vary dramatically by region. The fact that so many applications are now brought by police demonstrates determination to tackle domestic violence head-on.

- The breakdown of the gender of the aggrieved in Queensland is females 74%, males 26% and not known 0.2%
- 71% of orders in Queensland are made with female aggrieveds and male respondents
- 6% where both are female
- 8% where both are male
- 16% with male aggrieveds and female respondents

Keep in mind with these statistics, as domestic violence is defined under the *Domestic and Family Violence Protection Act* orders can be obtained against family members as well as informal carers. So a female to female case or a male to male case may be a same-sex relationship or it may be members of family or even informal carers.

RELATIONSHIPS IN WHICH ORDERS ARE MADE, ACCORDING TO THE QUEENSLAND STATISTICS

74% of cases involve an **intimate personal relationship** (which includes marriage and de facto relationships)

26% of cases involve **family relationships** (which would include senior abuse cases where there has been domestic violence)

0.31% of cases have involved **informal care**

Seventy-one per cent of applications are made electronically, 28 per cent over-the-counter and one per cent other. Until amendments to the law allowed police to bring applications electronically, the process was very time-consuming. Not surprisingly, 71 per cent is also the same as the number of police applications. The number of over-the-counter applications reflects the number of private applications made of 28 per cent. The other one per cent would include the relatively rare occasions that police would contact magistrates to make orders urgently, doing so by phone or radio.

If in doubt that the amount of domestic violence is going down, three further statistics from Queensland indicate this is so:

- In the 2017–2018 year, there were 24,893 protection orders granted, a 7% drop on the 2016–2017 year.
- In the 2017–2018 year, there were 13,886 temporary protection orders issued, a drop of 3% on the 2016–2017 year.
- In the 2017–2018 year, there were 7,215 variation orders made, a drop of 20% on the 2016–2017 year.

There must be caution about that last figure. Previously, domestic violence orders were made (except in special circumstances) for a maximum of two years. The legislation now allows protection orders to be made, except in special circumstances for a maximum of five years (Section 97 *Domestic and Family Violence Protection Act 2012* (Qld)). Previously, when the two years was almost up, a variation application to extend the order would be made when there was ongoing domestic violence. Now with longer orders the number of those applications will likely continue to drop.

In the 2017–2018 year, the number of protection orders made for Aboriginal and Torres Strait Islander people was 930 or 16 per cent of the overall total. The number of temporary protection orders was 466 or 14 per cent and the number of variation orders was 301 or 17 per cent. It would appear that the Aboriginal and Torres Strait Islander population is about 4.6 per cent of the Queensland population, which means that the orders are being made roughly about three times the rate for Aboriginal and Torres Strait Islander people as for the population as a whole.

Breaches commenced by Queensland Police in the 2017–2018 year were 19,994 or a decrease of three per cent. There were 13,735 convictions or up by 200. Of those:

- **4,825** were imprisoned;
- **71** were custody in the community;
- **353** received community service;
- **2,735** received probation;
- **4,132** received a fine;
- **890** received good behaviour;
- **729** received other.

According to Queensland Police statistics (which were only up to 30 June 2017 at the time of writing), reported breaches were up in that year at 678 per 100,000 or up 11 per cent. Brisbane was up 10 per cent. Central Police was up 17 per cent. Brisbane has the lowest rate of breaches. Northern Police command has the highest rate of breaches. Eighty-five per cent of breaches are by males. Fifty-two per cent of those breached were arrested.

Breach proceedings had increased in the 2016–2017 by 9 per cent on the prior year.

However, there were also 1,049 strangulation offences in domestic settings. This law was added in May 2016. There were 34 per 100,000 in Northern command, the highest and 11 per 100,000 in Brisbane command, the lowest.

According to police, 28 per cent of male respondents had 2–3 domestic violence applications concerning them. This also concerned 20 per cent of female respondents. Less than one per cent of male respondents had five or more domestic violence applications concerning them.

Learning to 'THRIVE'

Key therapeutic decision points and how to find them

TAMARA HOLMES

This piece was written as a culmination of evaluation, reflective practices and practice-based wisdom by the THRIVE team. I hope to give voice to the therapeutic thinking about some the development and considerations of the program, explains Tamara Holmes.

Colac Area Health (CAH), the auspicing agency, is the area health service delivering acute and aged care, urgent care, community services and rehabilitation for the Colac Otway Shire, in the south-west region of Victoria. The THRIVE project was born out of identification of a service gap in the Colac area. The project is a Family Violence Therapeutic Interventions Project funded by Department of Health and Human Services (DHHS).

CAH management and executive funded a submission writer for the THRIVE project following consultations with existing staff and the Barwon South-West Family Violence Children's Networker. The project enabled creativity within the team to emerge and developed a willingness to think therapeutically about the suite of services available within the integrated health service to be called upon in this holistic program.

There were a number of things CAH wanted to achieve, such as to develop a therapeutic service that was based on strengthening the relationships in a child's life after experiencing family violence, and to be innovative in service delivery using reflective practice at every opportunity to enhance program development, service delivery and evaluation.

Also, we aimed to have a systems approach; to incorporate interventions with the child, their family, the system of support around them (i.e. schools) and also the service system. The key was to respond with the child and their family in mind. We accepted that nothing occurred in isolation. It was the team's belief that an integrated service would be most successful. Support for families throughout this process was considered essential. Lastly, we wanted to use existing resources to ensure THRIVE was part of the continuum of service provided at CAH. This continuum included family violence counselling and outreach services; integration with family services and the existing children's counselling team.

When first starting to imagine the THRIVE program, we had a belief about thinking therapeutically at every step, about everything that was done. This thoughtfulness ranged from the model itself, to the recruitment process and even when thinking about the development of forms and tools used. We wanted to explore the circular and interconnected nature of things; how this was for the families and children we would work with. We thought about this thinking at Key Therapeutic Decision Points (KTDPs). This phrase was used to articulate, and draw our attention, to points in our development as a service. This included engagement and interventions, both with clients, each other and the systems we work within.

Some of these initial KTDPs included:

Staffing and recruitment

All staff had extensive experience in delivering trauma-informed practice interventions. All were committed to the THRIVE model of service and also demonstrated commitment to reflective practice. This is the capacity

About the author

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to think about the therapeutic project delivery in an innovative, creative and evidence-informed manner.

Developing the holding environment

In the beginning the THRIVE team were 'hot desking' in the counseling space at CAH. This led to a lack of place to call one's own. Through the reflective practice meetings, the team was able to identify the parallels with potential children and their families. This created agency for change and a suitable space was allocated, which resulted in the team becoming stable and secure, mirroring hopes for the families to develop the same capacity.

Consideration of referral points

The vulnerable families panel was facilitated by the THRIVE Senior Clinician, enabling education to occur with the schools service system. Each local school is represented on this panel and external services (e.g. experts from CAMHS, local agencies and FV services) consult to the panel. The early consultation with these services ensured the education and service system had a clear understanding of what THRIVE could offer and that appropriate referrals were made at every point

Aiming to thinking therapeutically at each point

The initial referral form was adapted from the Child FIRST intake form. After using this once, THRIVE created a new form with therapeutic, strength-based language to ensure the system around a family/child was at the centre from the first point of contact. The use of the THRIVE form encouraged articulation of the family/child strengths as well as the opportunities in engaging with the THRIVE program.

The development of the Supervision and Reflective Practice framework was considered to be a priority. Thinking about the ideas of 'holding' and 'containment' was crucial when developing this framework. The basis of this thinking was if CAH could support the clinician in a good enough holding space, this state of mind then 'held' the child, their family and their system. This was conceptualised by the team as 'cocooning the clinician, cocooning the family'.

The KTDP next highlighted was in the process of team meetings, which included discussing new referrals and case mix, exploration for the team to keep in mind existing case load, reflection on team and system processes, deep thinking about what practice is utilised and the use of therapeutic presence at every opportunity. The team meetings were designed to parallel the thoughtfulness extended to the THRIVE child and family work; a candle was lit to ritualise the beginning and ending of the meeting, fresh flowers engaged the senses, and movement or meditation to ground the team in the moment to enabled reflective discussion. Thoughtfulness and mindfulness at each point was a priority for the team with a view to mirroring this consideration with our children, families and their systems.

Over the first year of the project, we thought deeply in our reflective practice sessions about what a therapeutic service means to both the clinicians and the families we service. Our thinking was the type of therapy used, such as non-directive play therapy, 'Theraplay' or mindfulness, were part of our tool kit. These tools enabled us to keep the relationship as the central focus. The primary aim of THRIVE was to strengthen the relationships between each member and importantly, with the system around the child and their family. This may include: family and extended family, community, school, activities, and other services.

During reflective practice, case meetings and review, the role of fathers was explored. This was front of mind during the training 'Infant and child-led practice after family violence – Using the properties of hope and healing' with Wendy Bunston during the development of the program. As a result of this reflection, clinicians explored how fathers can be involved in the therapeutic process in a child-focused way. One clinician has engaged a dad in 1:1 sessions using motivational interviewing to explore his role as a father and the kind of relationship he wants with his child or children. The KTDP highlighted the consideration required when thinking about building safe and nurturing relationships in the child's life.

Supporting families throughout the intervention period was an important factor in therapeutic outcomes and engagement was a key part of this. The KTDP was for THRIVE clinicians to use a variety of spaces when engaging the child and their families. Clinicians used therapeutic and outdoor spaces at CAH, open spaces in Colac or school-based sessions. The timing of sessions is thoughtfully negotiated to ensure accessibility. Clinicians have seen working mothers and fathers after 5.00pm with a view to improving their sense of engagement with their child and their parenting role. Partnering with the Family Support team at CAH for vulnerable families enabled the wrap-around service to include case management and coordinated care.

The key messages from the THRIVE project and the thinking about KTDPs to date include:

- Engagement at every level; agency, staffing, families, support systems can ensure commitment to the therapeutic outcomes developed during assessment and intervention.
- Cocooning the clinician with an excellent clinical governance structure, focused on reflective and thoughtful practice enables the family and the child to be held at the centre of every intervention.
- 'Stick-ability' and interaction with all the service system enables connection, which is a key therapeutic goals for children who have experienced trauma relating to family violence.

This reflective piece has attempted to articulate practice-based wisdom that came from developing the THRIVE program over the past 18 months. Thinking about KTDP has enabled the team to prioritise the experience of children and their families in the service, and how integration can occur in care.

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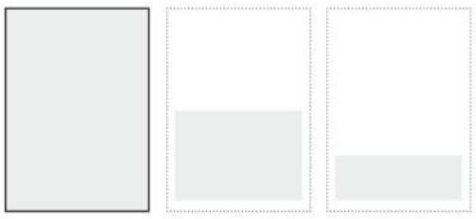

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