

# Family and Domestic Violence - Overview from the Field (Part 2)

## Introduction

The June 1998 issue of the newsletter contained the first part of a collection of articles on domestic violence. This issue contains the balance of the articles on this topic.

Once again I would like to acknowledge the time and commitment made by each of the contributors. If you would like additional information I can be contacted directly on Tel (08) 9264 1907 or Fax (08) 9264 1924 (during business hours).

**MARIBELLE THOMAS (COMMITTEE OF MANAGEMENT)**

## Violent Offender Treatment Program

### Background

This paper looks at the development of the Violent Offender Treatment Program (VOTP) during the past 2 years (May 1996 to March 1998). The VOTP is an attempt to address the offending behaviour of serious violent offenders through a treatment program based on best practice principles.

Working in the community to develop means of preventing crime is essential. The more prevention that can be done at a community level, the less there will be a need for prisons to be built and for huge amounts of money to be spent in maintaining a prison system.

In a 1996 review of the Ministry of Justice in Western Australia operations, the limitations of the program for Serious Violent Offenders were highlighted. At that time the Ministry's only Alternative To Violence (ATV) program was the introductory Skills Training for Aggression Control (STAC).

Violent offenders have received less rehabilitative attention than other offenders groups such as sex offenders. (Howells, Watt, Hall, Baldwin 1997:118) Programs have tended to be anger-management interventions and very brief. One study of 18 anger-

management interventions revealed the number of sessions ranged from 1 to 15 with a mean of 6.2. (Howells, Watt, Hall, Baldwin 1997:121)

This is hardly a satisfactory approach to challenging the offending behaviour of violent offenders. Therefore, the Ministry of Justice sought and was granted funding for a program that has led to the development of VOTP.

An advertisement appeared in the West Australian in April 1996 inviting tender applications from outside the Ministry. One of the local Universities, Edith Cowan University (ECU), through its Psychology and Justice Studies Department, was awarded sole provider status.

### What works literature - a breath of positive fresh air

When I started in 1982 as a prison social worker, rehabilitation was not an "in word". While we did talk about development, and a sex offender treatment program was launched in 1987, rehabilitation and treatment programs were heavily influenced by the "nothing works" philosophy.

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In recent times the “what works” literature has emerged to provide a breath of positive fresh air, and provide the basis for renewed efforts for treatment programs in general and VOTP in particular. Guy Hall, one of the ECU project team leaders, outlined how the “what works” literature is the basis for the VOTP program (Hall 1997).

In the report to the United States Congress prepared by the National Institute of Justice, Chapter 9 is titled Criminal Justice and Crime Prevention. In this chapter by Doris Layton MacKenzie, the following summary supports the foundations of the VOTP project.

*“In summary, there is evidence that rehabilitation is effective in reducing the criminal behaviour of at least some offenders.*

*The evidence from the meta-analyses suggests that effective correctional treatment programs appear to follow some basic principles.*

*In order to effectively reduce recidivism, treatment programs appear to need to be carefully designed to target the specific characteristics and problems of offenders that can be changed in treatment (dynamic characteristics) and those that are predictive of the individual’s future criminal activities (criminogenic) such as antisocial attitudes and behaviour, drug use, anger responses;*

*Be implemented in a way that is appropriate for the participating offenders and utilises therapeutic techniques that are known to work (e.g., designed by knowledgeable individuals, programming provided by appropriately educated and experienced staff, use of adequately evaluated programs) and require offenders to spend a reasonable length of time in the program considering the changes desired (deliver sufficient dosage);*

*Give the most intensive programs to offenders who are at the highest risk of recidivism.*

*Use cognitive and behavioural treatment methods based on theoretical models such as behaviourism, social learning or cognitive behavioural theories of change that emphasise positive reinforcement contingencies for prosocial behaviour and is individualised as much as possible.*

*More information is needed regarding: (1) how to ensure that treatment programs have adequate integrity; (2) what should be targeted in the treatment (antisocial attitudes, values, employment behaviour, education, etc.); and, (3) what method should be used to deliver the treatment (required staff training, outpatient, in-prison programs).”*

The key point that is to be drawn from this scholarly work is a simple one. There is hope! There is the possibility of challenging and changing offending behaviour if the task is approached in a systematic and disciplined approach following the theoretical basis established by the research.

## **The contract**

Contracting out is a developing and challenging way to go about business. The task of managing the contract was given to the

Alternatives To Violence Unit within the Ministry. However, to develop ownership and partnership within the Ministry a Contract Management Reference Group was established. This group has representatives from Prison Management at a Prison and Head Office level, Community Based Services and the Policy, Programs & Projects Directorate, as well as representatives from the contractor, Edith Cowan University.

The Ministry’s Research & Ethics committee approved the research components of the project, and consultation has continued between the Manager ATVU and the Executive Director Policy and Legislation on an as needs basis. The contract was awarded for 3 years, and has had 2 stages.

Stage 1 - May 9, 1996 to August 15, 1997 was a developmental stage during which the first pilot program was conducted at Casuarina Prison between February and July 1997. During this time the assessment tools and the treatment program were developed by the Edith Cowan staff who based themselves at Casuarina Prison.

Stage 2 is an implementation phase, August 18, 1997 to January 31, 1999, and has been underway for 6 months. During this stage the contractor is to deliver 4 programs, 2 at Casuarina Prison and 2 at Canning Vale Prison.

Stage 2 is the time to test out the program, and test out the Ministry’s capacity to incorporate the new program into our system of program delivery to offenders.

Naturally enough, as with anything new, we keep discovering problems that require resolution. However, there has been a positive spirit of “can do mentality” amongst Prison administrators, contractors and program staff. Indeed the enthusiasm and positive support of Superintendents and their staff at Casuarina and Canning Vale Prisons has been a major factor in getting the program up and running.

## **Stage 2 - key target areas**

There are a number of key targets to be achieved during stage 2 of the project. These include:

- Delivery of 2 programs each at Casuarina and Canning Vale Prisons
- Prison officers involved as program facilitators
- Canning Vale Prison program participants to be residential in Unit 5
- Casuarina Prison programs - program to be non-residential
- Refinement of Ministry of Justice program procedures
- Increase prison officer involvement in program support through training residential unit officers
- Evaluation of assessment protocols
- Ongoing updating of the program content
- Evaluation of the treatment program
- A research study on issues for violent Aboriginal prisoners - (consultation with the Ministry’s Aboriginal Policy and Services Directorate took place prior to commencing the study)

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## The Treatment Program

The treatment program is based on research literature that describes the characteristics of effective interventions for violent offending. These have been described earlier in this paper. In this section the details of the program will be outlined along with the Program Content and the outcomes of the 1997 pilot program.

### Treatment program details

- Targets primarily at prisoners 1 to 2.5 years from end of sentence - the program may contain 30% of prisoners with longer to serve
- The program runs for 22 weeks, 3 days per week, 6 hours per day
- The program can be lengthened to meet participant needs
- Follow up individual work outside group occurs regularly
- Maximum 12 participants per program.
- Delivered by 2 presenters
- Pilot program was presented by 21 psychologists
- Current programs are being presented by psychologists and prisoner officers
- Pre-program Assessment - an assessment of each participant takes about 2 days to complete. Information gained from the assessment enables presenters to tailor the program to participant needs
- A contract is signed by the participants and facilitators, and includes the following introductory statement.

The treatment of people with a history of violent offending requires a strong commitment from both participants and facilitators. They must work together to achieve the best possible outcome and to reduce the probability of reoffending. This is an agreement between participants and facilitators involved in the Violent Offender Treatment program. It spells out the various conditions for both parties. Please read the following conditions and sign below if you agree to these conditions as the basis for the treatment program.

### Treatment program content

The treatment program content includes the following areas:

- Effective Decision Making
- Anger Management
- Emotional and Anger Management
- Skills for healthy living
- Exploring the effects of alcohol, drugs, weapons & peers on violent behaviour
- Developing strategies to weaken links to violence
- Interpersonal skills - styles of communication and relationships
- Domestic violence issues
- Moral development - resolving personal dilemmas
- Non-criminal thinking
- Relapse prevention
- Violent and aggressive behaviour cycles

## Program outcomes

One pilot program can only provide a guide to what the program can produce in the long term. However, the initial outcomes are encouraging. There are two types of outcome to report. The pre & post-test assessments made by the contractor, and the follow up interviews that were conducted with participants.

### ECU pre- and post program tests

The tests indicated that the participants had achieved the following:

- Reduced aggression
- Better knowledge of anger management
- Increased empathy
- Increased anger control
- Decreased anger expression

### Ministry of Justice interviews

This writer conducted interviews with the 8 members of the pilot program, including the one whom didn't finish, 3 to 4 months after the program concluded. The participants were spread over 4 prisons (2 metropolitan and 2 country) by this time. The feedback was very positive. Where there was criticism it was because the course hadn't lived up to expectations.

What was impressive, and a little unexpected, was how participants described in some detail how they had dealt with specific situations since they had completed the program. The situations had the potential for outbreaks of aggression or violence, and the participants had been able to control their behaviour with their learning from their VOTP experience.

The experience of being in a program of such intensity and length of time was a unique experience. Some members stated they found working 6 or 7 days a week easier. In the long run, recidivism studies will become the most important criteria. However, we will have to wait for a while, as many pilot programmers were long term prisoners.

## Key Issues for the Future

Two years is just the beginning of an attempt to develop a program to address the offending needs of violent offenders. There are many issues to be worked through, as we complete Stage 2 of the project, and look to 1999 and beyond.

Contracting issues:

- decision about program delivery from 1999 onwards
- the current contract expires by January 31, 1999
- the program will be re-tendered for 1999

### Maintenance & support

- A system of assisting participants to maintain the gains from the program and support on their way out of the system is required.

- involvement of prison officers and community corrections officers in the process would be a means of building on the work already begun with prison officers involved in program delivery

### **The role of the prison officer**

This needs to be thought through, developed and encouraged. It has been an exciting development to have Prison Officers involved in the program delivery.

### **Community program**

Can this program be replicated in the community?

Such a program would enable sentencing authorities to place offenders on Intensive Supervisions Orders aware that participation in a treatment program will happen.

### **Aboriginal issues.**

Is the current program format the best we have for Aboriginal people? What would be an alternative?

### **Regional issues**

Western Australia is a big state; currently the program is metropolitan based. Presenting the program in a regional area is a big challenge. However, sex offender programs have been presented in 3 regional areas within WA.

### **Program development**

The ongoing monitoring and enhancing of the program is crucial.

### **Conclusion**

This paper has sketched the beginnings of an intensive program to challenge the offending behaviour of violent offenders within the Ministry of Justice in WA. Such a project requires considerable dedication and commitment to make it happen.

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**MANAGER, ALTERNATIVES TO VIOLENCE UNIT**

Paper first presented at "Partnerships in Crime Prevention" Conference organised by the Australian Institute of Criminology in partnership with the National Campaign Against Violence and Crime. Hobart, Tasmania. 25 - 27 February, 1998

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## **Domestic Violence - An Aboriginal Woman's Perspective**

### **Introduction**

There are many facets to violence that relate to Indigenous cultures. Essentially, I will examine "ways of working" using appropriate methods that enhance autonomy, empowerment and Aboriginal self determining principals.

### **Indigenous world view**

From an Indigenous world view, the individual has connections with a wider group of people - whether blood related, residing or connected socially within traditional, rural and urban settings. Clan, kin, extended and immediate family group including tribes'; "skin" members and community groups, are players and stakeholders that have a role in the problems and therefore, the solutions in matters of conflict. Given the diversity within our people, programs need to be tailor made with localised "grass roots" peoples' input, direction and design.

Indigenous people's world view and terms of reference, is yet to be embraced within generic case practice or mainstream services when dealing with issues in the personal sphere and matters of cultural conflict or violence.

### **Indigenous/ATR practices**

SAC SEITC, 1995:1, depicts Indigenous practices or "Aboriginal Terms of Reference" (ATR) is that which 'encompasses the cultural knowledge, understanding and experiences that are associated with commitment to Aboriginal ways of thinking, working and reflecting. ATR incorporates specific and implicit cultural values, beliefs and priorities from which Aboriginal

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standards vary according to the diverse range of cultural values, beliefs and priorities from within local settings and specific contexts.’ Working from ATR within a cultural paradigm and framework, allows wider practices of working from a sociocultural paradox, with larger groups of people. Thus providing a collaborative mechanism in joining social supports, shifts occur from a problem base focus to a means of brainstorming and connecting people with others outside the agency’s framework. Eventually giving rise to ‘sustain citizen participation and social responsibility.’ (Kelly & Sewell, 1991:52) Focus from the individual to group ownership provides links, connections and strengths in community building. Offering greater opportunities in community work and social consciousness. It is a new dimension to develop ‘support groupwork with survivors of domestic violence’. (Poels & Berger, 1992) Aboriginal and Torres Strait peoples, would need to include both genders, child(ren)/ adult (s) survivors.

### **Focus shift**

Embracing a justice theme like that of the “just therapy approach” by Waldgrave (1997), draws upon the historical experiences of working with domination and oppressed marginalised people within a therapeutic and social model. It is relative to colonised groups and I feel a useful tool to consider when engaging social reform for Indigenous, Aboriginal and Non - English speaking backgrounds. Specifically people need cultural mentors, advocates and translators of their own terms of reference and ideological construct.

### **Concealment of feelings**

Thinking this way I believe it is reasonable to imply working only with an individual person and not taking the social networks into account can increase alienation. Isolation from Aboriginal networks and social supports exacerbates identity issues and wider risk behaviour. Statistics indicating social disadvantage; deaths in custody, Aboriginal incarceration rates, crime and health, detail that there is much stress, under the surface of many Indigenous families' lives, that are still untouched or addressed within our professional areas.

### **Historical**

Historically, Indigenous people demonstrate by behaviour when unhappy and culturally encouraged not to mask feelings. In traditional life people are accepted to show by body language through assertion of acting out in an aggressive persona. Allowing everyone living within the vicinity to visually understand a problem or conflict was in progress. These matters allowed individuals, family members and kin to assemble and speak out their emotions. From the onset, represented elders from both sides could mediate. Thus providing the community to allow consensual resolution in a just way.

### **Fitting into models/systems**

Professionals in the field, unwittingly encouraging individualism, are at risk of not only imposing inappropriate values and ideologies, effectively it can perpetrate psychological harm upon our most vulnerable when seeking help and provided with inappropriate cultural practices.

## **Incidents of violence**

Violence relates to power and oppressed people are at risk of acting out in repressive ways. In our society we have both genders that are perpetrators and victims. In fact, women hold a higher percentage than their counterparts for perpetrating violence.

### **What is stated**

In a submission to the Family and Domestic Violence Task Force, the Aboriginal Justice Council in 1995, expressed a desire in creating specific Aboriginal services such as safe houses for “cooling off” periods, sobering shelters, refuges with identified Aboriginal counsellors and legal advisors, being gender specific. Each region wanted their own developed programs, which results in drawing funds from various agencies, resources and service frameworks.

### **Wider associations with the cycles of violence**

Recognising trauma and incidence of violence is not in the area of the female or gender “domestic” domain exclusively, may help male/female partners, community people related or not, in speaking out about experiences - observed or felt. Even a dispute within the private domain of a couple may involve another family member, which result in reprisals. Usually people consult with their local significant others - “elders” who reside in the community. Hence the imperative acknowledgement of our elders from both sides of the conflict within the concept of dealing with community concerns.

Elders and family representations need to be involved within the assessment phase, case planning and ongoing case management. Significantly their roles and relationships hold the cultural keys and cues in finding the best practice and solutions. Generally, the elders’ wisdom provides the balance in examining ‘positive analysis’ (Hwang and Cowger, 1998) and while people are more likely to identify weakness, focus it not essentially upon a ‘deficit approach’. Consultation can explore strengths and opportunities in problem solving tasks.

### **Complexities**

Workers in the social justice field realise the vast complexities when working with Aboriginal people. The loss of culture and respect through colonisation and social learning from hard task masters meant people learnt to become de-sensitised to inhuman behaviour and mal - adapted this part of life as being normal. How often I hear “that’s Aboriginal Way.” Indicating it’s okay to be cruel to each other. This is not so and a ‘myth in the assumption that our culture sanctions bashings.’ (Family and Domestic Violence Task Force, 1995:47).

Our past elders watchful eyes and peace making qualities did not permit punishment without cause. Our “lore” and the law we are governed by today had a common factor, each system chose representatives in being the mediators or disciplinarians. Moreover, while our way claimed egalitarian “lore makers” being matched by matriarchal and patriarchal elders; the western law providers had only males, depicted in authoritative uniforms. This type of power was in esteem and “lore” values were reduced.

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## Removals

In remembering the Removal Acts that have only relatively recently been repealed since the late 1960's (ALS, 1995) people from different skin groups and tribes who would not usually be associated were placed in the same living area. Practices such as these enforced the breaking down of our culture and the introduction of judicious "Protectors" such as Police or Welfare figures who over rode our elders unique way of dealing with conflict.

## Assimilation

Assimilation policies ignored Aboriginal strengths in cultural terms and indicate a premise that Aboriginal people are inferior and it is not good to maintain cultural relativism. These policies tainted our culture as something of a lesser value that contaminated our ways of working; berated with racism, oppression, dispossession and marginalisation.

## Social learning practices

From my perspective the "protectors" actions became a causal link to generations of dejected people growing with a low, negative self worth and concept within an institutional setting. The Aboriginal Justice Council in its submission to the Family and Domestic Violence Task Force and the Review of Restraining Order Working Party, (1995 : 53) recognised that, 'we [Aboriginal people] need to heal the past before healing the present can begin. The shame and hurt are being imposed on from generation to generation. This produces much anger - the cycle must be broken '.

## Generation impacts

Given "protectors" (wardens, designated police, welfare and institutional carers), could not provide nurture, generations of children were raised with disruptive learning experiences. Being socially, psychologically, culturally and spiritually deprived of genuine love, as emotions were often lacking. Children were being 'trained' to work and become domestic - farm labourers. Little did these people know that the tasks were meaningless. This human factory produced disconnected generations of hurt people where some lost respect, dignity, roles, responsibilities, links, power and ownership of their own history.

## Stigma/labelling

When helpers undertake a "knowing best" attitude over and above acculturated Indigenous people in counselling or consulting roles about their own needs, it can be disempowering and permeating a power imbalance. Paternalism and labelling in negative terms, such as "dysfunctional families" creates schema of worthlessness. These labels take generations to "fix" and resolve to demonstrate to authority figures that they can reside in harmony. It is hardly unexpected stigma and labelling are inclined to increase when "outcasts" (Rowley, 1973) are made to fit in and conform to mainstream services that are culturally insensitive.

## Ways of knowing

Pressure to conceal family history usually creates outbursts in physical harm to either themselves or others. Some people use substances' with alcohol or drugs, although, there are indications that a percentage of perpetrators are not under any influence of

any substance. Usually these matters go concealed, although some draw attention with their behaviour to the Police, welfare agencies, social groups ( including women's refuges/shelters), and other statutory bodies like the legal services (courts) and medical providers (also rehabilitation centres, doctors surgeries and hospitals).

## Some strategies people use

Short term options are frustrating to find. Refugees cannot tolerate other family members outbursts (or trouble - if visiting) while more often a large family in crisis, is difficult to place in accommodation. In recent times Indigenous people are demanding transfer with housing; so situations such as family fighting and or, feuding can be demographically/geographically resolved.

Public housing transfer requests fall into the power of bureaucratic policies, priorities and accommodation availability. Some families that I have known to ask for this type of assistance were offered other areas which held more members of the feuding side. Failing to comply resulted in staying in an unsafe place, or, moving to a further risk situation. Usually threatened in being evicted under Section 64, for anti-social behaviour if reprisals continued, ( even under self defence or wrongful accusations,) or, at the worst being placed at the bottom of a listing for a wait turn allocation.

## Demands

Services are in great demand. Labour is short in this field. Mediators require cultural skills and techniques in resolving the matters at hand whether referrals are in relation to couples / family fighting, or, community conflict and feuding. Any welfare or service provider espousing civil assertions including mainstream agencies like Tenants Advice Service , or Aboriginal organisations (such as Perth Aboriginal Medical Service, Aboriginal Legal Service or Manguri to mention a few) can show overflowing files with similar information about people facing such situations. The need is great.

## Consequences of actions

While I am not negating acts of violence do occur between individuals and partners; in context, the person who is perpetrated against (whether they be individuals or partners,) belong to a wider network of family socially, sociologically, or biologically - which has larger impacts. Thus when one person is harmed by another who has associations with a larger network, the reprisals and consequences can be problematic and absolutely chaotic. Working in this way can feel like walking on a tight rope. Practice and cultural methods require balance. Workers in the field if not responsive to these issues, can find themselves in a quandary before too long.

Leading into "rescuing the victim," while trying to not only protect their "rescued from further harm", they too can find themselves threatened by others. Reprisals may be in or out of the family group. Peoples' (client) safety ripples into the workers personal safety. Plans should be made with the minimalisation of harm and thoughts of risk to both the "helper and the helped".

## Helped vs. helper issues

Essentially experience in working in traditional and urban settings has alerted me to take note of any consequential action that may happen subsequent to any activity or intervention taking place. This raises concerns about the assessment phase. It is dangerous to the person asking for help and the helper, if matters like family / community connections and strategies in how to best deal with repercussions are not thought out clearly prior to any intervention taking place. The person asking for safety is your best source of information. Sometimes in action, we helpers tend to react in crisis and thoughts such as enhancing family connections or how that person sits with the community are not addressed. The "helped" can be your best "helper". The professionals' helper can explain responsibilities, roles, links, services or agencies tried and identify gaps within the locality.

## Conclusion - community management

People understanding the historic context and political environment within the conceptualisation of Aboriginal self determination, appreciate much work needs to be undertaken to enhance micro/macro cultural practices, methodology and (ATR) knowledge as a worth and wealth of expertise within one's own right.

Realisation of joining with and accepting elders, significant family or community people means relating to cultural issues within our own paradigm and specific value base. Men need males for "Men's business", likewise women their own for "Women's business". Thus providing a healing process while dealing with increasing community control for a cultural solution to a community concern.

## Strategies

Specifically human service providers and resources need to engage indigenous Aboriginal participants in assisting the process of empowerment and community control. When in doubt, Aboriginal mentors (professionally employed, unemployed and voluntary placed), can engage an Aboriginal working party or groups of people who are keen to be asked. Consultation is vital.

## Solutions

The grass roots people will decide arriving at cultural strategies and goals that relate to improvement of Indigenous Aboriginal issues and well being. Aboriginal organisations, services and Indigenous agencies do exist in our various localities and are often overlooked for their resource, connections and information. Most appreciate confidentiality and rules about respecting duty to care responsibilities within mandated agencies.

Dilemmas arise when there is family feuding and power struggles for leadership. To ease pressures with group struggles, people may be separately consulted. This can provide equal credibility to the sectional groups. In time safe houses, refuges for women, men, tribes people, skin groups and conflicting family members, separately may exist .

## Sensitivities.

Indigenous people are requesting services that allow diversity and safety from pitting Indigenous people against each other by

trying to assimilate "them" and place "us" as a homogeneous group of people.

Linking people with one's own kind is not a racist act in itself, essentially to me, it equates with justice. Justice in the way that for once in Australia's history, Indigenous values, actions and consequences can be assessed under our own guidelines, criteria and focus for future directions.

## LILLIAN PASSMORE

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- ◆ responsive, high quality government services and opportunities
- ◆ building partnerships
- ◆ providing a personalised service
- ◆ adopting creative and innovative solutions
- ◆ bringing decision making closer to customers

## Family and Domestic Violence

The following account is really based on the experiences encountered in an acute care setting (Kalgoorlie Regional Hospital) and now in community health (Busselton) with particular emphasis on the latter. In both settings recent client complaints indicate the standards of care the Health Department hopes to achieve for victims of domestic violence, have not yet been achieved. Besides not meeting the needs of the consumers this begs the question about duty of care obligations - were the patients discharged to a safe environment?

### Isolation

Although the needs of victims/survivors of family and domestic violence in the rural community are similar to those in the metropolitan area, there are a number of factors which impact differently. For instance, isolation for victims is sometimes more extreme eg. clients isolated on farms deprived of social contact, telephone contact, transport and financial independence. These factors make it difficult to work with victims and to help them develop a plan of action which will provide safety for them. They also increase the potential risk for the worker in providing services. Some of the ways distance and isolation of rural areas can effect service provision include:

### Physical distance safe housing

Crisis housing in Busselton is limited to the voluntary sector. The closest refuge is in Bunbury. Psychologically this is not acceptable for many women. They do not want to add to the distress of their children, by uprooting them from school and friends in their local community,

Busselton. The refuge in Bunbury, is perceived as another community. In addition if the risk of violence is high their safety cannot be assured as a result of increased visibility.

### Cultural perceptions

Local cultural perceptions are difficult to describe but broadly speaking the increased conservatism in the country has to be experienced to be appreciated. While the culture of Kalgoorlie is very different to the culture of Busselton the conservative attitudes are shared. At times there is a sense of a time warp. This makes community education more difficult as well as the task of service providers working against commonly held stereotypes. Within this culture and removed from the moderating influence of hierarchical structures, government workers can unwittingly perpetuate belief systems no longer tolerated in Perth. For instance, the police response to domestic violence. Clients still report negative police attitudes towards them, a minimization of the violence perpetrated against them and non-referral to the appropriate agencies. Even if workers find these attitudes unacceptable it takes great courage to challenge them without support to do so.

### Safety of the work environment

As mentioned previously isolation also impacts on the safety of the work environment for workers in the country yet adoption of protective measures has been slower. Security systems of all types are notable for their absence and even work practices need re-examination. Although most social workers pride themselves on their communication and interpersonal skills and their ability to defuse many potentially volatile situations, the reality is this may not be adequate at times. In some respects workers in the country may become more of a target with loss of anonymity and increased visibility.

As is the experience for victims of family and domestic violence, it is not too difficult to find where workers and their families live, placing them at risk. In addition because families may be well known to the workers there is a tendency to minimize danger even when it exists (mirroring their clients) and precautionary action is not given the priority it should be. In a worse case scenario, the employee has responsibilities to "take reasonable care to protect (themselves) and others in the workplace" wherever possible in terms of hazardous work conditions. (Public Sector Management: Oct 97 : 21)

### Government Initiatives

Family and domestic violence is currently enjoying a very high profile as an issue in the community as a result of its acknowledgment by politicians and peak bodies such as the Public Health Association. This has been reflected in social policy and government priorities. For example:

- Federal government initiatives such as the information kits for rural women who are victims (or survivors) distributed by the Office of the Status of Women via CWA groups throughout the country;
- the State Government's Family and Domestic Violence Action Plan of 1995 which resulted in the production of a wealth of literature, fliers, training packages and policies in all the major departments.
- The Domestic Violence Prevention Unit which has attempted to co-ordinate and guide the direction of government activity and recently produced best practice models for victims and perpetrators which specify minimum standards of service.

Integral to these models are the notions of safety at all times for the victim whether, as a service provider, you are working with the victim or the perpetrator. "Duty of care" responsibilities are spelt out within the context of agencies having protocols which include adequate supervision and training for workers.

To focus on the latter for a moment, it is hoped there will be some impact on the role of social workers working in health services in rural areas.

## Professional isolation

To appreciate why, perhaps it would be helpful to outline the role and working environment of sole practitioner social workers currently in health services in this State. Both in Kalgoorlie and in Busselton I have been employed as a Senior Social Worker. However there are sole practitioner positions which are not senior positions and in some cases new graduates are employed. These social workers work in total isolation without a support structure for professional supervision, not even a contact number in Perth, or annual meetings with colleagues! Their line managers are often drawn from a medical background. My line manager in Kalgoorlie was the Medical Director, and in Busselton is a nurse. Although they are both very professional and very committed to their jobs they have little understanding of the role of the social worker.

As a result frequently the only form of support available to country social workers is via networking and the altruism of colleagues in the metro area. This obviously does not meet the standards of best practice which call for professional support and supervision. What perhaps should also be remembered is that the legal ramifications of duty of care obligations remain the same whether the practitioner is aware of them or not. Against this backdrop it is interesting that the nurses in Busselton are currently fighting for a Level 3 nurse so that they do not lose their line of professional supervision. Yet allied health in "Health" lost their support structure some years ago, apparently with little more than a whimper!

As the minority profession in a medical setting the social worker battles with the medical model and tradition to have protocols introduced or accepted and even when they exist they are not always followed. This was certainly my experience when I tried to introduce protocols for domestic violence and child maltreatment at Kalgoorlie Regional Hospital. To its credit, the Health Department now is attempting to develop statewide protocols for the management of domestic violence presentations. Within the broader view of the state government's commitment to family and domestic violence, the Health Department policy states it will

## FCS Ad

### Enhancing family life

provide "appropriate medical intervention, appropriate counselling and referral services" to families when they present to health facilities, both hospitals and community based services". (HDWA: 1996) To achieve this there is a steering committee to develop the protocols discussed however rural representation on that committee is very limited. Whilst committee members will attempt to consider the impact of such protocols in the country it would be preferable to have greater representation from the rural sector.

Even if endorsed the reality is that general practitioners hold the power at the operational level in the country. This can be seen by referring to another "hot issue" in health at the moment: the abortion debate/legislation. My city counterparts were surprised counselling in Kalgoorlie for a termination was most often provided by the medical practitioner even when the patient was only fourteen!

In the event the "Health" protocols are adopted it seems the commitment is to provide "brief intervention" and "information". In the health arena the concept of "brief intervention" is something nurses in Emergency Departments do. Even the Best Practice model talks about "service providers" and not "social workers". So one can assume this means the "upskilling" of the medical profession and more jobs for nurses, not social workers. That being so, then, social workers, and the AASW in particular, need to make a stand - after all it isn't just the loss of more jobs to the nursing profession, but it becomes a social justice issue which is I believe the domain of social work?

As the Best Practice Model for victims states: "Domestic violence is a violation of basic human rights as people are entitled to live in dignity, free from fear and harm in their own home or domestic environment". And furthermore, as the AASW flier states, 'social work is the profession committed to the pursuit of social justice.....'. (AASW Sept 1997) It therefore seems to me it is social workers who have the skills required to assist clients through the long and difficult path to recovery from domestic violence. Working with all aspects of family and domestic violence has been the "bread and butter" of social workers for many years. It is then unfortunate that social workers have not been consulted more in the development of these policies and protocols. Have our colleagues in policy units "sold us out"? Social workers are in the best position to advocate for this client group and possess the training and skills most relevant. The Public Health Association now has a policy on Family and Domestic Violence which is welcomed. But given this is an area which can be claimed by social work why is it the recommendations to work with the relevant professional associations does not even include the AASW?

## Naturaliste DVAG

Moving on from the role of social workers in providing services for the victims/survivors of family and domestic violence, the absence of a co-ordinated approach between departments impacts on how well services can work together to provide appropriate and sensitive services to clients. In an age when (to use public health language), "intersectoral collaboration" between services is advocated, this is unfortunate. However this is perhaps one of the positive effects of isolation - it provides an incentive for agencies to work together to minimize any service duplication and maximize the scarce resources available. In Busselton, as in many other places, agencies have been able to work together. The Naturaliste Domestic Violence Action Group is the local group for Busselton/Dunsborough ie one of the Domestic Violence Action Groups of WA Inc (DVAGWA) now renamed the Domestic Violence Council of WA. Members have been committed to working with colleagues in other agencies towards achieving better services for clients.

The regional co-ordinator, Lynne Kearsley has provided the guidance for the group and attends most meetings in spite of the wide area she covers. The model is one of community intervention set up to prevent

domestic violence and address domestic violence incidents by streamlining service provision. Although the DVAG structure appears to be basically a community development model it is interesting that the impetus and direction has actually come from federal and state government initiatives. Each government department demonstrating commitment to the State Government's plan by developing a policy on family and domestic violence and legitimizing their staff's involvement in this community development activity, which not so long ago was discouraged. It has encouraged regional committee members to be drawn from positions of influence within their departments. Although this recognizes the decision-making processes which exist within departments, it has limitations as members drawn from management roles do not necessarily appreciate all the issues involved in family and domestic violence.

The group is working particularly well at present and has been well attended by representatives from the major agencies such as: the Police, Family & Children's Services, the Vasse Leeuwin Health Service, the Education Department, the Ministry of Justice and various welfare agencies. The group is also fortunate in having some community members and representatives drawn from the Aboriginal community, a general practitioner, a member of the press, and a member who is a retired ex-refugee worker.

Focussing on specific tasks has injected new life into the group with members working collaboratively to achieve the goals, each contributing their skills and abilities where they are most relevant and within the constraints of busy schedules. For example one community member very successfully attracted more questions and interaction from the community at the "Silent Witnesses" display than any of the service providers. The member from the press, adds vitality and enthusiasm to the direction of the group and is well placed to promote the issue in the local paper, and our general practitioner, is valued for her contributions, her success in obtaining funds for the group from the South-West Division of General Practice' education programme. (The availability of these funds is the direct result of the Commonwealth initiative to fund the up-skilling of general practitioners under the Medicare Agreement but apparently not well received at this stage. However that is another story.) The training she provided to the local GP's raising awareness about domestic violence in a way difficult to achieve by those outside the medical profession.

Achievements for the Naturaliste DVAG include:

- The community awareness display "Silent Witnesses" (wooden silhouette figures representing deaths of women and children),
- Commencement of a three month survey to collect local statistics,
- A business-card-sized-insert of local crisis numbers for victims. To be added to the DV packs issued by the Office of the Status of Women, for rural women.
- The standard of these packs was assessed by the group to be excellent and could not be improved.
- Funding submission to Community Policing for programmes for perpetrators: Aboriginal mentor camp and anger management/parenting programs for men.
- Support group for victims.
- Volunteers for victims particularly through the court process.
- Support group for victims or 'survivors'.

At the time of writing the Regional Committee had organised a workshop to assist the development of agency protocols in the south-west, promoting the direction the Naturaliste DVAG and other DVAG's had started. It is hoped these protocols will complement those being developed by the Health steering committee.

Finally, it is hoped the focus on this issue will produce more services for the consumer/client group and that these services will extend beyond

the next election. For those who have been working in the field for a long period one cannot help but be cynical when it was so difficult to access the most basic of services for this client group not so long ago.

## CAROLE MANUEL

### References

Australian Association of Social Workers. *Questions about social work* September 1997

Health Department of WA. *Western Australian health policy and implementation plan for family and domestic violence*. Program Purchasing Branch. June 1996

Public Sector Management Office. *An introduction to working in the public sector*. October 1997.

## *New Graduates Subcommittee*

### **Calling all new graduate members.**

Please contribute to the direction of the Subcommittee for the final part of 1998 by attending a meeting on Wednesday 12 August at the Northbridge Hotel starting at 7.30 pm. If you are unable to attend, please pass your ideas on to us some other way.

All contributions and comments are welcomed.  
Contact: Diane Smith on 9321 7033 (W) or 9295 4453 (H).

## *Incomes and Outcomes*

*5th Edition September 1998*

The West Australian Branch of the AASW is pleased to announce that the 5th edition of *Incomes and Outcomes* is in its final printing stage and will be due for release in the first week of September.

The guide will be \$7.95 retail and \$6.00 for bulk orders (10 minimum). These figures do not include postage and handling costs.

Order forms will be available in the September edition of the AASW newsletter.

Inquiries or orders, contact Sarah Kemp on (08) 9400 6500 or Liz Retamal on 9443 2934 during business hours.

# Protective mediation as a contributing process in the prevention of domestic violence

## Introduction

The Victim-offender Mediation Unit (VMU) is a specialist unit within the Ministry of Justice Community Based Services Directorate and was established in July 1992. At that time the Unit was responsible for a reparative mediation service only where mediation took place between convicted adult offenders of non-violent and property offences and their victims. This type of mediation enables the victim and offender to agree upon the type of compensation the offender makes to the victim. While this service did and still does form a large part of the VMU's workload it became evident that a second mediation service was required in the adult criminal justice system – protective mediation.

Protective mediation was introduced in March 1993 through the establishment of the Victim-offender Contact Policy. The policy came about partly as a result of a female domestic violence victim having been stabbed severely by her estranged husband who had recently been paroled. In this case, despite the victim being concerned about the offender having unwanted contact with her upon his release from prison, there were no clear guidelines for corrections officers to prevent the attack occurring.

In order to address a clear inadequacy in the system the VMU became directly involved in drawing up the new policy. The policy seeks to protect victims of any crime from unwanted contact from offenders by facilitating contact or non contact agreements between offenders (particularly violent) and the victim of that offence where there is any likelihood of contact between them. The policy also serves to provide guidelines for all Offender Management Division staff to enable those officers to take responsibility for understanding the procedures for referral and making referrals when they become aware of any such contact or potential contact.

## The process

What is protective mediation and how does it work? The VMU defines protective mediation as a “process which enables victims and offenders to reach agreement about the level and nature of contact (if any) which will occur between them. The purpose of mediation is to ensure that the rights and safety of both parties are protected.” The offer of protective mediation is made only to those victims and offenders where there already is, or is likely to be, contact between them.

It is to be noted that although the principles of mediation dictate that both parties are treated equally during the actual mediation process, in instances where an offender breaches a protective agreement the safety of the victim will always take

precedent over the rights of the offender should the victim be at risk of injury or worse.

The Unit will accept referrals if:

- The offender is currently contacting the victim either directly or indirectly.
- The victim and offender are likely to have ongoing contact either as cohabitants, residents in the same town/community, or have children or other relatives in common.
- Either the victim or offender wishes to contact the other party for some reason (eg the offender wishes to apologise or make amends to the victim, or the victim wishes to visit the offender in prison).
- The victim is fearful that there may be some contact in the future once a person is released from prison, even if there is no ongoing relationship with that person.

Referrals are usually made by the releasing authorities (prisons, Parole Board etc) Community Based Services staff, victims, offenders and external agencies/departments. Once a referral is received, procedures are undertaken to ascertain whether both parties are prepared to become involved in the mediation process.

If it is established that both parties are interested, the mediator conducts individual preliminary interviews with each party (the victim is usually first). The mediator ascertains the level of contact or non-contact the victim is seeking. The offender is then visited by the mediator, and the conditions are discussed. Thereafter the mediator will “shuttle” between the victim and offender until an agreement is made. Once an agreement has been made and signed by both parties, the agreement and the report from the VMU is sent to the referral source. The agreement then becomes part of the release order monitored by the Unit, the breach of which may involve a return to prison for the offender.

In 1996 it was recognised that the above procedures were not necessarily meaningful to some remote Aboriginal victims and offenders and the VMU sought to develop a more culturally relevant protective mediation program for Aboriginal people in the north west and remote areas. After extensive consultation with Aboriginal communities and elders, the Unit now employs, on a contractual fee for service basis, eight Aboriginal Local Liaison Officers and 12 Aboriginal Community Contract Mediation Officers. These officers are directly involved in undertaking an adaptation of the protective mediation process which is more appropriate for people in areas such as Carnarvon, Roebourne, Broome and Kalgoorlie.

In both programmes mediation is undertaken on a shuttle or indirect basis. Of course in all cases participation is voluntary. Should a victim or offender not wish to enter into an agreement (and some do not) it will not affect the offender's release date. A standard “no contract with victim” condition will be placed on the offender's release order by the releasing authority which provides protection for the victim but does not affect the “rights” of the offender. However agreements are much more satisfying for both parties when mediation has taken place and the boundaries are more clearly defined.

## Statistics and client feedback

As of 30 April 1998 the Unit has received 2,100 referrals for protective mediation. Although referrals are accepted for all offences including rape, incest, armed robbery and murder, 20% of referrals have been for domestic and family violence offences. The Unit has also undertaken a total of 605 protective mediations and provided 2005 status reports to releasing authorities. Independent research undertaken by Edith Cowan University in 1996 revealed that 95% of agreements were successfully completed.

Feedback from victims and offenders have been positive. Typical of such comments from victims are "Both parties know where they stand" and "I now have peace of mind". Offenders also have reacted well to the process. "Things are in black and white" and "I now have some guidelines" are some of the responses.

## Conclusion

It should be stated clearly that protective mediation never becomes mediation about domestic or family violence. It is merely a process which enables those already likely to be in contact for a variety of reasons to have clear guidelines as to how that contact should take place. For those who wish to have no contact whatsoever the agreements enable this to occur with a minimum of conflict and angst.

Although the agreement is enforceable only for the length of the release or community order, experience has indicated that it is in place at the most potentially volatile period of the victim-offender relationship – within the first six months of the prisoner's release.

The protective agreement is not a panacea to cure all ills however there is sufficient evidence to suggest that it empowers victims of domestic violence and other offences by enabling them to have a say with respect to whether or not they will have contact with an offender through having direct input into any arrangement made. They then have the additional service of the agreement being monitored by the VMU who have the authority to initiate disciplinary action, such as returning a breaching parolee to prison if the circumstances dictate and the Parole Board or other releasing authority agrees.

The success of the agreements to date, have largely been due to the fact that they provide a viable alternative to restraining orders. While restraining orders have a significant role to play in many situations the fact remains that in many other cases offenders are more likely to abide by an agreement to which they have been a party than by the imposition of another enforced restraint process which may further exacerbate an already volatile situation, potentially placing victims at risk.

Finally, protective mediation has proven to be an extremely interesting and challenging area of service delivery. While it does not provide all the answers, feedback from the vast majority of victims and offenders who have participated in the process indicates its impact on their lives to date has been both positive and significant.

**MARGARET WAUCHOPE, MINISTRY OF JUSTICE**

# AUSTRALASIAN CONFERENCE ON CHILD ABUSE IN PERTH 1999

Family and Children's Services is sponsoring the *7th Australasian Conference on Child Abuse and Neglect* which will be held in Perth next year.

The conference is held biannually throughout Australia under the auspices of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). In 1999 it will be held in Perth from 17 to 20 October at the Perth Concert Hall and Duxton Hotel.

The conference aims to:

- promote continued improvement of an integrated agency response to child abuse and neglect
- strengthen the commitment to prevention of child abuse and neglect
- provide professionals with current research and information on child care, protection services and programs
- share information and provide opportunities to learn through debate and discussion about different work strategies in the area of child abuse and neglect.

The theme *Moving forward together* reflects the notion of progression and innovations into the future. It acknowledges that working collaboratively will achieve the best results for children and families.

The conference subthemes are:

**Prevention** - family support and ways in which parents are assisted to provide adequate care for their children.

**Protection** - systems and services in place to protect children from abuse and neglect.

**Postvention** - services provided after abuse or neglect has occurred.

The conference will facilitate a forum for education, discussion and debate, providing the latest information and research about child abuse and neglect to take us into the 21st century.

Keynote speakers will come from a variety of areas including health, law, judiciary, welfare, police and education.

Overall responsibility for the conference rests with the Executive Planning Committee. This committee:

- is the sole decision making body for the conference;
- determines conference theme;
- approves conference logo;
- maintains financial control;
- approves program content;

- establishes responsibilities for subcommittees;
- receives progress reports from all subcommittees;
- ensures ISPCAN policies are put into effect; and
- coordinates all conference planning activities.

A number of other committees have been set up to work on specific aspects of the conference. These are detailed below.

### **Program committee**

- In line with conference themes, determines the main subject areas for conference program.
- Compiles lists of invited speakers, chairpersons, etc.
- Determines format of each session and use of meeting facilities.
- Recommends inclusion and format of any technical tours (eg Parenting Information Centres).
- Establishes contact with speakers and chairpersons.
- Receives and determines acceptance/rejection of abstracts.
- Provides regular reports to Executive Planning Committee.

### **Social/Activity Committee**

- Prepares program for social events - conference dinner, welcome reception, entertainment.
- Prepares program for accompanying persons.
- Provides regular reports to Executive Planning Committee.

### **Promotions/Marketing/Media Committee**

Prepares timetable for promotional campaign.

- Prepares media releases promoting the conference for inclusion in relevant journals and publications.
- Develops marketing strategy for Asia and South Africa.
- Prepares media releases during the conference.
- Provides regular reports to Executive Planning Committee.

### **Exhibition/Sponsorship Committee**

- Prepares list of potential sponsors.
- Prepares list of potential exhibitors.
- Draws up sponsorship proposals, approach sponsors.
- Coordinates trade exhibition.
- Provides regular reports to Executive Planning Committee.

Membership of the conference committees has been drawn from a range of organisations interested in the welfare of children. Members are listed below for each committee.

### **Executive Planning Committee**

Leanne Hartill (Family and Children's Services)  
 Jim Laffer (Family and Children's Services)  
 Tara Gupta (Family and Children's Services)  
 Ron Villaflor (Family and Children's Services)  
 Tim Schwass (Magistrate, Perth Children's Court)  
 Margaret Duckworth (Disability Services Commission)  
 Ramadas Sankaran (Ethnic Communities Council)

Frank Ainsworth (Edith Cowan University)  
 Kim Martin (Central College of TAFE)  
 Helen Moschini (WA Association of Young People in Care)  
 Ken Glasgow (Education Department)  
 Michael Robinson (Health Department)  
 Don Pearce (Promaco Conventions)  
 WACOSS representative

### **Program Committee**

Leanne Hartill (Family and Children's Services)  
 Jim Laffer (Family and Children's Services)  
 Les Harrison (Family and Children's Services)  
 Cheryl Barnett (Family and Children's Services)  
 Colin Simpson (Family and Children's Services)  
 Julie Dixon (Family and Children's Services)  
 Tara Gupta (Family and Children's Services)  
 Cora-Ann Wilson (Family and Children's Services)  
 Sandie van Soelen (Family and Children's Services)  
 Frank Ainsworth (Edith Cowan University)  
 Joe Calleja (Kinway)  
 Carol Schneider (NAPCAN)  
 Tim Schwass (Magistrate, Perth Children's Court)  
 Don Pearce (Promaco Conventions)

### **Social Committee**

Leanne Hartill (Family and Children's Services)  
 Rae Markham (Family and Children's Services)  
 Sue Renshaw (Family and Children's Services)  
 Jo Schultz (WA Association of Young People in Care)  
 Helen Moschini (WA Association of Young People in Care)  
 Tim Schwass (Magistrate, Perth Children's Court)

### **Exhibition/Sponsorship Committee**

Leanne Hartill (Family and Children's Services)  
 Lorraine Crook (Family and Children's Services)  
 Siobhain Milbourne (Family and Children's Services)  
 Vanessa Harvey (Family and Children's Services)

### **Promotions/Marketing/Media Committee**

Leanne Hartill (Family and Children's Services)  
 Sue Renshaw (Family and Children's Services)  
 Lisa Stewart (Family and Children's Services)  
 Bryan Seymour (Channel Ten)

To receive further information about the conference please contact:

*7th Australasian Conference on  
 Child Abuse and Neglect  
 c/o Conference Secretariat  
 Promaco Conventions Pty Ltd  
 PO Box 890, Canning Bridge WA 6153*

*Tel: (08) 9332 2900 Fax: (08) 9332 2911  
 Email: [promaco@promaco.com.au](mailto:promaco@promaco.com.au)  
 Internet: [www.promaco.com.au](http://www.promaco.com.au)*

## Coming Branch CPE Events

**Friday 23 October 1998**

### **One day workshop. Supervision: towards professional identity and mastery**

Trainer: Robert Van Koesveld

Professional supervision is essential for the development and maintenance of a solid professional identity and for achieving proficiency or mastery as a social worker. This workshop will provide frameworks and skills development to enable you to be an effective supervisor. It will address:

- Types of supervision
- Developmental frameworks
- The supervisory contract
- Roles of the supervisor
- The supervisory space
- Process issues in supervision.

Further details and registration form will be circulated in the September issue of the newsletter.

**Tuesday 17<sup>th</sup> November 1998**

### **One day workshop. Understanding Child Sexual Offenders: Why do I need to know when I don't work with them?**

Presenter: Suzanne Jenkins

If you work in the health services, provide mental health services, work in the field of drug addiction, crime or crime prevention, child care or child protection, the likelihood is you will be working with a significant proportion of people who have been sexually abused as children. The nature of this one day workshop, with its emphasis on how sexual offenders abuse, is designed to offer information central to our understanding of the dynamics of sexual assault and the issues for those who have been on the receiving end of such behaviour.

Areas covered will include the offender's 'cycle of abusing'; how they target their victims and manipulate the environment and people around the victim; the strategies they use to overcome their victim's resistance and help prevent disclosure.

Further details and registration form will be circulated in the October issue of the newsletter.

**November (dates to be finalised)**

### **1 Day Conference on: Men and masculinity**

Eg awareness-raising about values associated with gender, how can services access men, concepts of masculinity and how these impact on working with men. Keynote speaker, panel discussion and forum. This event will be run by Relationships Australia in collaboration with the AASW (WA Branch).

### **1 Day Skills Development Workshop on Men and masculinity**

Building on material at a forum on men's issues hosted by Relationships Australia earlier in 1998, a national conference on men and relationships held in Canberra in June 1998 and the 1 day conference mentioned above. A skills based and experiential workshop run by Relationships Australia in collaboration with the AASW (WA Branch).

**Tuesday 8<sup>th</sup> December**

### **Half day workshop. Assertiveness in your first job**

Presenter: Paddy Glasgow

Now you are a social worker, tips for developing your confidence and professional profile. This workshop is aimed at new and recent graduates and will cover some of the following issues:

- looking after yourself in the workplace
- self-esteem and workplace relationships
- assertiveness and confidence
- dealing with conflict
- dealing with issues as they occur.

For information about any Branch CPE events contact Liz Retamal on 08 9443 2934 or Anne Pickard on 08 9464 7065 during business hours.

The CPE committee is always interested in having new members join the committee. We appreciate hearing of any ideas and suggestions from members about CPE events.

## **AASW MEMBERS WORKING IN REMOTE COUNTRY LOCATIONS**

### **Would you like to attend a CPE event in Perth?**

To help social workers in remote locations to participate in face-to-face education opportunities, the WA Branch will support a Branch member to attend a 1998 AASW CPE event in Perth, other than the State Conference.

To be considered, an applicant must, be a member of the AASW, work in a remote country setting, and be otherwise unable to attend an AASW CPE activity in Perth.

Assistance is only available for a return economy airfare for the AASW CPE event, registration fees for the AASW CPE event, and documented out of pocket expenses if not otherwise covered (eg transport to and from the airport or the CPE event). The successful applicant will be billeted with an AASW member.

Applicants should provide a brief statement (maximum 1.5 pages) indicating:

- the name, cost and date of the event they wish to attend
- the reasons why they wish to attend
- a strategy detailing how they will share the benefits of the information acquired with their agency/work colleagues/local community.

Submissions should be sent to:

Lynn Selepak, Vice President Education  
Selection Committee, AASW (WA Branch)  
PO Box 198, West Perth 6872 or faxed to (08) 9444 5410  
by no later than 31<sup>st</sup> August 1998.

Enquiries: Lynn Selepak (08) 9426 9366 or Liz Retamal  
(08) 9443 2934 during business hours.

*AASW sponsored CPE events accrue double points.*

## AASW STATE CONFERENCE

HELP NEEDED! CAN YOU ASSIST?

### *Satchels*

The conference satchels will be made up on Saturday 22<sup>nd</sup> August. It takes no more than 3 hours in the morning. If you can lend a hand for awhile please call Marian Maughan on 9330 2585 for details.

### *Notice*

Enclosed with this newsletter is a reminder notice for your staff notice board. Most sessions have vacancies but registrations need to be sent in promptly.

### *Branch Dinner*

Have you registered for the Branch Dinner? It promises to be an enjoyable time to catch up with friends and colleagues. Any queries please call the Conference Project Officer Marian Maughan on (08) 9330 2585.

## APPLICATIONS FOR GRACE VAUGHAN FUND 1999

The projected sum available for use in 1999 is \$1,500. This sum may be awarded to one individual or divided between two or more individuals at the discretion of the Grace Vaughan Fund Committee.

Applicants should also indicate whether they would be willing to accept a lesser amount than that which they are seeking. Candidates may be required to attend an interview.

Awards are offered to:

- individuals wishing to pursue studies in the area of social justice and human rights at the University of WA; and/or
- individuals with a demonstrated scholarly or professional concern for social justice and human rights wishing to travel in Australia or overseas for further studies likely to be of benefit to the community.

The deadline for receipt of applications is ***1st September 1998.***

Applicants should write to:

The Registrar (Attention: Ms Tanya Aquino), University of Western  
Australia, Nedlands WA 6907. Further information:  
Ms Tanya Aquino, Administrative Officer (Arts), (08) 9380 2096.  
Email: [taquino@cyllene.uwa.edu.au](mailto:taquino@cyllene.uwa.edu.au)