Social Work Focus

SPRING 2016 – VOLUME 1, ISSUE 3

SOCIAL WORK PRACTICE AND FAMILY VIOLENCE

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Australian Association of Social Workers 70 Year Anniversary

AASW Australian Association of Social Workers

2016 Trauma Education

presented by Dr Leah Giarratano

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

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2016 Trauma Education Registration Form for AASW Members

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

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A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of $55.
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Social Work Focus

Published quarterly, *Social Work Focus* belongs to the membership of the Australian Association of Social Workers. We welcome interesting articles relating to social work practice and research and letters to the editor. We also accept paid advertisements.

Guidelines

Articles and advertisements must meet the requirements of our contributions guidelines and advertising specifications.

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NEXT EDITION

Contributions for the Summer 2016 issue will be accepted until 18 October. The theme for articles will be **social work practice and child protection.**

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STANDING UP FOR STANDARDS

KAREN HEALY AM
AASW PRESIDENT

Our Association responsibly sets and monitors professional standards, ensures that these are responsive to the needs of stakeholders and actively advocates for their recognition. In the last few months we have made considerable progress in key areas of professional standards and recognition.

The review of the Australian Social Work Education and Accreditation Standards (ASWEAS) is currently underway and the first round of consultation saw members and stakeholders make 86 submissions. Our goal is to develop the standards to ensure they prepare graduates for an increasingly competitive and complex working environment both in Australia and overseas. For this reason, the review will also consider international benchmarks of educational standards and the AASW has commissioned a series of papers on best practice in social work education. In early October, we will hold a roundtable with representatives of key stakeholders including the AASW, employers, educators, students and consumers. The roundtable will consider information from the scoping work and the submissions and this will inform our position and the drafting of the content of the standards. A final report on the new ASWEAS standards should be presented to the Board in February 2017.

The Board has also recently approved the development of advanced social work practice credentials for AASW members. Credentialing advanced social work practice in a range of specialist areas will provide social workers with a clearer career pathway to a specialist field of practice and employers with standards by which they can recruit social workers for specialist roles. We are currently developing specialist credentials for recognising advanced social work practice in the disability and child protection fields but plan, in time, to also to develop credentials for other fields. You can read more about our plans for advanced practice credentialing on page 6.

Earlier this year, the South Australian Health Minister, Jack Snelling, successfully advocated for the social work profession to be reconsidered for inclusion in the National Registration and Accreditation Scheme. The matter is now before the Australian Health Ministers Advisory Committee and I urge all members to advocate for the support of professional registration with their local federal government MP. The AASW has also commissioned a paper from Deloitte Access Economics to outline the economic case for professional registration. This paper is available on the registration page of the AASW website.

In June I was delighted to represent the Association at the International Federation of Social Work (IFSW) meeting in Seoul, South Korea. The IFSW facilitates international and regional cooperation for shared learning and joint action. Member countries agreed at the meeting to its policy statement on the Universal Right to Social Work Protection and to the development of policy positions against child labour and for the human rights and social justice implications of international free trade agreements. These statements are used by the IFSW and its member organisations to advocate internationally for social justice and human rights. The Federation also agreed to the establishment of an Indigenous Social Work Caucus Committee to improve its recognition of and responsiveness to indigenous peoples as providers, advocates, community members and service users.

The joint World Congress for Social Work, Social Development and Social Work Education was also held in Seoul and was attended by more than 3000 people. During the opening session, members of Solidarity Against Disability Discrimination (SADD) protested against the inadequacies of the South Korean disability services rating system. Their protests were directed at the Health Minister who was the keynote speaker but it was also a call to action for social workers to make a stand for the human rights of people living with disabilities. On the final day of the conference, organisers invited the SADD representatives to address the delegates and the group gave a powerful presentation on the negative impact of the disability rating system. A statement of solidarity with the protesters was issued by the conference organisers and reported in international media.

The World Congress keynote speakers included consumers, advocates, service leaders and educators. In the closing keynote speech, Mark Henderson of New Zealand spoke of the continuing discrimination and oppression faced by lesbian, gay, bisexual, transgender and intersex people. He made a powerful call for the recognition of diverse sexualities and sexual identities as a human rights issue.

On the AASW governance front, the annual Board elections are currently underway. Your vote is important so please participate. More information about the elections is available on page 5. The Board is currently preparing for the Annual General Meeting (AGM), which will be held in Brisbane on 26 November during the joint Queensland branches conference. I will be pleased to report the AASW's strong financial and excellent membership growth results for the 2015–2016 year. Hopefully I will see you at the AGM.

A MESSAGE FROM THE CEO

GLENYS WILKINSON
AASW CEO

I would like to thank our members who have promptly renewed their membership for this new financial year. It is heartening to have the renewal process flow so smoothly and to receive the many expressions of thanks and appreciation for the achievements of the last financial year. Your support and encouragement for the directions of the Association during the last year drives us to do more and be better for social workers and the people with whom we work next year.

If you have not renewed or your colleagues have not joined as members, please do so now. You will be strengthening our presence as a large and active leadership association, which will help us continue to be heard for the benefit of our clients and communities.

The growth of the membership and the status as one of the larger allied health professional member associations is helping the AASW draw attention to the issues that are important to social workers. We are invited to participate in consultations and forums early in the policy-making process and becoming a go-to voice for the media in some areas of social policy. This strengthens our advocacy so the voice of social work is heard early – not just at the end of the process when all we can do is react.

Our voice in social policy must be grounded in the day-to-day experience of our members who work with people who need effective social policy to make positive changes to their aspirations and how they live their lives. I would like to thank the many members who volunteer their time to ensure our position statements and submissions reflect current practice and real experiences. The volunteering of your time, on top of your busy professional lives and family responsibilities, is greatly appreciated by the AASW and we try to make the best use of this contribution.

This edition of *Social Work Focus* contains some examples of social work in action in the area of family violence. As well as an opportunity for us as a professional association to provide a forum for members and stakeholders to showcase their practice experience, *Social Work Focus* also acknowledges the range of sectors in which social workers play a role and shines a light on them. The issues prior to this were on health and leadership and management in social work practice and the next issue in summer will focus on social work practice in child protection.

Highlighting practice, especially advanced social work practice, is one of the drivers for us to develop a credentialing framework that will change our language and self-perception around social work; we need to consider ourselves as 'registered' social workers who operate within a professional, self-regulated profession.

Being able to develop credentialing frameworks has again only been made possible because of the contribution of members to the articulation of the standards. A framework needs to be built for a credential that is well recognised by employers as a professional commitment to knowledge, skills and continuing professional development. We need social workers in management and leadership roles to actively seek social work staff with credentials to ensure members of the public are engaging with a skilled and knowledgeable professional and to preserve the integrity of the social work title. This work in the area of credentialing and AASW registration is just beginning, so keep a look out for opportunities to work with us to develop and roll it out. We need your help and expertise for this to happen.

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HAVE A SAY IN THE AASW BOARD ELECTIONS

Members will have now received their ballot papers for the AASW's 2016 elections along with a copy of the candidate statements for the vacant National Vice-President and National Board Director roles.

This year, in accordance with the AASW Bylaws, the election will use the first-past-the-post system of voting. This will see the candidate who polls the highest number of votes elected but, in the event of a tie, a re-election will determine the result.

To vote for the person who you would like to represent you on the Board, just complete your ballot paper and return it by post before the deadline – 4 pm AEDT, 13 October 2016.

The ballot will be declared by the Returning Officer on Wednesday 19 October and the results published on the AASW website on Thursday 20 October. Find out more on the AASW Elections web page.

SWOT REVIEW

The AASW's review of its Social Work Online Training platform has begun with the gathering of the feedback provided by members in the SWOT survey.

So far the common themes that have emerged from the survey, which closed on 31 August, are an appreciation of relevant online training content, a need for more accessibility, pricing and greater availability of free opportunities.

Members also requested the development of new training content to meet particular needs, such as clinical mental health treatment, research methods, ethical and legal obligations and training designed specifically for advanced practitioners. The AASW is now engaging with experts to develop this new content.

Along with anecdotal evidence, the survey has revealed that 61 per cent of SWOT users are located in major cities throughout Australia, followed by 29 per cent from inner regional areas. Information provided by the Australian Bureau of Statistics' *Australian Standard Geographical Classification System* data suggests that internet access and speed may be one of the main reasons why people from outer regional and remote locations are not accessing SWOT's training opportunities.

To help members in regional and remote areas, the AASW is considering providing access to SWOT content via a USB. If this interests you, please send an email to swot@aasw.asn.au.

Up-to-date information about SWOT will be published on the AASW website and in the national e-Bulletin. Please continue to send us your feedback, including opportunities for developing training content and industry contacts.

CREDENTIALING FOR ADVANCED SOCIAL WORK PRACTICE

BRUCE HART

Recognising the specialist advanced practice skills of social workers is critical to the future of the profession and a priority of the AASW this year.

Credentialing advanced social work practice in a range of specialist areas will provide social workers with a clearer career pathway to a specialist field of practice and employers with standards by which they can recruit social workers for specialist roles.

Yes, the social work profession currently has a process for credentialing *accredited social workers* and this assures members of the public, employers and funding bodies that these practitioners have reached a core level of practice and maintain currency. And the AASW also *accredits mental health social workers*, a process that has had success with Medicare and other funding bodies. However, for the future of the profession, credentialing now needs to be progressively expanded to other areas of social work practice, such as disability, child protection, family violence, school social work, oncology, aged care, policy and social advocacy.

Many social workers already have specialist skills in sectors such as these. They have achieved them through a mix of qualifications, workshops, supervision and practice. Without a formal process for developing and recognising these advanced capabilities, it is hard for employers, funding agencies or consumers to recognise these specialist skills.

Progressively practitioners are completing a range of social service rather than social work qualifications. They then also complete other post-qualifying certificates, diplomas and masters degrees in areas such as mental health, child and family practice and disability. Current developments in the field are calling out for more specialist training and this reflects the recommendations of the Victorian Royal Commission into Family Violence and the *South Australian Child Protection Systems Royal Commission*. If the social work profession does not respond to these challenges it will risk its profile in many sectors, including family violence, child protection and mental health, and weaken its credibility.

The AASW is working with key people in each sector to define the advanced practice capabilities for each specialist area. It is consulting with employers, academics and experienced social work practitioners to distinguish advanced practice capabilities from those of new graduates and accredited social workers and recognise the development nature of specialist skills that are built on core social work skills and knowledge. This process will enable the AASW to articulate the skills, knowledge and personal capacities that are needed for advanced levels of practice.

The AASW's objective is to get funding agencies and employers to recognise these credentials and equate them with the provision of quality services and for employers to prefer to recruit qualified social workers with specialist credentials, rather than other professionals, for key roles. This recognition will encourage further training and professional development in post-qualifying practice skills and knowledge in specialist fields, creating a clearer career pathway for social workers wanting to enter a specialist field. Credentials and further practice-based advanced training will create more consistency in skills and knowledge that will, in turn, give the sector confidence about the contribution social work can make and raise its professional profile.

To express interest in getting involved in the development of advanced social work practice credentialing, please contact Bruce Hart on 03 9320 1033 or via email to bruce.hart@aasw.asn.au.

About the author

Bruce Hart is a social worker and the AASW's Senior Manager for Professional Standards. He has advanced practice training as a family therapist and has worked in child and adolescent mental health services and private practice in the UK, NZ and Australia. Bruce also completed a Master in Organisation Dynamics in 2010 and has since worked in a range of roles in this area.

CONFERENCE POSTERS: UNLEASH THEIR POWER

LEN BAGLOW

Social workers are increasingly being expected to present their work or research in poster form at conferences or symposia. Here are some great tips to make yours stand out.

In recent years funding for social workers to attend conferences has often been linked to them being a presenter. This has seen a substantial growth in the number of social workers making poster presentations, which are often seen as an entry level presentation or easy option. This view underestimates the importance of posters.

Presenting a poster at a conference can have more impact than making an oral presentation. I first realised this after preparing one, having been disappointed about not being asked to speak at the conference. There, I was approached by the editor of an international journal who asked if I would submit an article about the information that was in my poster. This had never happened when I presented orally.

On another occasion my poster was chosen for a walking tour of the more interesting posters. I was asked to stand by it and give a quick two-minute talk on the major points. This was much easier than a longer presentation and the experience put me in contact with numerous delegates who were interested in my field, people whom I may not have met otherwise.

At a recent international social work conference, I was concerned to see that many poster presenters missed the opportunity to show their work in the best light by presenting what was really an abstract written out on a big piece of paper. This is not what a poster should be.

The first thing to remember is that a conference poster is a visual presentation of your work. Think visually. This can be a challenge if you are predominantly a wordsmith but the process of changing the way you view and communicate the information is rewarding.

Visual means pictures and they can be used for even the most complex, relational and confidential work. The translation process will provide you with insights you didn't have before. You can use images that your workplace has purchased and licensed for use or purchase ones from online image libraries. The most fun can be had by taking them yourself. I once took pictures from the roof of a high-rise public housing development in Melbourne to illustrate a point about the complex and unique physical environment in which young people in a study were living. In most cases it is not possible or appropriate to use photographs of clients. Colleagues, however, are often happy to act as models.

A poster's visuals should lead a viewer to the major points you want to make. If your visuals catch the attention of the viewer they will seek out and read the detail. Too much detail (that is, words) can immediately turn people off. Try and keep the number of words to between 300 and 500. Many good posters divide the space into three columns. However it really depends on what you think is the best way to draw attention to the main messages. There are no hard and fast rules – you can find much information at Poster Basics (New York University Library) and elsewhere online but most of all have fun and be creative.

This is the best way to communicate and share your excitement about your research.

About the author

Len Baglow is a policy advocate with the AASW. He is a social work practitioner/researcher with more than 30 years experience. He has presented on a wide range of topics both nationally and internationally. Most recently he presented the preliminary findings of the AASW and James Cook University Study of Social Work Students at the Joint World Conference on Social Work, Education and Social Development in Seoul, Korea.

‘Vicarious resilience’ – what a wonderful concept

PROFESSOR CATHY HUMPHREYS
GUEST EDITOR

GOOD SOCIAL WORK PRACTICE IN FAMILY VIOLENCE ENGENDERS POSSIBILITY AND HOPE

PROFESSOR CATHY HUMPHREYS

'Vicarious resilience' – what a wonderful concept, which I had not come across until reading the article by Mariah Devontae and Jennifer Brackman in this issue of *Social Work Focus*. It is a concept that reminds us of the reciprocity in our work with those living with domestic and family violence. Not only may we be vulnerable to vicarious trauma, whereby the pictures and accounts of abuse stick with us and seep into our personal lives, we are also privileged to be able to share, and learn from our clients' stories of strength and resilience. It is a theme of hope and commitment that flows as a strong current through the 10 accounts of social work practice in the area of domestic and family violence. I felt uplifted, enthused and excited by reading the contributions to this special edition.

On reflection, I could see that my sense of connection to the social movement to end violence against women and their children, and more specifically to social work as a profession, had been reinforced by these well-written articles. Many of the practitioners have had decades of experience and are bringing to this issue a feisty, pragmatic dedication to domestic violence intervention. The accounts are an important reminder that we are not alone in our endeavours and that we draw on the strengths and wisdom of others in our work. This is possibly the first lesson in self-care. We are reminded of the need for self-care in the face of stories of violence in the interview with Dr Margaret Pack.

I also felt emboldened by the strength of practice development and the nuanced reworking of key principles for intervention. 'We are not thinking machines, we are feeling machines that think' – a succinct and profound quote from Abbey Newman citing Antonio Domasio (1999). Carolyn Cousins, Christine Craik and Abbey Newman in different ways remind us of the importance of respect for adult survivors and their decision making.

A zealous paternalism derived from good intentions to 'save' women from abusive relationships may be disempowering and sap them of the confidence they need to support constructive changes in their lives. It may also underestimate the hurdles associated with separation: the potential for the escalation of abuse; the lack of evidence to keep children safe into the future if precipitous decisions are made; and the potential for homelessness are but a few of the barriers that need to be addressed. Christine Craik rightly points out that we may underestimate the protective action that women take for their children while living with domestic violence. She urges a thoughtful engagement with the notion of children's best interest and reminds us that an alliance with the adult survivor that supports her access to the service system remains a core principle of practice.

Juxtaposed with this article is that of Ada Conroy, the voice of experience, who also draws attention to the importance of work with men who use violence. Again, it is a key principle to turn to the perpetrator of violence and explore the range of ways in which he can be held accountable. She reminds us that change in attitudes and behaviour with the right support is possible for some men and that women with experience working with domestic violence survivors have a significant role to play.

This special edition of *Social Work Focus* acknowledges the tentacles of violence that stretch to the abuse of older people (Mandy Walmsley) and women in the sex industry (Ada Conroy), and the range of points for intervention through services such as the health system (Glenda Bawden) and the magistrates court (Abbey Newman). The contribution by the AASW to family violence inquiries and royal commissions (Sebastian Cordoba) recognises the advocacy role of the social work profession. At the heart of social work lies a commitment to social justice. I hope that you will share my sense of possibility and hope that reading about good practice engenders in the face of violence and trauma.

About the author

Cathy Humphreys is a Professor of Social Work at the University of Melbourne. After practicing as a social worker for 16 years, she now researches children in out-of-home care and domestic and family violence. With Professor Kelsey Hegarty, Professor Humphreys established the interdisciplinary centre, Research Alliance to End Violence Against Women and Their Children, which is progressing research on domestic and family violence. Her current projects include 'Pathways and research in collaborative interagency working' (known as the PATRICIA project) and 'Fathering challenges: Reparative, responsive and responsible fathering in the context of domestic and family violence'. Professor Humphreys has also co-authored two books on domestic violence, *Domestic Violence and Social Work: Critical and Reflective Practice* and *Domestic Violence and Protecting Children*.

Once a week I sit in a room with 15 men and a male co-facilitator. I am the only woman in the room.

ADA CONROY

THE ONLY WOMAN IN THE ROOM

ADA CONROY

After more than a decade of working as a family violence outreach worker and advocate, Ada Conroy couldn't imagine sitting in a room with men who use violence. Now, she co-facilitates a men's behaviour change program and has new-found hope that the attitudes and behaviours of men who use violence can be changed.

There's a part of me that is surprised that I'm doing men's behaviour change work. I went to an all-girls school, didn't get along with my brother, and never socialised well with boys. In 1999, when I first stumbled across WIRE (Women's Information and Referral Exchange), a feminist awakening was triggered. This was the first feminist space I'd encountered and it sent me down a rabbit hole that I am still exploring. It was at WIRE that I met a family violence outreach worker and I realised that was the work for me.

In 2005, while working as a family violence outreach worker, there were rumblings that the men's behaviour change program in our region would be co-located with our program. We were clearly opposed to this. Partly, we didn't know a lot about the men's program, but mostly we felt clear that allowing men who use violence into a women's safe space was a bad idea, and one that we fought against. A colleague at the time told me that she wanted to do men's behaviour change work. I was agog – as a feminist, how could she even consider sitting in a room with violent men?

I spent over 10 years working in women-only spaces with women who were experiencing family violence.. Over that time, I heard stories that I still carry with me. In 2001, a woman I had supported was murdered by her ex-partner, leaving a son without his mother. It was devastating because I knew her death could have been prevented. I lit a candle for her, led a minute's silence at Reclaim the Night, and kept working.

In 2009, after the birth of my daughter, I experienced a not-very-pleasant combination of burnout and vicarious traumatisation. Women's stories began to permeate my life – I couldn't sleep, I was not fun to be around, I was becoming hyper-vigilant, and my daughter's face was imposed upon the unsafe children of Victoria. In short, I was a mess.

Lucky for me, I love public speaking and took up a position as a family violence trainer. Now the experiences of women and children could stay with me but be used positively to inform the practice of support workers, police, doctors, mental health workers and disability advocates across the state. I found a lot of strength in this, and learned how to succinctly articulate something as complex as family violence.

In 2012, I began working in an integrated family violence services coordination team at a women's health service. As a part of my orientation, I visited the local men's behaviour change group. I was sceptical, like many of my colleagues, but I knew the program coordinator and trusted her politics.

The very next day, I called the program coordinator and said 'I want to do it'. And so I did – I became a men's behaviour change practitioner. Now, once a week, I sit in a room with up to 15 men and a male co-facilitator. I am the only woman in the room – for the first time in my life. And a part of me isn't surprised at all.

Ellen Pence, a pioneer of perpetrator programs for abusive men, said that to do men's behaviour change work effectively, we must imagine the men's partners standing behind them. This keeps their experiences in the room and prevents the facilitators from colluding. I can't help but do this. Sometimes the room is so full of women, we outnumber the men.

I chose to do this work because I knew that I could. Where I was once defensive and affronted, I am now articulate and strong. These men are not the monsters that I once imagined them to be. They are average, everyday, ordinary men who choose to use violence and benefit from the oppression of women. They don't see the world through the eyes of women and children, but most of them begin to as they sit, week after week, in the program. The more I do this work, the more important I realise these conversations are. They are conversations that do not exist outside of these spaces and it is that alone which makes the spaces crucial.

Being the only woman in the room means I am ignored at a greater rate than my male co-facilitator. Participants can pretend not to hear me when I speak and I am sometimes the target of sexist beliefs, attitudes and assumptions. Do they get away with any of this? No – it's my job, and that of my co-facilitator, to shed a light on that type of behaviour both outside and inside the group. My role is to unpack the commonly-held beliefs that perpetuate violence against women and children, to hold these men accountable for their behaviour, and to provide them with a space to make the changes necessary to keep their families safe.

The program I work within is a 22-week rolling program and we have a new intake of men each month. It's challenging and frustrating but, to be honest, it's the highlight of my working week.

I've been facilitating the group for three years and I have witnessed significant shifts in some violence-supportive attitudes. I hold hope that men who commit to the program can make non-violent and respectful choices. Being the only woman in the room can be hard, particularly at first. However, as the only woman in the room, I must be consistent in my practice – and vigilantly maintain that violence against women is always unacceptable.

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About the author

Ada Conroy is a family violence project worker, trainer, men's behaviour change practitioner, consultant, and deputy chair of a women's support organisation.

SPEAKING OUT AGAINST FAMILY VIOLENCE

SEBASTIAN CORDOBA

In the last year, the AASW has been advocating for the rights of victims and survivors of family violence to help minimise its profound and long-lasting impacts.

The AASW's advocacy in the area of family violence acknowledges that it is a gendered crime, most commonly perpetrated by men against women, which also deeply affects children. Today the rates of family violence and violence against women are a national emergency and the causes, including gender inequality and community attitudes to women, are complex.

The AASW has been advocating for the rights of victims and survivors for many years. In the last year, this work has included submissions to the Royal Commission into Family Violence in Victoria, the Australian Human Rights Commission and the Tasmanian Commissioner for Children's inquiry into the impacts of family violence on children and young people, and advocacy during the recent Federal Election.

Among the significant reforms that the AASW has called for are:

- Consistent family violence and sexual assault legislation across Australia including assessment frameworks and response procedures.
- Greater sensitivity in the processes and procedures covered by family law legislation, and for these to be reflective of the complexities of family violence.
- A significant increase in legal aid funding for victims.
- Improved resourcing of legal centres including women's legal services to provide legal information and advice that can be critical to escaping abuse.
- Greater resourcing of specialist services including crisis, transitional and long-term accommodation services.
- Nationwide implementation and accreditation of men's behaviour change programs. These are currently in such high demand that men who have used violence have to wait up to six months before they are assessed as eligible.

The AASW's objective is to challenge family violence at both an individual and systemic level to minimise its profound and long-lasting impacts in accordance with the social work profession's core principles of human rights and social justice. To find out more, read the Royal Commission into Family Violence submission and Australian Human Rights Commission Roundtable submission as well as the Federal Election 2016 family violence briefing paper on the AASW website.

About the author

Sebastian Cordoba is the AASW's Policy and Advocacy Officer, a social worker and a PhD candidate at RMIT University. His practice during the last several years has been in educational and health care settings working with children, young people and their families, specialising in trauma work.

THE POSITIVE IMPACTS OF TRAUMA WORK

MARIAH DEVONTAE & JENNIFER BRACKMAN

Trauma practitioners and specialists (domestic violence and sexual assault) often hear about the inevitable impacts of vicarious trauma due to exposure to traumatic material. What is rarely talked about or focused on in the field are the positive impacts of the work. While it is challenging, trauma work is also very rewarding.

Practitioners witness the worst of horrific traumatic experiences but also see the strength and resilience of people's will to survive, recover and thrive. Working with people who have experienced trauma is a two-way transactional process that sees the resilience and strength of survivors throughout various stages of their journey and strengthens the 'vicarious resilience' of the worker. According to Pilar Hernandez, David Gangsei and David Engstrom, vicarious resilience is a process of positive transformation and change that occurs to the professional in response to trauma work, and the ability to be able to adapt to the challenges of the work.

Being part of another's journey to recovery from trauma – to witness the ups and the downs, heartbreak and joy and the realisations and reclaiming of one's voice and control over life – is a privilege. For all the challenges of working in the trauma field there is often a deep sense of gratitude for life. Acknowledging the rewards of working with trauma is just as important as acknowledging the risk and challenges. And there are many rewards, including obtaining a new-found appreciation and valuing of relationships with loved ones, witnessing the power of human strength and light, navigating out of the darkness, and recognition of the importance of hope and acknowledgement that immense strength lies within the vulnerability.

For growth to occur there must be struggle, reflection, and understanding and, above all, hope. People who have experienced trauma have 'sisu' in spades (a Finnish word that means miraculous quality, a special strength, and resolve to overcome adversity). They have the qualities of courage, determination and resilience that are developed from their experiences and that always continue to grow. Professionals who work with these people can, through their work, also develop and grow 'sisu'.

About the authors

Mariah Devontae is a social worker who has worked in the community services and welfare sector for the past 8 years, specifically in the areas of domestic violence and sexual assault. She currently works as a trauma specialist counsellor for a national domestic violence and sexual assault service.

Jennifer Brackman has worked in the welfare sector for past 8 years specialising in domestic violence and sexual assault. She currently works with a national domestic violence and sexual assault service as a trauma specialist counsellor and has a small private practice in which she works with individuals and couples.

TAKE CARE NOT TO PATERNALISE VICTIMS OF DOMESTIC AND FAMILY VIOLENCE

CAROLYN COUSINS

It is imperative social workers take care not to move away from human rights and empowerment approaches to domestic and family violence towards paternal and 'worker knows best' approaches.

The focus over the last 18 months on domestic and family violence (DFV) reform has been welcomed by many practitioners in the sector. In New South Wales the roll out of new approaches such as safety action meetings, which bring together agencies to collectively review the cases (determined by the Domestic Violence Safety Assessment Tool) of seriously threatened male and female victims, is resulting in some creative and innovative approaches.

However, there has been a concerning trend in the practice of some social workers. In the rush to finally be able to 'do something' to intervene and support those who are at serious risk, some practitioners appear to be stepping into dangerous territory in relation to client self-determination and even worker safety.

DFV services have traditionally drawn on feminist theory and human rights perspectives that are aimed at both educating and empowering victims to understand dynamics and impacts, and to make choices about their future, when they are ready. While it can be frustrating for social workers to watch a victim return to a situation of violence, and they may even despair at the client's hope that 'this time will be different', there has generally been an acceptance that they need to work with the victim at their pace and support them once they are ready. The assertion underneath this is that adults have the right to make choices about their lives, even ones that workers think are unwise or unsafe.

An exception to this, of course, has been where there are children involved and there are child protection issues. In these circumstances, statutory intervention will often occur. The children, unlike the non-offending parent, have not chosen to stay, nor are they expected to be able to keep themselves safe and statutory intervention of a protective nature, coming from the position of 'society knows best' will sometimes occur. In this context, interventions are not always done well with non-offending parents sometimes caught between a rock and a hard place trying to determine which is more frightening, the threats of the perpetrator of violence or the threats of child welfare services.

Gains have been made in the child protection sector in relation to greater respect for the safety assessment of the non-offending parent, and working with them on parallel safety planning – planning to leave, alongside planning to stay. However this practice is far from consistent. The child protection system has, across a range of countries, also moved away gradually from its paternalistic, protectionist roots, towards a children's rights perspective of intervention, with child participation, voice and agency increasingly featuring in responses.

There is still some potential for the opposite to occur in the DFV sector where, in some instances, the high public profile of DFV, the ability for agencies to increasingly exchange information about victims without their explicit consent, and the discussion of cases at interagency meetings, is resulting in some well-meaning workers moving toward a more protectionist and paternalistic approach to intervention.

Previously the sector waited for adult victims to approach DFV services but now reviews of high risk or recurring victims in the system can result, if not checked, in a move toward intervention plans that the victim themselves may not have requested or even be aware of. Interagency planning works better when victims are offered services and support and left with a choice about whether to take them up.

About the author

Carolyn Cousins has worked in the family violence sector as a social worker for more than 20 years, both in Australia and the United Kingdom. She currently provides consultation, training and supervision to the NSW Police Force domestic violence teams, the Staying Home Leaving Violence program and other programs.

However in some instances, workers, in their enthusiasm and with a renewed sense of mission to address DFV, are appearing to intervene against the victim's wishes to actively pursue an offer of services. In some cases, victims who are not consenting are finding that they are being case-managed by well-meaning services who are actively pursuing them in order to 'educate them' about the dynamics of DFV.

Theoretically, this is a fundamental shift from a victims' rights perspective towards paternalistic intervention in an area of life that has never before in Australian society been deemed as one where statuary or non-voluntary intervention is required (with the exception of the child protection issues mentioned earlier).

On an intervention level, this makes assumptions about the particular reasons behind the DFV – that if practitioners just 'educate' or support the victim enough, he or she will gain insight and leave. This flies in the face of previously held knowledge that many victims remain for other reasons, and that their readiness for change is a fundamental part of the work that fosters a client's right to determine. There is also a risk that a victim's experiences of power and control at the hands of the perpetrator could now be replicated at the hands of the well-meaning worker.

Of course potentially overzealous practice is not the intention of the reforms. What is important is never losing sight of the adult victim's right to choose their life path – even if social workers, other DFV practitioners and society don't agree with it – and that we respect their assessment of their own safety while continuing to offer support once they are ready and feel safe enough for intervention.

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ACTING IN THE BEST INTERESTS OF THE CHILD: ARE WE THERE YET?

CHRISTINE CRAIK

While many social workers practice within a 'best interests of the child' framework, Christine Craik asks if the profession and other practitioners are doing this when working with the complexities of family violence situations.

Now's the time to capitalise on the intense interest shown in the domestic and family violence (DFV) arena over the past 18 months and ensure decisions are made in the best interests of children as well as women. The amazing efforts of Rosie Batty, the Royal Commission into Family Violence in Victoria and the contribution of Destroy the Joint's 'Counting Dead Women' campaign (among many other campaigns), demonstrate that there is a good window through which to push for change that can positively intervene in the lives of generations of children affected by domestic and family violence.

Social workers are in a unique position to contribute to this long-lasting change. To do this they need to talk and collaborate with the courts and other services until there is a common space that places the interests of a child first. In this space, practitioners can ensure that they: don't blame the non-offending parent for the abuse; are inclusive of the needs and safety of children when working with non-offending parents; hold perpetrators responsible for the abuse and recognise, celebrate and support the relationship between the non-offending parent and their children.

In the spectrum of services that deal with victims/survivors of domestic and family violence, including specialist agencies, court services and child protection agencies, social workers often have different, competing and, sometimes, conflicting priorities. Nevertheless, underlying these differing priorities needs to be a consistent understanding and approach to acting in 'the best interests of the child'.

In the Family Court arena, social workers have been frustrated by how interpretations of the best interests of the child have privileged parental contact over safety. A parent who abuses the other parent in a family is not a good parent. Yet time and again perpetrators are given unsupervised access to their children because perpetrating domestic/family violence and parenting capability are viewed as separate issues by the decision makers.

On the other hand, non-offenders fear being labelled as 'unfriendly parents' or obstructionist if they wish to protest the contact arrangements for a 'perpetrator parent'. In these situations, the best interests of the child are not being honoured and the perpetrating parent is not being held responsible for the consequences of their abusive behaviour.

By comparison, decisions by social workers and other statutory agencies for the child's best interest are based on the knowledge that it is not okay for children to be exposed to an abusive parent. Child protection systems use best practice to demonstrate that exposing a child to domestic and family violence is potentially harmful or fatal. These systems often encourage and place pressure on a non-offending parent to take the steps necessary to remove themselves and their children. However, forcing a non-offending parent to take steps in either direction can have catastrophic consequences that may not be in children's best interests. And this focus on the non-offending parent does not hold the perpetrating parent responsible for the consequences of their abusive behaviour.

The best interests of the child often means focusing on the safety of the non-offending parent (usually the mother) to determine the options available for the safety of the children. This can mean working towards leaving safely or staying safely. If it is safe, the latter can be about assisting a non-offending parent and the children to stay connected to school, friends, community, sports and pets. The making of these decisions to meet children's best interests often depends on a social worker's relationship with the non-offending parent rather than the voice of a child which needs to be heard.

It is vital for the future that a more shared, consistent and ethical understanding is developed about what is meant by the best interests of the child. To do this, social workers need to start with their common values – respect for persons, social justice and professional integrity – and add to this, their common knowledge. Social workers know that domestic and family violence is harmful to children in many ways. They

About the author

Christine Craik has more than 25 years' experience as a social worker. Most of her work has been in crisis situations with women and children dealing with family violence and/or child sexual abuse. Christine is a media advocate for Safe Steps and currently lectures in social work at RMIT University where she has developed and now teaches the unit, 'Working with Violence and Abuse'. She is completing her PhD on routine domestic and family violence screening programs for women in emergency departments of public hospitals and is also the National Vice-President of the AASW.

also know that non-offending parents often stay in these situations because leaving does not guarantee safety for themselves and their children. Also, that a large proportion of the women and children killed each year, are killed after separation and that the community does not have adequate supports in place (housing, legal, educational and emotional) to make safe a family fleeing violence.

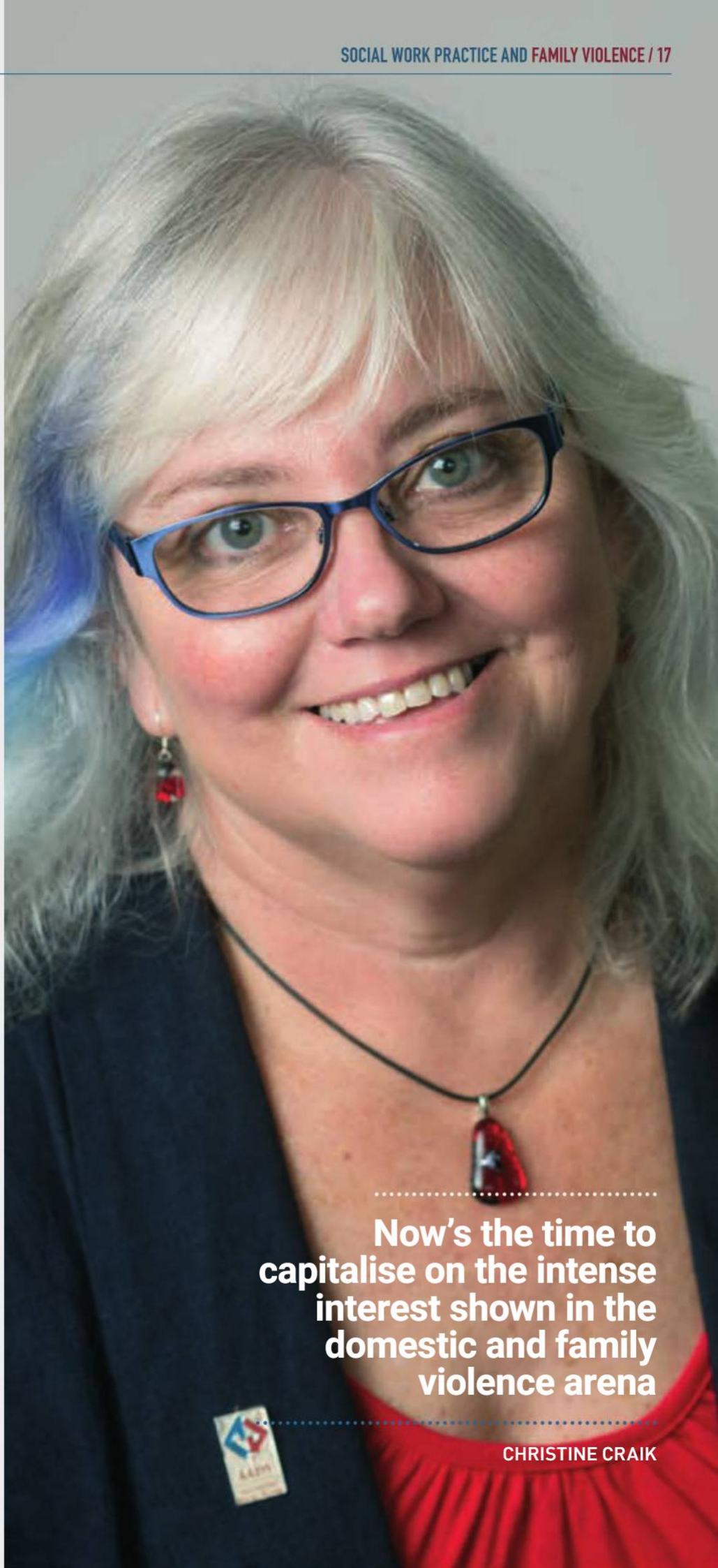
Non-offending parents often stay with abusers in order to be present and physically available to protect children and this protection, and the behaviours that are a part of it, are rarely acknowledged as good parenting. Domestic and family violence directly undermines the parenting capacity of the non-offending parent and never is the violence carried out in the best interests of the child.

Social workers need to constantly ask themselves these important questions:

1. In every specific situation, does my risk assessment suggest it is safer for the non-offending parent and children to leave, or safer to stay?
2. Am I blaming the non-offending parent for the abuse and expecting her to take steps to stop the perpetrator's violent behaviour even though as a professional who has legislation and other tools in my armoury, I cannot?
3. If a non-offending parent and children leave, am I advocating and agitating to ensure practical support in terms of legal assistance, housing, family support – and is this even available?
4. Have I taken the steps to ensure that the needs and wishes of the children are taken into account during risk assessments and decision-making?
5. How am I or my agency recognising and supporting the protective behaviours of the non-offending parent, and honouring the parent–child relationship between the non-offending parent and children?
6. Am I or my agency holding the perpetrator responsible for the abuse and accountable for the damage they are doing to everyone in the family?

In order to consistently ask and address the above questions social workers need advanced training and ongoing supervision.

Shared values, practice and research knowledge are the way forward. Social workers need to contribute loudly to the current domestic and family violence conversations and be certain that they share this common ground so they can introduce ways of working within organisations which are truly, on every level, in the best interests of the child.



Now's the time to capitalise on the intense interest shown in the domestic and family violence arena

CHRISTINE CRAIK

DEVELOPING A HEALTH RESPONSE TO THE ROYAL COMMISSION INTO FAMILY VIOLENCE

GLENDA BAWDEN

The unique position of health professionals to respond to family violence has been recognised by the Victorian Royal Commission into Family Violence.

At times of heightened risk, some victims would not consider engaging with a specialist family violence service but may interact with health professionals and this unique position from which to respond to family violence has been recognised by the Royal Commission into Family Violence in its report.

The report is the culmination of a 13-month inquiry into how to effectively prevent family violence; improve early intervention; support victims; make perpetrators accountable; better coordinate community and government responses; and evaluate and measure strategies, frameworks, policies, programs and services. The 227 recommendations are directed at improving the foundations of the current system, seizing opportunities to transform responses to family violence, and building the structures that will guide and oversee a long-term reform program.

The range of health services that interact with people experiencing family violence include hospitals, general practitioners, maternal and child health services, mental health and drug and alcohol services, pharmacists and ambulance officers. If they fail to identify signs of family violence, an opportunity is missed.

There are many barriers to sensitive inquiry about family violence. Health professionals may not have confidence in opening the dialogue or responding to disclosures. In addition, they may lack family violence training and awareness, an understanding of referral options, or be subject to time pressures.

The Commission's range of recommendations to improve health sector responses include strengthening screening and risk assessment procedures, greater workforce training and development, and better coordination and information sharing between different parts of the healthcare system. This should be underpinned by clear political and professional leadership to ensure that awareness of, and the ability to respond to, family violence are central to comprehensive patient care.

A Victorian state government action plan will be developed for the next 10 years and will include:

1. Service hubs that will be established by 2018 as the contact point for specialist referrals (comprising police-based services and Child First). Health services will refer to these service hubs.
2. The government will resource health services to establish an all-of-hospital responsive model within 3–5 years.
3. Routine antenatal screening for family violence will be required. This will require training, guidelines and clinical support.
4. Family violence screening will be needed before mental health patients are discharged. Family violence advisor positions will be established in mental health and drug and alcohol services.
5. Emergency departments will need to screen for family violence and respond sensitively.

Monash Health will progress the implementation of a whole-of-hospital model for responding to family violence. A number of Monash Health programs and initiatives recognise the links between family violence and health care. The organisation has invested in partnerships with other agencies including multidisciplinary approaches, the co-location of health and family violence services, and the development of toolkits for health workers.

As the largest organisation of its kind in Victoria, Monash Health has a duty to develop a robust response to family violence in the context of child, adult and elder abuse for the patients it serves. The Royal Commission highlighted the specific needs of residents within the service's primary catchments and the emerging and established trends of high family violence notifications in the local government divisions of Dandenong, Casey and Cardinia. Current municipal health plans have emphasised community safety as a key priority.

A scan of Monash Health's involvement in family violence matters has identified a number of services relating to patient wellbeing. The South East Centre against Sexual Assault (SECASA) is the primary specialist response service that offers support to victims and some perpetrators of violence. In Touch operates a health justice service at Dandenong Hospital for women from culturally diverse backgrounds seeking advice regarding family violence. Social work and community health also offer a range of supports. There is also a rich network of community agencies working in family violence and Monash Health is represented in collaborations within its area. The state government has provided significant funding to these health organisations to strengthen their responses to family violence.

About the author

The Head of Social Work at Monash Health, **Glenda Bawden**, will take on the role of Principal Advisor on Family Violence for the Victorian government which will provide expert opinion and leadership to the development of an integrated whole-of-service system response.

ELDER ABUSE AS A FORM OF FAMILY VIOLENCE

MANDY WALMSLEY

Abuse of older people by those they trust or rely on is surprisingly widespread, affecting 1 in 10 according to the World Health Organization. Most often it is a form of family violence.

Elder abuse is defined as any act that causes harm to an older person and is carried out by someone in a position of trust, such as a family member or friend. While it is vastly under-reported, the World Health Organisation estimates that worldwide up to 10 per cent of older people experience it. The abuse may be physical, social, financial, psychological or sexual and can include mistreatment and neglect.

Elder abuse is family violence when it occurs within the context of a family relationship and this is commonly the case. An analysis of Seniors Rights Victoria's Helpline data for a two year period showed that over 90 per cent of alleged perpetrators were related to the older person, including by marriage or as a de facto partner, with two thirds of abuse being perpetrated by a son or daughter of the older person.

Victims of elder abuse in families share the same experience as other victims of family violence in that they have someone close to them, a person they ought to be able to trust, eroding their sense of safety and wellbeing through excessive use of power and control.

Elder abuse can happen to any older person, regardless of their background or lifestyle, and be committed by anyone. However, Seniors Rights Victoria's data analysis shows that men are more likely to be the perpetrators and women more likely the victims. This means that the intersection of age plus gender may make older women particularly vulnerable.

Older people who seek help from Seniors Rights Victoria rarely identify themselves as victims of 'elder abuse' or 'family violence'. There are a number of barriers to disclosure to this form of family violence, including:

- Older people tend to be protective of family members, especially sons or daughters.
- They do not want to get their family member into trouble and they often want help for them rather than for themselves.
- They may be fearful of retribution if they get others involved.
- They may be dependent on their family member for care and support or the abuser may be dependent on them for support.
- There is a real fear among older people that they will be placed in a nursing home if they lose the support of a family member.
- There is a fear of losing the relationship with the family member even where there has been abuse.
- Older people don't want to lose contact with their grandchildren and they fear this will happen if they take action against their adult children.
- An older person may have become socially isolated as a result of the abuse and therefore may not have the necessary support to navigate a complex service system.
- There may be a lack of support services – including transport.
- There may be cultural factors that affect someone's willingness to talk outside the family.

Seniors Rights Victoria provides information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people. The services include a helpline, specialist legal services and support and advocacy for individuals.

Seniors Rights Victoria works from an empowerment model, recognising and supporting the rights of older people to make autonomous decisions. The emphasis is on engagement and developing trust with the older person, building confidence to share their experience and exploring alternatives for taking action. Lawyers work together with advocates to ensure that people are offered a range of both legal and non-legal options. It is not uncommon for people to need to work through issues related to safety, housing, income and health before considering legal options.

Seniors Rights Victoria also provides community and professional education as well as leadership on policy and law reform and works with organisations and groups to raise awareness of elder abuse. It provides a toolkit for professionals who may be working with an older person experiencing abuse.

The intersection between family violence and ageing, policy making around elder abuse needs to be situated in the broader discussion about creating a society that respects the rights and needs of older people.

If you, your client or someone you know is experiencing elder abuse, please contact Seniors Rights Victoria's free, confidential Helpline on **1300 368 821** or visit www.seniorsrights.org.au

About the author

Mandy Walmsley is a social worker with more than 20 years' experience. She has previously worked in the areas of housing, family violence and aged care and has been an advocate with Seniors Rights Victoria since 2012.

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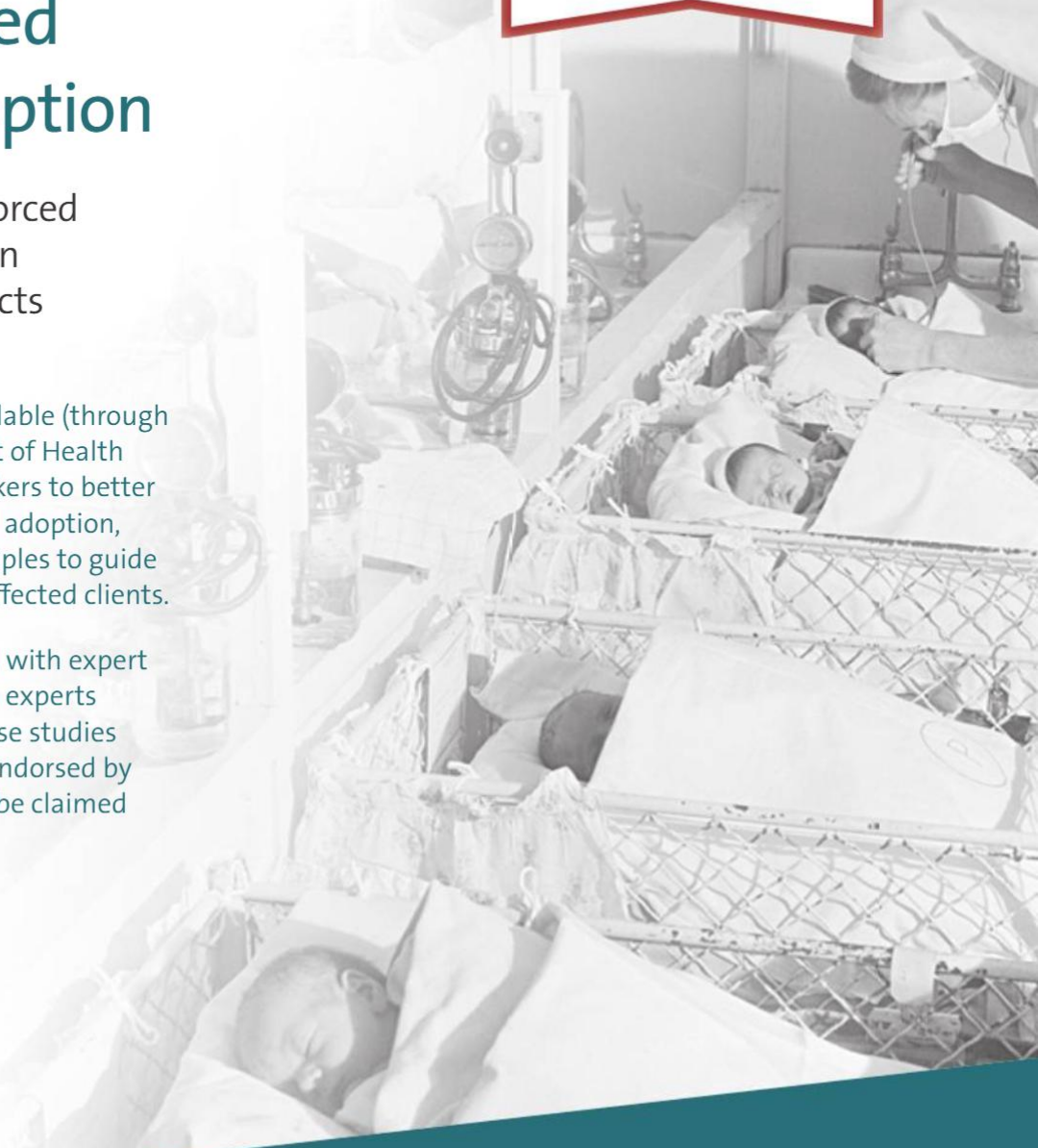
The training has been developed with expert input and includes insights from experts in the field, dramatisations of case studies and reflections from clinicians. Endorsed by AASW, up to 8 hours of CPD can be claimed for this training.



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WOMEN IN THE SEX INDUSTRY AND THEIR EXPERIENCE OF MALE VIOLENCE IN THE HOME

ADA CONROY

While feminists battle out the politics surrounding the sex industry, women in the industry continue to fall through the cracks of the family violence service system. Ada Conroy, Deputy Chair of Project Respect, provides some practical advice on supporting this high risk group of women.

The family violence sector is great at honouring the strength and resilience of women in the community and works tirelessly to ensure they are safe and able to live free from violence and abuse. But practitioners hear a different story from women in the sex industry. Women who work in this industry report that they do not feel welcome at family violence services and, in order to protect themselves, often do not disclose their whole story.

Women in the sex industry are a distinct and high risk group and can experience types of violence and structural barriers that other women may not. For example, women in the sex industry:

- report feeling judged by the community, including the community sector, and say this can be a considerable barrier in disclosing their work; therefore a risk assessment is likely to be incomplete
- can face multiple and intersecting barriers as a result of gender, cultural background, income status, alcohol and other drug status, socio-economic status, criminal history, race, mental health status, disability and sexuality
- report a strong link between working in the sex industry and the normalisation of violence perpetrated against them
- are generally not included in regional family violence integration plans as a key population group
- are not included as 'vulnerable' in the Family Violence Risk Assessment and Risk Management Framework.

In any group where there is a perceived vulnerability, there are specific ways men will target women in order to dominate and control. For example, women with disabilities report that abuse often targets their disability; immigrant and refugee women often tell of exploitation of their isolation, immigration status or culture; and women with mental illness can be targeted in ways that exacerbate their illness and contribute to their feelings of isolation.

Likewise, women in the sex industry report that men perpetrate family violence against them in specific ways. For example, perpetrators may:

- force her into the sex industry
- not allow her to leave the sex industry
- take her earnings from the sex industry
- force her into sex work in their home
- disclose or threaten to disclose that the woman has been in the sex industry to others as a means to discredit, demoralise and humiliate her
- use verbal insults designed to degrade and shame her, for example, calling her a 'whore' or a 'slut'
- make accusations of infidelity or being sexually jealous, and then use this to justify abuse tactics
- coerce or force her into having unwanted sex before or after work
- punish and accuse her of wanting to have sex with other men but not him
- force her to have sex with other men in her home or force her to engage in particular types of sex.

The Royal Commission into Family Violence showed considerable interest

About the author

Ada Conroy is a family violence project worker, trainer, men's behaviour change practitioner, consultant, and the deputy chair of Project Respect.

in documenting their distinct experience of male violence, particularly family violence. The royal commission heard that many women in the sex industry are disproportionately impacted by family violence, compared with women who are not in the sex industry. The report stated [women in the sex industry] often feel 'invisible' or overlooked in the broader family violence system in terms of both prevention and response.

In their final report, the royal commission stated that 'there is a need to ensure that sex workers who are victims of family violence can access the support of police, family violence services and other related services. These services should work closely with organisations that advocate for and assist sex workers'.

Unfortunately, this was not translated into a recommendation.

There are currently approximately 89 licensed brothels in Victoria, and over 600 operator-owned sex businesses. There is not, however, any reliable, up-to-date estimate of how many women are involved in the sex industry in Victoria. The lack of data about women and their experiences of violence may be attributed to both the stigma surrounding the industry and the lower priority placed on women in the sex industry.

There are very few services that specialise in supporting women in the sex industry, and the few that have been established in Victoria are suffering under funding constraints, isolation, siloing and stigma. Practitioners at these services are specialists in working with, and responding to, the particular needs of women in the sex industry and understand that their clients are not only a specific cohort but a high risk group.

The royal commission reported that women in the sex industry:

> experience high levels of family violence and other violence, they might be less likely to label these experiences violence because they have been exposed to and have normalised violence in their childhood, in previous relationships and in the sex industry. They commonly enter the sex industry as a consequence of family violence – including when they leave relationships with violent men – and in order to gain access to an income.

In light of this, it is important that these women receive a specialised response that understands this desensitisation and helps to support them to accurately assess their own level of risk.

Given that social workers and other family violence practitioners know women in the sex industry experience barriers to engaging with mainstream services, including family violence services, it is vital that they connect with the knowledge base of specialist services, all of whom actively (and crucially) work with and for women in the sex industry. These offer secondary consultation, resources, training and professional development to mainstream services.

In their final recommendations, the Royal Commission into Family Violence stated that:

> A comprehensive family violence policy must ensure better services and responses for all people who experience family violence, regardless of their background, identity or membership of a particular community.

How, then, might family violence services ensure that women who work in the sex industry know that they can come to them, disclose the whole story, and feel respected, believed and supported? There are many practical things the family violence service system can do:

- The answer begins with training but certainly doesn't end there
- Integration is key – women in the sex industry must be included as a distinct cohort in regional integrated family violence services plans
- Ensure a service has visible resources that let all women know they are safe there
- Include women in the sex industry as a distinct cohort in the update of the Family Violence Risk Assessment and Risk Management Framework
- Avoid making assumptions about women who work in the sex industry and buying into stereotypes. Believe her, support her and manage the risk she faces.

Women in the sex industry have the right to be treated with respect and dignity, to be safe and live free from violence. The family violence sector has a strong framework and solid integrated service system to ensure a consistent response. This is something it can build on to ensure all women are included and supported.

Dr Margaret Pack at a 2014 book launch in Wellington, New Zealand.

INTERVIEW WITH THE AUTHOR OF

SELF-HELP FOR TRAUMA THERAPISTS: A PRACTITIONER'S GUIDE

DR MARGARET PACK

It was at the Hillview Clinic in the mid-1980s that Dr Margaret Pack began hearing from clients with depression and anxiety that they had had an early trauma. She found her master's degree in social work had not prepared her for working with this historical trauma and so Margaret sought more specialised training through the HELP Foundation, a research PhD and the Gestalt Institute of New Zealand.

Her practice experiences then led her to wanting to investigate how therapists across a range of helping professions navigated the manifold impacts and effects of trauma-related work. Observing difficulties with staff morale and retention in some of her workplaces, Margaret set out on a search for solutions to a practical problem.

Here we include an edited version of an interview that Margaret gave to the New Zealand Counsellors' Association about her book, *Self-help for trauma therapists: A practitioner's guide* which has been recently published by Routledge.

How did you go about researching the book?

In 2000, following ethical approval of my research proposal by the university at which I was studying, I interviewed 22 therapists who were on the national register of trauma therapists in New Zealand for my PhD research. Using semi-structured interviews, I asked them and their significant others about the impact on their lives of working with sexual abuse disclosure. To add a further perspective, I interviewed separately family members, friends, colleagues and supervisors nominated by the therapists. I asked these personal and professional significant others to comment upon the changes they had observed in the

therapist in different areas of his or her life, during the time they had known them. Through the therapists' own accounts, which were interwoven with the perceptions of their significant others, I identified a gap in the existing literature on the impact on therapists from their work in relation to the effects on their primary personal and professional relationships. While there were self-care workbooks on vicarious traumatisation and social work guides, I couldn't locate a self-care guide that included the insights of significant others.

The book I went on to write aims to bridge this gap in the existing literature on vicarious traumatisation to evolve understandings of the impact of trauma-related therapy, drawing from both the insights of experienced trauma therapists and their significant others.

How difficult is it for trauma practitioners to do the required self-care?

I think one foundation for self-care for workers involved in hearing traumatic disclosures relies on self-awareness and an openness to hear the perceptions of others. Sometimes, it is difficult to dedicate a commitment to oneself as we are often focused on the client and therapeutic outcomes. Self-care is often neglected in our professional training and concepts such as vicarious traumatisation are fairly recent. However, knowledge of self-care and other support systems for therapists is considered vitally important for professional effectiveness and maintaining a 'fresh' perspective in one's practice. Knowledge of how to attend to one's own self-care in the workplace has been proven to increase job satisfaction, workforce morale and staff retention. Attending to what other people such as family and friends observe and tell us about ourselves is another facet of good self-care. I discovered in completing my research that the partners, husbands, wives, adult children, colleagues and supervisors of the counsellors I had interviewed had perceptive and incisive comments as to how their relationships were transformed by the nature of the trauma care work. The mirror image provided by the personal and professional others' insights was a potent reminder of the changes in the therapist's sense of self over time and alerted them to the need to regularly self-assess what was happening as part of their own process. Finding the reflective space to work out what is going on is sometimes another difficulty due to busy case loads, working in large organisations whose brief is to manage limited resources and allocate services when the worker is focused on helping the client. These ethical concerns can generate an internal tension in the worker that needs to be addressed. So mindfulness of tensions in the workplace and between one's value base and that of the employing organisation is often unexplored. Another challenge is finding quality clinical supervision of one's practice where it is safe enough to discuss these kinds of issues without finding they impact on one's performance appraisals and promotional opportunities in the organisation.

How important is self-care for trauma therapists?

Self-care is vitally important for people working with trauma. Therapist self-care has a flow on effect to clients' wellbeing and therapeutic outcomes. Self-care is a moral and ethical issue for professional associations as well as individual practitioners. Therefore organisations employing workers who deal with trauma and professional associations have a responsibility to appropriately support employees and members, including by providing training and networking opportunities that foster greater self-care.

How do you think counsellors can use or benefit from the book?

I suggest that readers' read as little or much as they feel is helpful to illuminating their own process and themes. There are questions for reflection, activities and a range of resources such as web links, reference lists and case studies at the conclusion of each chapter that can be referred to when a theme or an issue resonates. The book concludes with suggestions for constructing a self-care plan that attends to each of the areas outlined in the chapters. Having a self-care plan is crucial to looking after one's own health.

•

Working with people who have suffered trauma can tax the resources of even the most experienced practitioner. With great understanding and sensitivity, Margaret Pack reviews how working with trauma can affect practitioners personally and socially before then taking a practical and informed look at how self-care, good supervision and a supportive organisation can help the professional remain robust, responsive and emotionally available. The book provides the reader with a thoughtful, expert and caring guide to working well and staying well when providing support and treatment for those who have suffered the trauma of violence, abuse and neglect.

Emeritus Professor David Howe, University of East Anglia, Norwich, UK

In this wonderful book Margaret Pack combines a rich therapeutic perspective with sound research in developing practice guidelines for managing trauma. It should prove to be a valuable resource for therapists and researchers alike.

Professor Tony Ward, School of Psychology, Victoria University of Wellington, New Zealand

About Dr Margaret Pack

Dr Margaret Pack has worked in practice for many years as a registered social worker specialising in mental health and trauma recovery. She has more than 50 internationally peer reviewed research publications drawing on her expertise in vicarious traumatisation, trauma-informed professional supervision and critical incident stress management, as well as her training in Gestalt Psychotherapy. For a decade Dr Pack worked in a trauma centre where claimants were assessed for eligibility for services. Her career has also included developing a new wellbeing service for general practitioners, academic teaching, including as Associate Professor of Social Work at the Australian Catholic University, Sydney, counselling, and allied health. Her first book, *Evidence discovery and assessment in social work practice*, was reviewed in the August 2016 issue of *Australian Social Work*.

WORKING IN FAMILY VIOLENCE MUCH MORE THAN THEORY

ABBEY NEWMAN

The issue of family violence is fuelled with emotion and social workers need to ask the right questions to understand this and create opportunities to learn from their expert clients, says Abbey Newman, a social worker with the Magistrates Court of Victoria.

About the author

Abbey Newman is a social worker who has been working in the family violence field for 11 years. She is currently employed at the Magistrates Court of Victoria within the Family Violence Projects and Initiatives Unit as a senior project officer. Before that she worked with victims of family violence as a family violence applicant practitioner at Sunshine and Werribee magistrates courts. Abbey has been involved in developing and facilitating training for Victoria Police, maternal child health, drug and alcohol, and other industry professionals. She also lectures on working with violence and abuse at RMIT University.

Social workers in the family violence field go to work every day inspired by the women that have come to see them. These women go to work every day after waking up terrified and return home terrified. Each day social workers determine to do it better for them and their children, some of whom have suffered so much or died needlessly at the hands of men they loved.

In the magistrates courts of Victoria social workers, police, magistrates and many others are provided with examples of how to work more effectively with women and children. Many social workers and other practitioners express frustration with being unable to understand the logic behind the choices made by their clients.

To a worker who is looking at the pros and cons on paper, the choices don't always make sense. A woman may have huge decisions to make about the future for herself and her children, for example, with regard to housing, her work and Centrelink payments, financial security, immigration and social support. While helping address the barriers she may face and assisting her to map out the way forward, social workers create plans with the safety of women and children in mind. Yet they may often wonder why the client is disengaging so slowly from her relationship when the issues are being addressed.

The client may not fully engage with these plans, however, as they are based on logic and do not take into account her emotions. This short quote from Professor Antonio Domasio's *The feeling of what happens: Body and emotion in the making of consciousness* (1999) may help practitioners reflect on their practice and gain some insight: 'We are not thinking machines, we are feeling machines that think.' Clients are driven by their feelings as all people are when faced with a huge decision yet practitioners arm themselves with social work theory and practice and work from a place of logic. Decisions aren't made with logic; choices are instead made based on what feels good and right. The expression 'follow your heart' often leads clients into very dangerous places.

Feelings are often ignored in discussions with clients and other workers around what constitutes family violence but they are crucial to understanding the complexities involved when it comes to working through and applying an intervention with victims or perpetrators. Feelings such as love, fear, anxiety, hope and shame, and control are motivators for action and inaction. The need to feel powerful and in control motivates acts of violence, while feelings of shame and fear can keep it hidden for both the victim and the perpetrator. If we just take love for a moment, it is said to be the strongest and most motivating feeling that humans experience. What wouldn't you do for love, the chance of loving and being loved? This feeling and the hope that it will return can overcome a client's fear and exhaustion. One of the tactics perpetrators often use is the dangling of this hope, a possibility that they could return again to the person the victim once knew, needed and loved. Most of all, love forgives and has the ability to see the possibilities in the people and the situation.

Professionals in any settings dealing with family violence need to be able to incorporate feelings into the processes that they work through with their clients. This can be complicated when it is the social workers' role to provide information to clients based on process, legislation and/or procedures because discussing feelings in this setting is not always easy. Professionals in any setting have to make themselves vulnerable to move from the logical space and connect on an emotional level.

Once a vivacious client laughed out loud when I explained the concepts of

emotional and financial abuse, and the ways in which these fall into the legislated category of family violence. She said, 'Love, I know what family violence is, it feels like shit every day, it's exhausting and occasionally it feels good to receive the love you thought had totally disappeared. I'm ready to leave because I haven't felt good in a long time and I'm exhausted. I probably won't remember anything you have told me today, but I'll remember that you made me feel good and like I was worth a better life.'

It is good to be reminded when working in family violence that there is so much more to understand that is just as important as understanding the dynamics of family violence, the power and control wheel, the cycle of violence, trauma-informed practice, and the grieving process. Yes, these theories and practices can be used to guide a practitioner and offer them some form of protection from vicarious trauma and burn out. They can also be useful for them to logically console themselves about client outcomes, and help in identifying risks. However, unless a client comes out of a session able to feel differently about themselves and what is going on for them, theoretical ways of working will only take the social worker and client so far.

Remember the most basic of mandates: 'start where the client is at'. From this position, social workers can try to imagine, as much as is possible, what it must feel like to live a day in the life of one of their clients; then they can ask what it might feel like to change. It is an important reminder that clients are always the expert, from whom social workers have the privilege to learn. If they ask the right questions, the practitioner will be able to gain small insights to what it feels like to be the client on a day-to-day basis. Understanding what it feels like is a genuine approach that will help social workers ask the questions that count.

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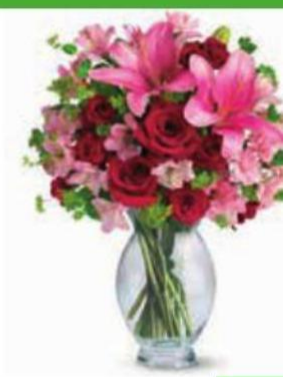

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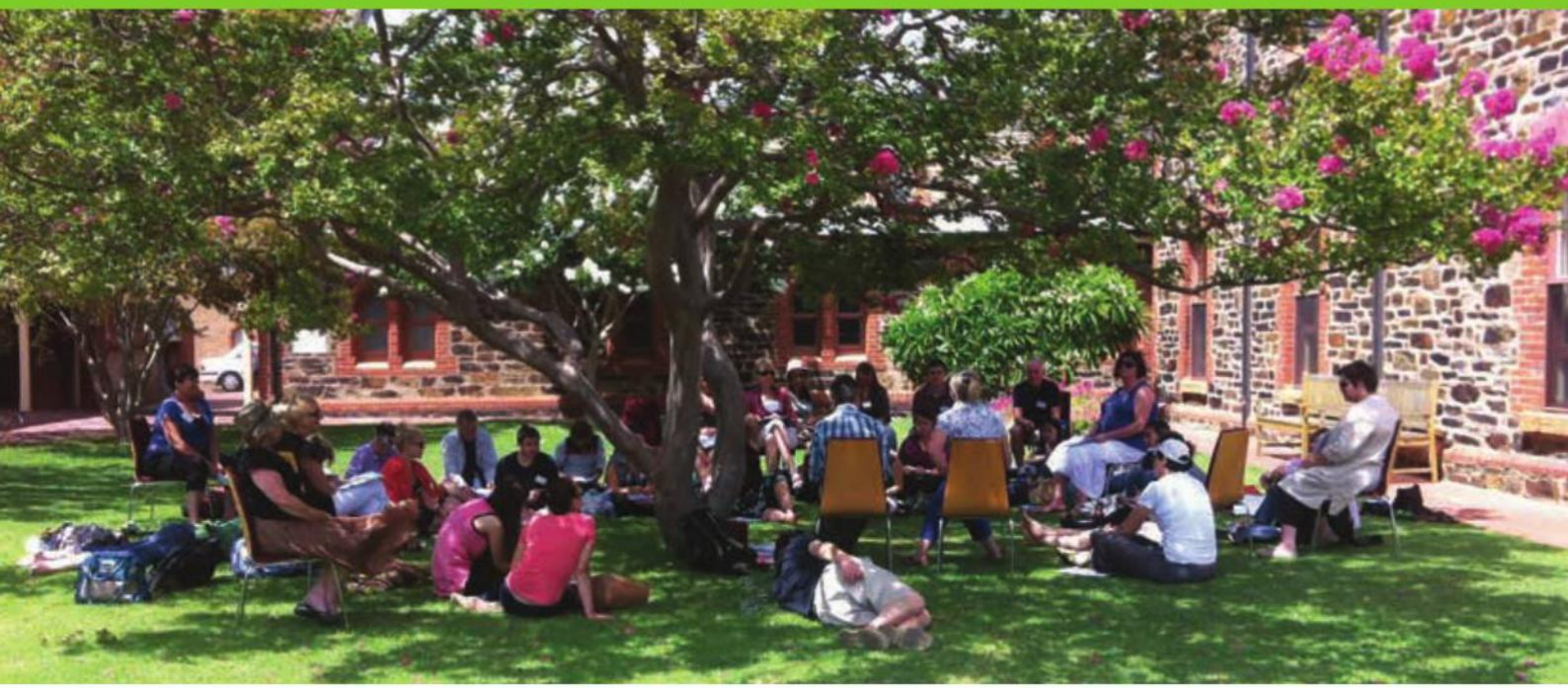
THE UNIVERSITY OF MELBOURNE

Master of Narrative Therapy & Community Work



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Thanks to the generosity of the Anita Morawetz Trust, a number of scholarships covering part of the tuition fee for this course are available.

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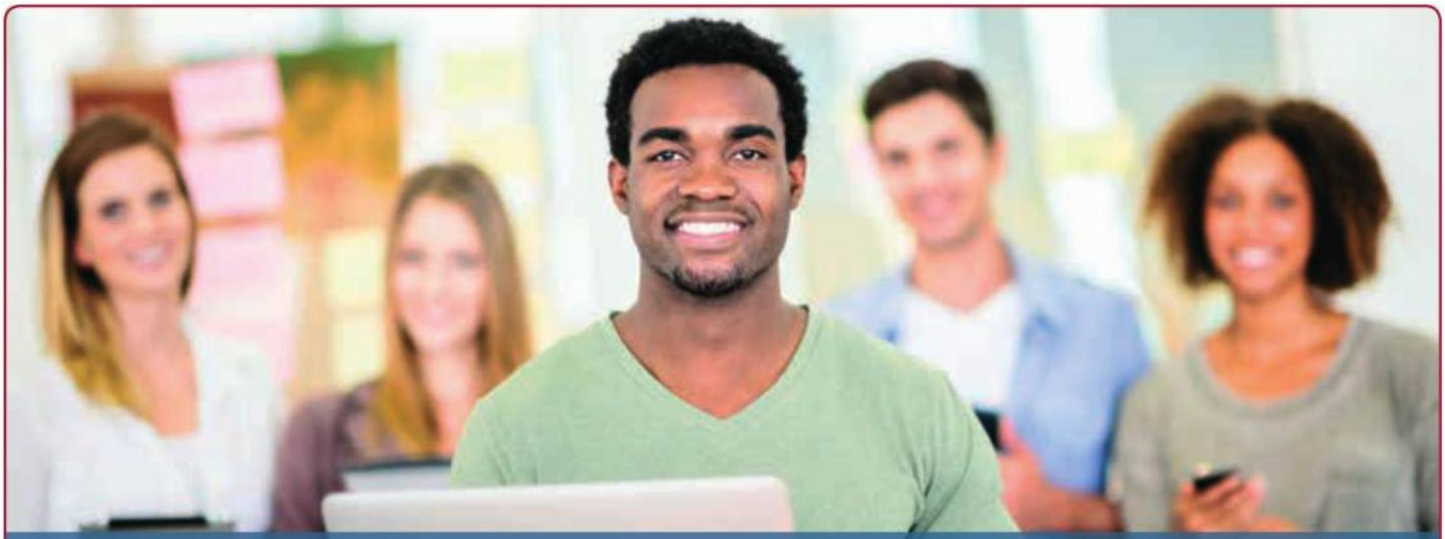

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