

ANROWS Footprints

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AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children



Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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ANROWS Publications

ANROWS produces and publishes new, innovative and relevant research on domestic, family and sexual violence through its suite of publications.

Subscribe

Subscribe and receive updates to your inbox, including:

- ANROWS Notepad: Our fortnightly update on the latest research on domestic, family and sexual violence, upcoming events and training, and more.
- ANROWS Footprints: Our thematic quarterly publication, communicating new, innovative and emerging research, policy and practice aimed at reducing violence against women and their children.

www.anrows.org.au/subscribe

Join our networking database

The ANROWS Networking database is a national online community bringing together, practitioners, policy-makers and members of the community with an interest in reducing domestic, family and sexual violence.

Join online to share your knowledge and expertise with a national audience; find people with particular expertise, organisations working on similar or complementary projects and/or potential partners for research project grants.

www.anrows.org.au/networking-database/register

Available now

ANROWS Compass: Research to policy and practice papers

Concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's Research Program, and provide advice on the implications for policy and practice.

ANROWS Landscapes: State of knowledge papers

Medium length papers that scope current knowledge on an issue related to violence against women and their children. Papers will draw on empirical research, including research produced under ANROWS's research program, and/or practice knowledge.

ANROWS Footprints

Thematic quarterly publication focused on communicating new, innovative and emerging research, policy and practice addressing violence against women and their children.

We warmly welcome proposals for contributions to ANROWS Footprints. Please send expressions of interest on potential content to the editors by email to enquiries@anrows.org.au

ANROWS Fast Facts

Key facts and figures on topics related to violence against women and their children.

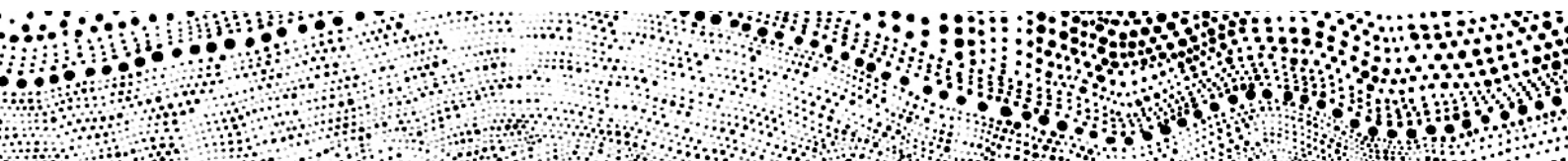
ANROWS Notepad

Fortnightly email update on the latest research, events, training, stakeholder news and issues in the media.

Coming soon

ANROWS Horizons: Research papers

In depth reports on empirical research produced under ANROWS's Research Program. Papers will include state of knowledge work completed in the Landscapes paper for that project.





*this*Quarter

Relative to many other nations, Australians enjoy an egalitarian society; yet, there are many Australians who do not have equal access to opportunities and resources and who continue to suffer direct and indirect discrimination, resulting in marginalisation from the mainstream.

The disadvantaged status of Aboriginal and Torres Strait Islander Australians remains a significant challenge and policy focus at the national, state and territory level. ANROWS is committed to advancing the status of Aboriginal and Torres Strait Islander people, within its sphere of influence, and focused attention on our work with, and the work of, Aboriginal and Torres Strait Islander people in a previous edition of *Footprints*. Through *Footprints*, we have also previously drawn attention to the marginalisation of lesbian, bi-sexual, transgender, intersex and queer women.

In this edition of *Footprints* we draw attention to the experiences and impacts of gender-based violence against women with disabilities and women from culturally and linguistically diverse (CALD) communities. In it you will find:

- Projects looking at violence against immigrant and refugee women; and women and girls with disabilities who have experienced domestic violence or sexual assault.
- Researchers and practitioners/advocates reflecting on their joint ANROWS research projects.
- Alexandra Ridgway, a researcher-practitioner in the fields of violence against women and innovative justice, reflecting on the process of identifying, developing and implementing a best practice, client-centred model for marginalised victims-survivors of violence.
- An interview with Christina Ryan, General Manager at Advocacy for Inclusion.

This issue of *Footprints* also provides you with information on the ANROWS Practitioner Engagement Group (PEG), recently established as a mechanism for two-way, direct engagement between practitioners and ANROWS to facilitate knowledge translation and exchange. ANROWS's role in supporting policy and practice to achieve the aims of the *National Plan to Reduce Violence against Women and their Children (2010-2022)* requires active engagement with policy-makers and practitioners. We engage regularly with policy-makers via teleconference meetings; the PEG provides an equivalent mechanism for engaging with practitioners and advocates.

I announced the membership of the 2015-16 PEG on 2 July 2015 at a webinar with 1800RESPECT. We were thrilled to receive 94 expressions of interest for the 2015-16 PEG, though it made selection very difficult! Thank you to everyone who applied; for those who were not selected on this occasion, I'd encourage you to keep the 2016-17 PEG in mind.

Many of the articles in this issue highlight the importance of acknowledging and using knowledge; whether it is practice knowledge, or the knowledge of marginalised women who have experienced violence. As a community of people working to reduce violence against women and their children, whether it be in research, policy or practice, it is critical that we acknowledge what is already known by a particular community, and ensure they are directly involved in building ways to address the issue.

Alexandra's article is a personal reflection from someone who has worked on a model of best practice throughout the research-development-implementation-reflection process. Alexandra's experiences highlighted for her that collaboration, adaptability and continual improvement is more important than trying to create a one-size-fits-all model.

Finally, ANROWS will release a number of state of knowledge papers over the coming weeks. I encourage you to subscribe to receive email alerts when these papers become available. For many of the research projects, the state of knowledge paper is only the beginning, and we look forward to the results of empirical research, which will become available over the next 18 months.

Heather Nancarrow

Chief Executive Officer

Coming up



ANROWS public lecture series with Professor Leigh Goodmark

In a partnership with the University of Queensland, Professor Goodmark received funding under the Fulbright Specialist Program to come to Australia to discuss her research and practice experience.

Professor Goodmark's scholarship focuses on legal and justice responses to violence against women; reconstructing legal responses to domestic violence and finding "justice beyond the justice system" for women who struggle to find redress from within the justice system.

Professor Goodmark will deliver a public lecture in Melbourne and Sydney focusing on justice systems and domestic violence; key themes in her book *A Troubled Marriage: Domestic Violence and the Legal System*.

Monday 10 August. The Mint, Sydney.

Opening address by Professor Rosalind Croucher AM, President of the Australian Law Reform Commission.

Friday 14 August. State Library of Victoria, Melbourne.

Opening address by Fiona Richardson, Minister for the Prevention of Family Violence, Victoria.

Please register to attend. www.anrows.org.au



Say no to domestic violence: National Indigenous Domestic Violence Conference

12 - 14 October 2015. Gold Coast, Queensland.

Indigenous Conference Services (Australia) is pleased to host this year's National Indigenous Domestic Violence Conference, focusing on a Brighter Future.

The event is designed to be the largest national gathering of Indigenous and non-Indigenous people with an interest in stopping domestic violence in Indigenous communities. The aim of the conference is to highlight and showcase successful community and research programs, which have led to positive impacts and outcomes within these communities.

Conference themes: new and innovative ways to address early intervention; primary prevention; response.



The 9th Australasian Council of Women and Policing Conference

Making History, Shaping the Future

Luna Park, Sydney 31 Aug - 3 Sept 2015



Registrations Now Open
Early Bird closing date
Monday 11 May 2015

Register now
www.conferenceco.com.au/acwap

Conference Secretariat
Phone: 02 6292 9000 Email: conference@confco.com.au

Making history, shaping the future: The 9th Australasian Council of Women and Policing Conference

31 August - 3 September 2015. Sydney, New South Wales.

The program is now available for the 9th Australasian Women and Policing Conference. This conference will hear from the practitioners who are changing policing and emergency responses and how we are making history and shaping the future!

The conference will build on previous Australian Women and Policing conferences and continue to develop the body of knowledge around how policing is being improved for women, in particular:

- policing for women in the Pacific;
- women's leadership within policing and the leadership role that women in policing play in their local communities in Australia and globally; and
- innovative responses to violence against women.



The 2015 Australian STOP Domestic Violence Conference
7 - 9 December 2015. Canberra, Australian Capital Territory.

The Australian and New Zealand Mental Health Association (ANZMHA) will host the inaugural 2015 Australian STOP Domestic Violence Conference at the Rex Hotel in Canberra.

The conference theme Connecting the Dots will look at domestic violence holistically and developing collaborative approaches within the sector. This multi-disciplinarian program is suitable for administrators, program coordinators, social workers, therapists and all external providers impacted by domestic violence. The co-occurrence and prevalence of mental health and domestic violence will also be addressed.

The conference will attract delegates from a wide range of backgrounds including: policy-makers, Government, practitioners, NGO's, councillors, academics, mental health specialists, service providers, HR professionals and victims support groups from Australia and New Zealand.

ANROWS

NATIONAL RESEARCH CONFERENCE

2016

The inaugural ANROWS National Research Conference will bring together delegates from research, policy and practice to examine the latest Australian research on violence against women and their children.

We encourage researchers, policy-makers, practitioners, and others responding to, or working to reduce/prevent violence against women, to get involved.

23-25 February 2016 | Grand Hyatt, Melbourne

ANROWS-funded principal chief investigators, project partners and co-investigators will share preliminary findings from their research projects. Current confirmed speakers from ANROWS's Research Program 2014-2016 (Part 1) include:

Ms Bianca Albers

Parenting Research Centre

Professor Harry Blagg

University of Western Australia

Associate Professor Jan Breckenridge

University of New South Wales

Dr Natasha Cortis

University of New South Wales

Professor Donna Chung

Curtin University

Associate Professor Sue Dyson

La Trobe University

Dr Patsie Frawley

Deakin University

Professor Kelsey Hegarty

University of Melbourne

Dr Robyn Holder

Griffith University

Ms Keran Howe

Women with Disabilities Victoria

Dr Rebecca Jenkinson

Australian Institute of Family Studies

Dr Anna Olsen

Australian National University

Dr Judy Putt

University of New England

Ms Mary Stathopoulos

Australian Institute of Family Studies

Dr Georgina Sutherland

University of Melbourne

Associate Professor Annabel Taylor

Queensland Centre for Domestic and Family Violence

Dr Cathy Vaughan

University of Melbourne

Dr Sarah Wendt

University of South Australia

Subscribe

for updates on **early bird rates** and
call for papers for the conference open stream

www.anrows.org.au/subscribe

Introducing

ANROWS's Practitioner Engagement Group

ANROWS is delighted to announce the establishment of an advisory group, the ANROWS Practitioner Engagement Group (PEG), to assist in the translation of research to practice. ANROWS's PEG will act as a mechanism for two-way, direct engagement between practitioners, advocates and ANROWS to facilitate knowledge translation and exchange.

2015-2016 Practitioner Engagement Group

The 2015-2016 PEG membership has representatives from the specialist women's services sector and others providing first point of contact services for women and their children. There are representatives from all states and territories, and the membership reflects diversity within the Australian population.

Aboriginal women with practice expertise on Indigenous violence against women



Antoinette Braybrook (VIC)

National Convenor for the National Family Violence Prevention Legal Services Forum. Antoinette is also Chief Executive Officer, Aboriginal Family Violence Prevention & Legal Service Victoria. Antoinette is an Aboriginal woman born in Victoria on Wurundjeri country. Antoinette's grandfather and mother's line is through the Kuku Yalanji, Far North Queensland.



Mary Cowley (WA)

Chief Executive Officer of Aboriginal Family Law Services WA and Deputy Chairperson of the National Aboriginal and Torres Strait Islander Women's Alliance. The Aboriginal Family Law Services WA provides legal representation and community education to Aboriginal people in Western Australia in the areas of family and sexual violence. Mary is a proud Aboriginal woman with links to the West Kimberley and Northern Queensland.



Dorinda Cox (WA)

Director at Inspire Change Consulting Group. Inspire Change provides training and specialist advice on Leadership programs, Cultural Security/Competency, Family Violence and Gender policy analysis for mainstream, non government and government organisations. Dorinda is a proud Aboriginal woman and was a member of the National Council to Reduce Violence against Women and their Children.



Kylie Dowse (Regional NSW)

Service Delivery Manager at the Domestic & Family Violence Specialist Service in Port Macquarie. Kylie is a proud Aboriginal woman who is passionate about best practice services for women and children impacted by domestic violence and homelessness, and strategic prevention through attitudinal change. She holds membership on the NSW Men's Behaviour Change Network.



Shirley Slann (Regional Victoria)

Shirley has worked in the area of domestic and family violence for over 16 years. Shirley managed the North Queensland Domestic Violence Resource Service in Mount Isa for over 15 years until January 2015. She currently lives in Victoria where she works for Eastern Domestic Violence Service (EDVOS) as a Risk Assessment Management Panel Coordinator. Shirley is a proud Aboriginal woman.

Practice expertise specifically on CALD communities and violence against women



Maya Avdibegovic (VIC)

Chief Executive Officer at inTouch, Multicultural Centre Against Family Violence. As CEO for the past six years, Maya has led the delivery of a number of best practice based programs including the award-winning community-led prevention program “CALD Communities Leading the Way to Respectful Relationships”.



Dr Adele Murdolo (VIC)

Executive Director of the Multicultural Centre for Women’s Health (MCWH), a national organisation that promotes the health and wellbeing of immigrant and refugee women through research, advocacy, multilingual health education and training. Under her direction, the organisation has expanded nationally. She is an active and passionate advocate for immigrant and refugee women’s rights and wellbeing.



Dr Eman Sharobeem (NSW)

Chief Executive Officer of the New South Wales based Immigrant Women’s Health Service (IWHS). IWHS works across a range of women’s issues particularly prevalent in immigrant and refugee communities including domestic and family violence. In 2014 Eman was honored as an Australia Day Ambassador and was a finalist for the Australian of the Year Award.

Peaks and networks



Dr Y. Gavriel Ansara (NSW)

Manager of Research and Policy at the National LGBTI Health Alliance (the Alliance) and Chair of the Alliance’s Research Ethics & Standards Team. With 89 member organisations and over 100 members, the Alliance is the national peak body for the health and wellbeing of people of lesbian, gay, bisexual, transgender, and intersex experience, including people beyond these letters.



Kelly Banister (Regional NSW)

Chief Executive Officer at the Australian Women’s Health Network. The Australian Women’s Health Network is a health promotion advocacy organisation that provides a national voice on women’s health. The coalition of groups that comprises the organisation aims to promote equity within the health system and equitable access to services for all women.



Moo Baulch (NSW)

Chief Executive Officer at DV NSW, the peak, state-wide representative body for a diverse range of specialist domestic and family violence services in New South Wales. Moo has a passion for improving service and policy responses, particularly to communities that have barriers to access including LGBTIQ and Aboriginal and Torres Strait Islander people.



Carolyn Fromhader (TAS)

Executive Director of Women With Disabilities Australia (WWDA). Carolyn has held this position for more than 17 years, working at the national and international levels to promote and protect the human rights of women and girls with disabilities. In 2001, Carolyn received the ACT Woman of the Year Award and in 2009, in recognition of her human rights work, she was inducted into the Tasmanian Women’s Honour Roll.



Alison Macdonald (VIC)

Policy and Program Manager at Domestic Violence Victoria. Alison has worked in this role for eight years, during which she has concentrated on family violence law reform, homelessness policy, integrated family violence reform and primary prevention of violence against women among other areas. She has previously worked in the sexual and reproductive health and international development fields.



Di Mangan (QLD)

Steering Committee member of Ending Violence Against Women Queensland (EVAWQ); Chief Executive Officer at DV Connect. Di is also a member of the Domestic and Family Violence Crisis Lines of Australia Network.



Jo Sheehan Patterson (Rural Victoria)

Chairperson of the National Association of Services Against Sexual Violence (NASASV), the peak body for organisations who work with victims/survivors of sexual violence and who work to prevent sexual violence. Jo is also the Chief Executive Officer at Mallee Sexual Assault Unit Inc.



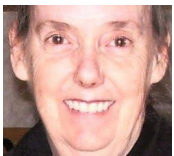
Liz Snell (NSW)

Member of coordinating committee of Women's Legal Services Australia; Law Reform and Policy Coordinator at Women's Legal Services NSW. Liz has a background in human rights law, policy and education.



Sue Underhill (SA)

Member of the Coalition of Women's Domestic Violence Services of South Australia (CWDVSSA), a South Australian Peak Body lobbying and advocating for the elimination of violence against women and children. Sue is also Director of Services at Southern Domestic Violence Service Inc.



Pauline Woodbridge OAM (Regional QLD)

Member of the WESNET National Committee, WESNET is the national peak advocacy body which works on behalf of women and children who are experiencing or have experienced domestic or family violence. Pauline is also Coordinator of the North Queensland Domestic Violence Resource Service and the Chairperson of Homelessness Australia.

Specialist sexual assault services



Lynn Berger (SA)

Senior Social Worker at Yarrow Place, Rape and Sexual Assault Service in Adelaide. Lynn possesses over 17 years of clinical experience in trauma, gendered violence, counselling and training. She has been professionally employed in Canada, Vietnam, Germany and Australia.



Samantha Bowden (NT)

Darwin based consultant whose expertise is best practice based responses to and prevention of sexual assault. A former Coordinator of Ruby Gaea Darwin Centre Against Rape (2009–2014), she is also a founding member of the Darwin LGBT rights group, Rainbow Territory.



Jackie Burke (NSW)

Clinical Director of Rape & Domestic Violence Services Australia. Jackie is a registered psychologist and co-pioneered the Rape & Domestic Violence Services Australia's award winning Vicarious Trauma Management Program and provides consultation to a diverse range of agencies on the topic.



Alison Fonseca (Regional Victoria)

Clinical Manager at Gippsland Centre Against Sexual Assault. She is a registered psychologist with over 15 years' experience working in the area of psychological trauma. Alison's role on the PEG has been endorsed by the Victorian Centres Against Sexual Assault peak body – the CASA Forum.

Specialist domestic and family violence services



Ruth Bamford (TAS)

Specialised Family Violence Coordinator at CatholicCare Tasmania Family Services. The Specialised Family Violence Service provides whole-of-family, client tailored interventions to individuals and families affected by family violence. Ruth is a trained family counsellor and an active member of the regional Domestic Violence Coordinating Committee (DVCC).



Jude Marshall (Regional Queensland)

Service Manager at DV Resource Service Mackay and Region. Jude is also the secretary of the Queensland DV Services Network, on the steering group of the EVAWQ and on the advisory group of the Australian Women Against Violence Alliance.



Rodney Vlasis (VIC)

Manager at No To Violence (NTV), the Male Family Violence Prevention Association and the Victorian state-wide peak body working with men to end their violence against family members. Rodney is passionate about family & domestic violence perpetrator interventions and accountability processes and the social mobilisation of men towards challenging white male supremacy.

Broader community services sector responding to violence against women



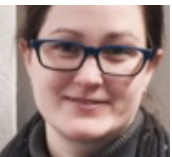
Paula Mance (ACT)

National Policy Manager at Relationships Australia. Relationships Australia has been delivering counselling, dispute resolution, children's services, relationship and professional education, and specialist services targeted at reducing family violence for more than 60 years. Prior to joining Relationships Australia, Paula worked for 20 years in senior research and policy roles in the Commonwealth public service.



Jodie Sloan (SA)

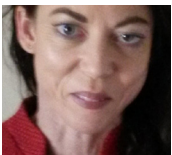
Program Manager/Deputy CEO at Victim Support Service South Australia. Jodie is responsible for overseeing the day-to-day coordination, quality and performance of core services for victims of crime throughout South Australia. She has 20 years' experience in the domestic violence and sexual assault fields.



Kylie Woodward (ACT)

Executive Officer to the Victims of Crime Commissioner (VoCC) for the ACT. A social worker with direct practice and policy experience, Kylie has a strong interest in promoting best practice in family violence responses, including law reform, in the ACT. Kylie enjoys working closely with frontline services to develop policy positions and collaborative activities.

Specialist women's health sector



Dr Alison Evans (WA)

Executive Officer of the Women's Community Health Network WA, the peak body for women's health and community services across Western Australia. Alison represents the Network on a number of roundtables, forums and leadership/working groups including the Family and Domestic Violence Community Sector Roundtable (Department of Child Protection & Family Support) and the Housing Advisory Roundtable (Department of Housing).



Rhonda Garad (VIC)

Health Promotion Manager at Women's Health in the South East (WHISE). Rhonda has a very strong interest in evidence translation practice having led a three year national translation and dissemination program in an area of women's reproductive health. She is also completing a PhD focused on the health literacy needs of CALD communities.

ANROWS Projects

Each edition, we examine several projects from the ANROWS Research Program 2014-16 to communicate the research endeavour and its intended outcome.

Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project

Immigrant and refugee women in Australia are known to face barriers accessing services aimed at preventing and responding to domestic and family violence. There is limited evidence available about the contexts, nature and dynamics of violence against immigrant and refugee women to inform development of responsive local and community-based interventions. In particular, little attention has been paid to the role of place – that is, to examining differences and similarities in the experiences of women who have resettled in Australian inner-city, outer-metropolitan, or regional settings; the local resources available to them; and the capacities of local communities to respond to violence.

This participatory research project will work with communities in eight geographic locations (two inner-city, three outer-suburban, and three regional) across Victoria and Tasmania, to generate evidence about immigrant and refugee women's experiences of violence. The project will engage communities through extensive consultation prior to data collection and by facilitating community members' participation in generating and analysing data. A mix of qualitative methods will be used to generate rich data about the family, cultural, structural and place-based contexts that shape the impact and dynamics of violence against immigrant and refugee women; women's help-seeking efforts; and participating communities' attitudes and responses to violence and its prevention.

This research project will use a community-based, participatory approach drawing upon a range of qualitative methods and the academic researchers will work with the team of trained bilingual and bicultural workers. The research team will hold consultations with local and state stakeholders, including representatives of service providers in violence prevention and response, and the immigrant and refugee services sector. Consultations will involve a mix of one-to-one discussions and group meetings and will aim to assess stakeholders':

- priorities, and perceptions of their communities' or constituencies' priorities, in relation to research in the broad field of violence against women;
- experiences of previous research conducted with local communities, including their perceptions of what worked well and what was not successful; and

- perspectives on research methodologies and approaches likely to be effective in engaging communities and generating rich data.

The project will also use Photovoice, a creative photographic methodology, to work with female and male leaders from participating cultural communities to document their perspectives on the need for, approaches to, and opportunities for, supporting community-led responses to violence against immigrant and refugee women. The results of the research will be communicated to communities, service providers and policy-makers through written, verbal and visual approaches.

This project will produce evidence on violence against immigrant and refugee women that encourages culturally-appropriate prevention methods and support interventions; and supports building local communities' awareness and capacity to respond to violence against immigrant and refugee women.

Principal chief investigator

Dr Cathy Vaughan, Lecturer, Gender and Women's Health Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne.

Chief investigators

Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health; Dr Regina Quiazon, Senior Research and Policy Advocate, Multicultural Centre for Women's Health; Dr Karen Block, Research Fellow, Melbourne School of Population and Global Health, University of Melbourne; Dr Deb Warr, Senior Research Fellow, Melbourne School of Population and Global Health, University of Melbourne; and Dr Linda Murray, Lecturer, School of Medicine, University of Tasmania.

Research partners / team members

Prof Anne Kavanagh, Director, Gender and Women's Health Unit, Melbourne School of Population and Global Health, University of Melbourne.

Approximate project length 2 years

Maximum budget \$350,488



Dr Cathy Vaughan (far left): Lecturer, Gender and Women's Health Unit, Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne.

Dr Adele Murdolo (near right): Executive Director, the Multicultural Centre for Women's Health.

sidebyside

Partners on the ANROWS Research Program project *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia*, Dr Cathy Vaughan from the University of Melbourne and Dr Adele Murdolo from the Multicultural Centre for Women's Health (MCWH), speak with us about how the project was conceived and why collaboration between researchers and service providers is so important.

What attracted you both to this project; how did it come about?

AM We were pleased that there was going to be a project on this topic because we both knew that there wasn't a lot of research in this area in the Australian context, and most of it is quite old or based on quantitative research. We felt that there were gaps in being able to draw a picture of what violence against migrant and refugee women actually looks like and what it means to women in their lives. Understanding that properly is a really important and central first step in developing meaningful programs. event such crimes from happening again.

CV We've worked together before on research around female genital cutting and our organisations have a history together. The centre here has an advisory group, and MCWH has sat on that advisory group for a long time. I suppose they

know who we are, we know who they are, and we've worked together before.

This project is one that screams for partnership. I thought it would be great to do together because this sort of research needs a really community-engaged, participatory approach. I know what an asset the bilingual health educators are, they're a service that's quite unique. To be able to offer women the opportunity to talk to researchers in their own language, with someone from their own culture, is really important. That was why I was keen to work with MCWH.

AM When you look at research on violence against women more generally, there's usually a reason why the researchers haven't been able to interview migrant women for their research. They weren't able to access them or even if they

did they only had English language surveys or English speaking interviewers. Our bilingual interviewers expand the scope of the project and allow us to reach women who haven't been reached before.

That's a real strength, and something our organisation does bring to the partnership; and the university brings that rigour and research expertise. It's a really fantastic relationship in that way, and we each bring those very important strengths.

CV It's about valuing those kinds of knowledge that MCWH has, and that researchers have, equally. I value practice knowledge and the knowledge that comes when you engage with people for a long period of time. I think we both respect where we're coming from, and that we both have something equally valuable to offer.

"It's a really fantastic relationship in that way, and we each bring those very important strengths."

Dr Adele Murdolo

How will the participatory methods be applied to this research?

CV [On a general level, for participatory research] we put in a proposal for what we plan to do, but the actual research will be shaped by consultations with the community, service providers and the relevant sector/s.

As Adele said, lots of research on violence against women has under-represented migrant and refugee women. Here we are looking specifically at migrant and refugee women, so we need to find out how communities will trust you and how they can engage with you. Lots of community leaders are men, so you can't just go to community leaders, you need to find out who the women trust. There are community leaders who are perpetrators of violence, for example.

How do you go about that?

CV We've started by consulting service providers, both domestic violence and settlement, migration and refugee type services. From there then you start to find out who the community organisations are.

Once we find out who they are, we can meet with people, and find out how they talk about relationships and families, and the strain that migration puts on family life. We can use that as a starting point.

AM Lots of support work has been going on since the 70's in migrant communities as well. We learn about the feminist movement and the refugees, but within communities, very strong and active women have also been supporting women experiencing domestic violence. As long as you know the right people, or find out the right people to speak to, you can find out that there has been lots of activity. And it has been done in ways that suit that particular community. That's really important information to have.

As a community organisation we've done lots of work with communities over the years already, so we're building on existing relationships. We're building this project by starting with some of the existing relationships that we've built over time.

CV The bilingual health educators, they're bilingual and bi-cultural, so they're members of communities themselves. The fact that they are part of our team, they're trusted by communities. They know the language that will open doors. If you start talking about certain types of violence as violence in the first breath, people might not understand it in the same way which could close down a conversation. But if you start by talking about pressures or strains on relationships then that's a way of opening a door to talking more openly.

Are there communities that you're particularly wanting to engage with?

CV We want to get a mix of well-established communities that migrated to Australia some time ago, and more newly arrived communities. Also a mix of women who are skilled migrants or here on spousal visas, and women who have come through the humanitarian program (migrants and refugees) as their issues are different.

We've taken a geographical approach. One reason we did that was informed by the female genital cutting research that we started in inner Melbourne. People raised concerns about the needs of communities in regional centres who had been resettled through the Immigrant Regional Resettlement Program in Victoria which had very few services. For established service providers, it was something that they'd never had to deal with before, and there was very little training around.

Another reason is that geography matters; where you live affects the kind of services you can access. We look at inner-metropolitan, outer-metropolitan and regional services in both states (Victoria and Tasmania); rather than a specific cultural community, and which communities are important in those sites. And there will be some overlap.

How do you think this project will help service providers? How do you hope the outcomes will influence policy and practice?

AM We develop policy and programs based on the knowledge that we have, or what we think we know about violence against women. That has been a limited knowledge to date because it hasn't included migrant women, Indigenous women and women with a disability among others. In a broad sense, I would hope that [this project] will expand the knowledge base upon which we develop our policies and programs, to ensure they are much more inclusive and reflective of the needs of the population.

CV We haven't started the data collection yet, but already the consultations with community members and service providers have raised structural factors that would be good for government to consider (e.g. the impact of immigration policy and visa status on the vulnerability to violence) as well as other issues like making sure all services have an adequate budget for interpreters.

I'd also like this project to encourage more thinking around how we define family violence. There tends to be a focus on intimate partner violence, for good reason. But for migrant and refugee women, where it might be multi-perpetrator violence, where you might have in-laws in the household and/or multiple generations living in one house. Or it might be siblings; brothers policing the behaviour of young women. It's still violence against that woman, but it's not captured in that definition of violence, or our policies and programs.

AM Another example is international students in housing. They're very vulnerable. In other work we've done we've heard of women being asked to exchange rent for sexual favours, and men who particularly seek out international students to come and live with them for sex. Technically it's a domestic setting, it's their home, but it's not a family setting. It's not on the radar.

CV It's a bit like people with a disability in residential care; it's their home, but it's not captured in many of our definitions around family or domestic violence, and intimate partner violence. In terms of policy that could be the difference between someone getting support or not.

How will Photovoice contribute?

CV *Photovoice* is a fairly well established participatory research method where you work with a group of people to depict their own lives/worlds through photography and then talk about those photographs. The photographs are presented with accompanying text based on discussion of those photographs.

I have used it a range of communities who might have difficulty articulating how they feel about something to a white middle-class researcher, whether that's young people or people with a disability, for example. Here we're hoping to use it not so much around depictions of family violence, because there are ethical issues, but how we might be able to engage with community leaders, women and men, to talk about their place.

The advocacy potential of visual methods is enormous. People don't always read text but they do look at photos, they engage with photos. If we're looking at contributing to community-led action, and cultural community-led action, which as Adele said is already happening, photography is a way of engaging people and getting support for that work.

How important is a strong partnership between researchers and community organisations to the work that you do?

AM As a community organisation we can't achieve alone what we can achieve as a partnership. Once the research is done, we will share that information with different sectors. For Cathy that will be promoting the research to an academic audience, and for us it will be speaking to our colleagues in the community sector on what that research might mean to them. So it's a way of widening the influence of your work. Both those elements are really important.

CV We couldn't do this sort of work in isolation either. If you come blundering into a community without understanding the context, sensitivities and politics of that place, you can make things considerably worse. So doing this work together is a much stronger approach to the research.

I'm keen for this research to be useful. I think a project like this can contribute to social theory and to the development of research methodology, but it should also make a difference for women.

AM Sometimes academic and community partnerships are based on funding being provided to the researcher, and the community organisation sitting on an advisory group or providing in-kind support. It creates a strain on the community organisation, they're not being funded to do it, so it can cause harm to the sector. Valuing the knowledge that comes from a community approach, and matching that with a funding allocation, is really important. It is ethical practice. And that's a special part of this partnership.

You're in the early stages of this project. Would you like to share any early observations on the project?

CV Many people have asked how we're going to get some of the communities to talk to us, that they're quite closed. But actually they're not, they have lots to say. While of course there are specific cultural practices and norms for certain groups, there's more commonality than difference. People talk about cultures in migrant and refugee communities being the problem, well surely the culture in Australia is the problem too. It's the culture around masculinity and power, so it's not that different. I think we understood that but it has definitely been confirmed.

People have been interested, supportive and engaged, from all sorts of sectors including the police and community organisations. It feels like people have been wanting this research.

AM I haven't been surprised by findings as yet, but it has been great to learn a bit more about the complexities of the

work and different approaches. People we have talked to in the same geographical location had different views about how to approach the issue in their community. Like every community there are different ways of approaching an issue, especially one that's as controversial and important as violence against women, so I knew we'd get diverging opinions. But it has been interesting to find out exactly what those opinions are, and thinking through how we're going to negotiate that.

CV And the differences between Victoria and Tasmania as well. The challenges in Australia where there is state based funding with an overlay from the Commonwealth can constrain people trying to work in communities. It can be confronting sometimes. Tasmania has a different approach to policing, for example, and how that specifically impacts on migrant and refugee women is something we want to learn more about.

AM Most of the migration in Tasmania is quite new, unlike in Victoria where there are established communities. Because it's so small and so new, most services are mainstream. There are very few specific services for migrant and refugee women.

CV The proportion of migration through the humanitarian program is also higher in Tasmania. You have people who might have access to some supports and benefits, but they've come because they are refugees. So they've had difficult experiences and they have brought difficult stuff to deal with into a context like Tasmania with very high unemployment and welfare dependency and real challenges. It will be interesting to see how that is reflected in research.

It has been great getting to know the University of Tasmania. There are some terrific service providers down there who are very passionate and work incredibly hard. The nice thing about this project is that we get to meet people who are doing difficult work on the smell of an oily rag. Or even less than that. You can't help but be inspired by them. ●

ANROWS Projects

Each edition, we examine several projects from the ANROWS Research Program 2014-16 to communicate the research endeavour and its intended outcome.

What does it take? Developing informed and effective tertiary responses to violence and abuse for women and girls with disabilities in Australia

This national project will identify models of good practice for responding to women and girls with disabilities who have experienced domestic violence or sexual assault. A national survey will be conducted to understand the extent to which existing mainstream and specialist services are effective and accessible. Based on the findings of the survey, three services that represent models of good practice will be identified and invited to participate in in-depth case-studies. To inform the case-studies, interviews or focus groups will be carried out with women and/or girls with disabilities who have used the services, as well as with service staff. A cross sector action group will also be formed at each site, which will include women with disabilities and service providers. The groups will collaborate with the researchers to understand the research findings and to develop guidelines and recommendations for new and improved practice.

This research will result in an in-depth understanding of current mainstream and specialist approaches to supporting women and girls with disabilities who have experienced violence or abuse. It will provide three models of good practice and guidelines for the provision of high quality, accessible services for this target group. The findings will

further inform the service sectors' understanding about violence against women and girls with disabilities and how to provide effective and accessible tertiary responses. This project will develop new knowledge and practice in tertiary responses to violence and abuse for women and girls with disabilities in Australia.

Principal chief investigator

Dr Patsie Frawley, Senior Lecturer/Senior Research Fellow, Deakin University.

Chief investigators

Associate Professor Sue Dyson, Principal Research Fellow, the Australian Research Centre in Sex, Health and Society, La Trobe University; and Dr Sally Robinson, Post-Doctoral Fellow, Centre for Children and Young People, Southern Cross University.

Research partners / team members

Keran Howe, Executive Director, Women with Disabilities Victoria and Centres Against Sexual Assault (CASA) Forum

Approximate project length 2 years

Maximum budget \$353,618



Source: unsplash/VolkanOlmez



Keran Howe (far left): Executive Director, Women with Disabilities Victoria.

Dr Patsie Frawley (near left): Senior Lecturer/Senior Research Fellow, Deakin University.

sidebyside

Partners on the ANROWS Research Program project *What does it take? Developing informed and effective tertiary responses to violence and abuse for women and girls with disabilities in Australia*, Dr Patsie Frawley and Keran Howe, speak with us about how their project was conceived and why collaboration between researchers and service providers is so important.

How did you come together to develop this partnership and how did this research project come about?

PF Keran and I have had a working relationship across a few different places and different roles but it was when Keran was the Chair of the Victorian Disability Advisory Council and I was the Executive Officer that we really got to work closely.

My research interest in disabilities has been around sexuality and relationships from at least the late 1990s. I did some work on sexual assault and women with intellectual disabilities for Family Planning Victoria. Leading on from that I did work around relationships and people with disabilities in a project called *Living Safer Sexual Lives*. So I've maintained an interest and involvement in that kind of research. Having Women with Disabilities Victoria (WDV) and Keran as head of the organisation has made connections across research and evaluation much more possible, through participation on advisory groups and in different projects.

KH I suppose I came to the issue of disability and gender from Women's Health where I worked for a long time. I had an interest in responses to violence in the health sector, and a concurrent interest in health issues for women with disabilities as a woman with a disability myself. So I welcomed the opportunity to be involved in developing WDV.

At WDV we did some initial research looking at family violence services, practice and policy, which was called *Building the Evidence*. It was focused on the Victorian family violence sector. More recently we've done research around voices against violence and looking at the nature of violence against women with disabilities in Victoria. So it's a natural progression to be looking at best practice within domestic violence and sexual assault services. It's important we make a practical application/tool for the violence response services to know how

to respond to women with disabilities, and what best practice means.

It was great to have the opportunity to partner with Patsie and now with Deakin University. We've partnered on other projects quite recently, regarding tools for women with disabilities; violence prevention; a peer education program that grew out of Patsie's work in peer education for women with disabilities; and we've had some shared involvement in the *Making Rights Reality* project which also brought in the South Eastern Centre Against Sexual Assault (SECASA). All of these projects brought us together.

PF The task never ends but it does change along the way and we've been pushing from our respective bases to achieve progress. *Building the Evidence* was a significant piece of work that really shone the light on what the issues were and *Voices against Violence* is

another important piece of work from WDV. People like me in research roles in universities, we really do tag along sometimes. My role is to try and pick up where we can do focused research that will support work done in places like WDV in policy, advocacy and research.

In a way this project came out of the *Making Rights Reality* project, which Keran was on the reference group for and I was evaluating, so they all kind of link in and add onto each other. There's always room for research, advocacy, support, guidance and I guess we tend to do them together.

KH Having Sally Robinson from Southern Cross University, Sue Dyson from the Australian Research Centre in Sex, Health & Society and the Centres Against Sexual Assault (CASA) Forum involved [in this project] gives it a broader focus, across Australia and on violence against women rather than just domestic violence or sexual assault.

PF The CASA Forum's role in the project comes from their most recent work on *Making Rights Reality*. Dagma, the representative from the SECASA on this project has been active in their work on gender and violence. So the sectors are coming together.

KH Dagmar was the Project Coordinator for the *Making Rights Reality* project, which is a very practical service response to women with cognitive disabilities and communicative disabilities who have experienced sexual assault. More recently Dagmar has worked in our violence prevention program which is a gender and disability workforce development program for disability services. We've been very keen to make sure we're building cross-sectoral relationships between family violence, sexual assault and disability services.

PF It is that cross sectoral work that has brought us together and keeps us together. The *Living Safer Sexual Lives: Respect-*

ful Relationships model is a cross-sectoral model. Where it runs, there is a cross-sectoral group that includes women with disabilities themselves and representatives from sexual assault, violence and abuse, and sexual health services, that support that program. That model is firmly established in the way that we approach how things are done.

Violence against women with disabilities isn't a disability issue, it is an issue for all of those sectors to consider and to do something about. I try to shape the methodology of the research that I do from that model and WDV have always put that approach at the centre of their work as well.

KH Yes we have. We're aware there has not been a strong awareness of gender in disability services. Abuse of people with disabilities in general is a significant issue and the compounding effect of gendered disadvantage has not been sufficiently considered. Similarly, traditional violence response services haven't been so aware of the needs of women with disabilities and picking up on how their services can better suit their needs.

While we aren't a service provider, we have strong relationships with service providers and with violence response services, women's services and disability services. This project will be really important for our advocacy and the application of best practice through our workforce development program and ongoing collaborative relationships. We can utilise this knowledge by referencing the research.

How will this project help both disability services and violence prevention services?

PF Because this project uses a participatory methodology, and because we are using the project to bring together those sectors anyway, it is my view that we won't be waiting until the outcomes of this project for that engagement to happen.

The work that I've done on *Living Safer Sexual Lives: Respectful Relationships* identifies that doing the research in that way means that on the way you have formed relationships and networks already. And those organisations are learning along the way and thinking about how to improve their work. So I'm hopeful that the question about how do we get people to listen and participate may also be answered as we go.

KH In terms of how we disseminate the findings and the tool (to be developed as part of this project), having a very strategic, targeted dissemination approach will make sure the relevant sectors all have access, not just the usual domestic and family violence services, and sexual assault services.

Are there any observations or surprises from the early stages of the project?

PF Yes, and they are always around the realities of doing a research project. We had a great meeting of the partners and the advisory group but it took some time to get everyone together. It's not a surprise but a reality that while partnership research is important it's a challenge because of the way our different sectors work. Everybody wants organisations like WDV, PWDA and the CASA forums on their advisory group, so it puts a lot of pressure on everybody to try and participate. So rather than push things through and not do them properly our approach has been to do it well, to make sure we're not rushing ahead and leaving people behind. If participation is a big part of this research, which it should be, and it is, then we have to take the time. It's a challenge, but it becomes a question of how work is prioritised and how we manage those timelines. We'll always manage them in a way that ensures the work is meaningful for those involved.

Another challenge has been that we were originally going to look at four sites to have those research networks developed in different states and territories.

In addition to support from ANROWS, what has been your approach to ensure services around the country have access to the findings of the research?

KH People with Disabilities Australia (PWDA) and Advocacy for Inclusion (ACT) are involved on the reference group so that's a key point of dissemination in the disability sector. We are also having discussions about working with Australian Women Against Violence Alliance (AWAVA) to utilise their networks in getting engagement across the country.

PF It's important to ensure we have national organisations on our advisory group, or at least engage with them, through PWDA and our link to the National Disability Advocacy Alliance, which links us into the National Ethnic Disability Alliance, First People's Disability Network, and Women with Disabilities Australia. It is a challenge for the project to have the national reach, but we have strategies. Funding is always the question when you're trying to do national work, especially when it's hands on like this one is.

How did you develop the participatory methodology and why did you choose three sites as a focus? What do you hope it will achieve?

PF The methodology uses an approach that has the best chance for participation by people to whom this research matters; that is women and girls with disabilities, advocates for women and girls with disabilities, service providers and the community. The methodology draws on the idea of "nothing about us, without us" advocacy and self-advocacy. It's within a participatory framework, which is often used in feminist and disability research. It all ties up to a question about what should be happening in research, of and about women with disabilities. My methodological stance is that it needs to be participatory and inclusive, but it needs to be done well.

We think that the question of the methodology is really important. Our team has made a decision to spend some time and focus on methodology that aims to be empowering and participatory, and to some extent capacity building within its approach. We think there is a real need to progress that knowledge, so we'll be seeking funding elsewhere to further that work.

KH It also relates strongly to the history of how disability services have been provided; which has been a charity model where organisations have been "doing to" rather than "working with" people with disabilities. This is where that "nothing about us, without us" mantra comes in. Historically it has been a very paternalistic sector, and people with disabilities are absolutely sensitive and attuned to having agency. Research needs to be an empowering process; it needs to draw on expertise and lived experience. I suppose this is where it aligns with feminist practice.

PF In terms of site numbers, we wanted to do four but in the end we are doing three. Research funds always dictate how much you can do. We all know about the tyranny of distance, and the cost of distance, so that's how we came to that.

You always start a project with great enthusiasm and aspiration for what it can achieve. My aim is to keep that going and to be practical about it in saying "well we do what we can do". So it will be three sites, but if we can do that in an in depth way where we ask questions about the methodology used as well, we will get a really deep understanding. Lots of other research has looked at questions of access, all important work. But as one of the advisory

"There's always room for research, advocacy, support, guidance and I guess we tend to do them together."

Dr Patsie Frawley

group members said, we've been looking for a long time and it's now time to do something. So that's going to be the mantra for me, to keep the "doing" in focus.

I think ANROWS is a really great organisation to help us do that because there's a real sense of optimism about what we can achieve. There's a commitment to getting the information out there, making it accessible, and ensuring it can be used as it's developed. All of that fits really well into our methodology and what we're trying to achieve. ●



Spotlight

From the margins to the centre: A researcher-practitioner's quest to find a best practice model for victims/survivors of violence

BY Alexandra Ridgway, a researcher-practitioner in the fields of violence against women and innovative justice. Alexandra has worked with family violence and community legal services to develop innovative, client-centred service models. She has a particular passion for working cross-culturally.

In this paper, Alexandra reflects on her journey as a researcher-practitioner and her experiences in developing a best practice, client-centred model for marginalised victims/survivors of violence. From research and development to implementation and ultimately reflection, Alexandra writes about the challenges that arose at different points in the process, and how lateral thinking helped her to move beyond them.

This paper focuses on the process of developing the model, rather than the model itself. Alexandra's paper, *Talking trauma: Analysing the relationship between lawyers' communication techniques and CALD victims/survivors' disengagement from the justice system* (winner of the ANZSOC Student Paper Prize, 2013) provides further detail about the model.

The knowledge-translation process is incredibly important but it is challenging.

This article covers my experience of traversing the researcher-practitioner divide as I helped to establish a client-centred service model. It is not intended to be a "how to" guide on developing client-centred models; service models are, after all, contextual.

Prologue: The beginning of a quest

It is 2005. I am volunteering as a paralegal in a community legal centre and working on several files. One is very small, only a page or two, but it is important. This file will begin my quest to find a best practice, client-centred model for victims/survivors of violence.

The file involves the case of a woman who lives in a public housing block and has had her front door broken by an ex-partner. It no longer locks. She fears his return and the broken door acts as a reminder of her lack of control over her safety. She has requested that the relevant housing authority fix the door but with no success. During the day neighbours help her guard the door. At night she is alone. She does not sleep.

She guards the door. The whole situation has left her feeling voiceless, exposed, vulnerable.

Within thirty minutes of us meeting I have written a letter, had it approved by one of the practising lawyers and sent it to the housing authority. Forty-eight hours later, the door is fixed. The lawyer's signature, it seems, has been powerful enough to spur the housing authority into action.

When we speak again she is overjoyed. With her security restored so too is her freedom. She asks if she can meet us to share her gratitude personally. The service response is, however, to accept her thanks over the phone and close the file.

At this moment I start to consider the importance of process. Where is the space for her to feel control if even a request to come back and thank us is denied? I want this woman to feel front and centre of her situation rather than on the outskirts looking in.

This experience helps to define my quest to identify best practice models for marginalised victims/survivors which are client-centred as opposed to service-centred. It develops my interest in exploring ways in which services can innovate their practices to bring women on the margins into the centre.

For over five years I carry this quest with me. Then, by pure coincidence, I had the opportunity to design and establish a multidisciplinary legal centre within a family violence service for CALD women. This is a group of women who are particularly marginalised and would greatly benefit from a client-centred, multidisciplinary model.

With the kernel of an idea and the support of a specialist service which is looking to innovate its practice, I start researching and implementing a first-of-its-kind model, where lawyers and social workers work side by side to collaboratively support CALD victims/survivors.

Discovery: Findings of a research exploration into client-centred service models

At the start of the research process, it feels like I am standing in a deep abyss, frantically shining my torchlight into the vast darkness. The difficulties that arise are surprising. The model we aim to create has some key characteristics and I use these to lead my search. I research models that are multidisciplinary, client-centred, and can be applied cross-culturally.

I struggle to find guidance in the Australian literature and so take my research further afield, specifically the United States and United Kingdom. It is unclear whether international research will translate easily into the Australian context, which is a concern. Even within the international research, the element of cross-cultural practice provides an additional layer of complexity which is mostly untouched by the research.

Deep in the midst of the research phase, I attend a presentation by a linguist on the use of communication styles within community legal settings. Socio-linguistics becomes a new path to follow on my research roadmap. It reveals the role of communication techniques to "centre" clients. I learn the

power of language, storytelling, self-expression, narrative. Bogoch's research on supporting the client's "life-world voice" and Trinch's critique of the "perfect victim" approach are both influential. The research process then leads me to the work of Marguiles, whose "access, connection and voice" model provides key principles which will underpin the development of the model.

I realise that research, particularly in areas of innovation, is not always about following an obvious, well-trodden path but side stepping and seeing how knowledge can be drawn across academic disciplines and fields. Research is also broader than reading published works; it involves connecting with great minds. Conversations with researchers help ideas form.

The research process has been illuminating but has not provided a cohesive model to trial. How I will develop the research into a model for piloting will be the next phase on my knowledge-translation journey.

Design and implementation: Joining the dots between research and practice

Without a comprehensive model to apply, I try to piece the research findings into a framework. At first the process of shaping an entire service through sporadic research findings is disconcerting. Evidence-based practice is essential and yet here I am, trying to find ways to "join the dots" and ensure that the linkages I create uphold a best practice standard.

In this particular case the research can only guide the process rather than direct it. To ensure the model is workable, I need to seek sector knowledge, both internally and from external experts. Consulting internally tests the model's practicability; drawing on the knowledge of external experts provides new perspectives.

The consultation process identifies the need to adapt the research to the practical context. Although the research recommends a true form of collaboration where information is shared across disciplines, the consultations reveal that this will not be possible. To protect the caseworkers from exposure to the legal system we have to establish an information wall between the casework and legal arms of the service. This prevents the model from working as collaboratively as it theoretically should, but it is a necessary amendment.

In implementing the model it becomes clear that a common understanding of how the model will operate needs to be established. It is challenging to speak across "sector languages" as well as trying to translate "academic language" into something that is real, practical and meaningful. Academic concepts of what client-centred practice involves do not always fit with understandings derived through practice. What is required is a common language but this can take time to evolve. As one method for establishing commonality, I use a whiteboard and draw a diagram of the process identifying the different aspects and perspectives. The visual allows us to find correlations between the different approaches.

The implementation phase is by far the most difficult. The

routine of ensuring research informs practice and practice informs research is all consuming. Occasionally I lose sight of the broader objectives. One of the case workers asks me, “When do you have tea with us anymore?” and I realise that I don’t. I am so focused on keeping the cogs in the wheel moving that I have let relationship-building slide, even though it is an essential component of successful collaboration. I re-set my focus.

The intensity of establishing a new service also occasionally distracts me from the overarching aim of developing a client-centred model. I find myself focusing on technicalities rather than the big picture. I realise that clients may be central within the service structure but they have been absent in the development process. I should have engaged with them during all stages – from research to implementation. The power of reflection and hindsight becomes the most powerful lesson of the journey.

Reflection: The power of hindsight

From this journey I have learned that knowledge translation in the area of client-centred practice takes courage, adaptability and a commitment to continual improvement. It also requires a dedication to ensuring the model remains client-centred, even when other pressures mount, and to prioritise relationship-

building. Most importantly, it requires self-awareness and reflection so that the model evolves and improves.

My quest has not yet concluded. The knowledge translation loop continues and the identification of a best practice, client-centred service model is an ongoing journey. But I have learned that a process driven by collaboration, adaptability and continual learning is far more important than trying to find the perfect, one-size-fits-all model. With each new experience as a researcher-practitioner, I add to my “knowledge translation toolkit”. In my toolkit I now carry courage, adaptability, methods for continual improvement and retaining focus. Tomorrow there will be new skills to add. ●

The next stage in Alexandra’s quest will involve undertaking her PhD at Hong Kong University where she will conduct a comparative analysis of family violence programs in Hong Kong and Australia. Her long term goal is to identify a best practice, multidisciplinary and client-centred model of response for cases of violence against women which has global application.

Additional reading

Bogoch, B. (1997). Gendered lawyering: Difference and dominance in lawyer client interaction. *Law and Society Review*, 31(4), 677-712.

A toolkit for knowledge translation

Courage

I realise now how pioneering the model was (and continues to be) and the courage required to establish it.

Any process of change tends to be challenged and courage is required to persevere. There are innovators and there are critics. Some critics provide valuable insights while others will view any experimental approach as flawed from the outset.

To innovate, we must have courage to try something new, learn from it, and improve it. Most important is the courage to start. Fear of failure results in inaction.

Adaptability

The research phase revealed that thinking laterally and exploring other research disciplines enhances understanding.

Implementing the model revealed the need to adapt theoretical concepts to fit particular contexts and realities.

Retaining focus

The benefit of hindsight helps me to realise that at certain points the focus shifted away from where it should be. Though the service model was designed to place the clients squarely in the picture, I had not created a space for them to engage in the program’s development.

The importance of maintaining relationships was also overlooked. I learned that it is vital to maintain sight of the bigger picture and not be distracted by the minutiae.

Continual improvement

I learn that no model should not remain static. Services need to grow and develop. There is only so much you can predict and unexpected outcomes should inform new approaches.

Elements which are ultimately unsuccessful should not be seen as failures but areas for improvement. They are all part of the experimental nature of innovation.

Further, research and practice should not be seen as two distinct parts but rather as a circular, interconnected process. Research informs the practice and then practice further informs the research and the loop continues. If the loop stops then the model fails to evolve and grow.



inHouse

Families Australia's Child Aware Approaches Conference

BY Jess Gregory, Communications and Media Officer, ANROWS.

Jess shares her experiences of the conference, including sessions relevant to reducing violence against women and their children, and broader insights on effective collaboration.

The value of collaborative partnerships came up many times at the Child Aware Approaches Conference. In their keynote address to conference attendees, Bernadine Mackenzie and Paul Nixon from Child Youth & Family New Zealand said new partnerships and stronger relationships between sectors were crucial in improving the lives of children and young people.

Partnerships at a strategic and practice level with Maori whanau, hapu and iwi, had been critical to improving the cultural responsiveness of services, and more broadly, in recognising the complex and diverse needs and risks to vulnerable children in New Zealand, they said.

Formal memoranda of understanding (MOUs) between government and non-government services encouraged long term relationships that have led to co-constructed research and evaluation; and the development of Indigenous and bi-cultural practice frameworks. Ultimately, Bernadine and Paul said, making connections and “listening in” are powerful tools that are often underused.

The panel at a session on “collaborating with effect” (which had an experienced policy consultant and child and family psychologist; a philanthropic funder; a project officer for the redesign of ACT centre models; and a centre manager in the ACT), agreed that a leadership-supportive culture is important for integrated services to thrive. Joe Hutchinson, manager at Tuggeranong Child and Family Centre, spoke about the Centre’s multi-pronged approach to addressing family violence, from prevention strategies (Dads and Children Playgroup), to response programs (on-site evening perpetrator intervention groups).

At a later session on “building stronger partnerships across sectors” Django Love from Our Watch spoke about their work with children and young people. She highlighted the intersections between the *National Plan to Reduce Violence against Women and their Children* and the *National Framework*

for *Protecting Australia’s Children* – particularly the need for collaborative prevention work to address the sexualisation of young people and encourage young people to critique rigid gender stereotypes.

Collaborations of art and therapy were explored in one of the conference’s most creative sessions. Deborah Lockwood from Relationships Australia introduced a session with Andrea Rieniets and Dr Andrea Lemon, who together run Cha Cha Sam and Kids Thrive; two organisations focused on child-led social change and bringing children and their communities closer together.

The session focused on a series of fun, trauma-informed songs developed to use in supporting children experiencing family violence. The facilitators identified three models for service provider/artist collaboration: delivery models (an artist does a one-off event using creative communication); tailored models (the event is tailored to the needs of the service provider organisation); and collaborative models (the service provider and artist identify a shared goal and define a specific process with particular outcomes).

On the first evening of the conference, Dr Aden Ridgeway delivered the 2015 Families Australia Oration, entitled “The power of high expectations”. He asked the audience to consider their own organisations’ accessibility to young Aboriginal and Torres Strait Islander people, and said that small steps of inclusion would make a difference. He emphasised the need for work led by Aboriginal and Torres Strait Islander communities, rather than “central, faraway decision makers”.

“We need to instil in our children a strong cultural core that drives their self-belief,” he said, “...we can’t change the past but we can create a shared and intertwined future”.

An inspiring way to end a conference filled with ideas for working across sectors, cultures and industries. ●





inFocus

ANROWS speaks to Christina Ryan from Advocacy for Inclusion about her work on violence against women with disabilities

Christina Ryan is the General Manager of Advocacy for Inclusion, which provides individual and systemic advocacy for people with disabilities. Christina undertakes human rights work nationally and internationally on women and disability issues. She advocates systemically on public housing issues, disability rights, and gender equity. Her particular passion is the gendered nature of disability and the relationship between the disability movement and the international women's rights movement.

You have an impressive record in the area of advocating on the elimination of violence against women with disabilities, what inspired you to work in this area?

I am not sure if I would use the word “inspired”; for me, my work in the area naturally happened. I grew up in the women's movement environment and in particular the women's refuge movement in Australia. I have always been a part of the women's movement and I am very proud to note that I have many aunties! As a woman, I was always aware of the nature and impact of violence against women and became an active feminist at seven years old.

When my disability arrived about 20 years ago, it was a natural progression for me to practice my feminism within the disability space. A feminist is who I am, it is what defines me on a day-to-day basis. From a professional perspective, one of the first organisations I was involved with in the disability space was Women with Disabilities Australia (WWDA) in the 1990s, who were based in Canberra at the time. WWDA were very supportive of me and it was here that I was able to gain a feminist perspective of disability as well as an understanding of responding to violence against women from a disability lens. When I moved onto working in mainstream community services peak bodies, I gained an understanding that responding to and preventing violence against women is not just about specialist feminist services but having a feminist perspective *on* and *within* mainstream services. We need the specialism but we also need the whole-of-community approach that mainstream services provide.

In your career you have worked in roles in community services and advocacy. Tell us more about these roles.

All of these roles have involved a lot of hard work! If you look at the advocacy and community services sectors, 87 percent of the workforce is women, many of whom identify as feminist. This suited me well as I found the gendered lens within the community services sector very nurturing. In moving to the disability sector, I realised that in spite of the strong leadership demonstrated by some high profile women advocates, the sector was and remains very male oriented. There is a real difficulty in getting the gendered perspective on disability to be heard by the disability sector and women disability advocates are still fighting for that.

I currently work as the general manager of *Advocacy for Inclusion*. We provide *independent individual, self and systemic advocacy for people with disabilities*. We work within a human rights framework and acknowledge the *United Nations Convention on the Rights of Persons with Disabilities*. We are also signed onto the *ACT Human Rights Act*. Gender equality is a strategic priority for my organisation as is the work we do on self-advocacy.

I am deeply passionate about self-advocacy. My organisation has a whole program of self-advocacy (our self-advocacy courses are open to people with disabilities living in and around Canberra and the group meets each week). We also utilise a gendered perspective on self-advocacy, actively working with women with disabilities for them to gain and practice the skills needed to have their important voices heard.

The key message of self-advocacy is this – everyone has the right to speak for themselves. It really is as simple as that. This is particularly important for women with disabilities to counter the assumption that we can't speak for ourselves. Many women with disabilities who are survivors of gender-based violence find themselves in situations where they are shut down or asked to put it behind them, to just move on. Here you get the combination of gender and disability coming together to impact very particularly on violence against women with disabilities and thus self-advocacy is one of the ways we can instil women with the confidence to speak up. Self-advocacy, particularly for women with disabilities who are survivors of gender-based violence, is central to their capacity to achieve self-determination.

What are some of the promising practices that bridge the gap between academia, policy and service provision on responding to and preventing violence against women with disabilities?

Up until *very* recently, the real front end of the fight was to recognise that violence against women with disabilities is a serious issue and that women with disabilities need to be in the room as the experts on the issue. There has been lots of policy, services and research developed on violence against women with disabilities and that is fantastic. However, we are now reaching a point where the women with disabilities movement expects that we must be in the room. The big challenge is that this must not be tokenistic; we must be co-participants and co-designers. This means a good 50 percent of all those who develop policy, research and service development must be people with a lived experience of disability. Being in the room is about leadership, being in the room is not about sticking up your hand but having your voice responded to. If you look at how the National Disability Insurance Scheme (NDIS) has been designed, put together and now implemented, you will notice that it has largely been by people without disabilities. We have had to fight tooth and nail to be in the room to be part of the construction of NDIS and it is frustrating that our exclusion happens at all levels of government and policy. Researchers and policy-makers need to trust the voice of those with disabilities; we must be taken seriously, we must rally against stereotypical assumptions that we are either too emotional or not credible. We are still fighting to make our voices heard every single day and constantly having to justify our expertise. Fortunately, on the issue of violence against women, women with disabilities are now making real, long lasting change, and ensuring that our voice is heard as trusted and credible.

“We are now reaching a point where the women with disabilities movement expects that we must be in the room.”

You represented Women with Disabilities Australia on the NGO Delegation to the UN's CEDAW session in July 2010. Tell us more about the experience.

Yes, I remember New York being very hot! I also remember that I found no visible presence of women with disabilities at the CEDAW session in New York. Having said that, it was very clear to me that being physically present in the room with the Australian NGO delegation made a big difference to the CEDAW committee's responses to the issues raised by our delegation. *You simply can't be ignored!* I asked questions to the committee and the delegation raised the question of forced sterilisation of women and girls with disabilities. Everything that we as a delegation raised was included in the committee's recommendations and concluding observations. It was highly successful that the CEDAW committee accepted the seriousness of our perspective.

One experience that is particularly memorable - there were two representatives from African countries on the CEDAW committee who were absolutely appalled that women and girls with disabilities were being forcibly sterilised in Australia. You could see that the African representatives really connected with the issue of forced sterilisation and joined the dots between forced sterilisation and female genital mutilation/cutting as intersecting forms of harmful practices. It was incredible to be part of this global coming together of advocates in feminist solidarity!

Can you talk about the specificity of violence against women with disabilities? What are the key issue for policy and practice?

There is a two-pronged challenge: we need to work with the specialist women's services sector to highlight the disability specific violence as well as the impact of disability on violence against women; and secondly, we need to work within the broader community to articulate the seriousness of the issue. We already know that gender based violence is poorly understood by the community. Unfortunately, concepts such as power and control and the continuum of violence that we as feminists understand do not translate well to the broader community.

Another key issue is that disability-specific violence against women is rampant in our culture and that is particularly challenging. As survivors of disability-specific violence, such women are still “otherised”, still hidden away and there is an incredible level of vilification against them. Intersections of the two types of gender based violence - violence against women with disabilities and disability specific violence against women - are quite profound, and women with disabilities can be preyed on because of this intersection. We know that women with a cognitive disability are a particular target with about 90 percent of such women experiencing sexual assault in residential settings. We also know that the sexual assault rate is higher for women with disabilities than other women.

I also think there is much work to be done to change community attitudes. People do not see women with disabilities as full human beings; if you are sitting in a chair, then, hey, obviously you are stupid! People are also unaware of research that shows injuries related to domestic violence and sexual assault can sometimes lead to a lifetime disability. We still have a broader Australian community that is struggling to deal with violence against women. When you add in disability, it becomes too much for most people to contemplate. Think about women with disabilities in residential care, when they speak up, they are met with utter disbelief. These broader community attitudes are not helping us to expose and respond to Australia’s shame and we must actively work to change them.

To an advocate, what do robust and responsive research, policy and practice environments on violence against women with disabilities look like?

Action, Action, Action! We need research that actually results in something being done, not just more understanding of the nature, prevalence, specificity, impact of the issue! We need research that produces specific measurable outcomes, no more general motherhood statements! We need research that addresses specific recommendations for policy and practice. We also need robust data which illustrates the level of sexual abuse of women with disabilities in residential care. I still think we need a royal commission into this, the issue really demands it.

The other thing we need is for research to harness the voices of women with disabilities. When women with disabilities have been heard within research, it has resulted in better ways for police to respond, more survivors to find the confidence to speak up, better pathways to safety, and specific safe places for women with disabilities (which continues to be a real struggle for the women’s refuge movement). We need research to conclusively prove what we as advocates and service providers know: that the issue of violence against women with disabilities is made doubly complex by the intersection of disability and gender.

“These broader community attitudes are not helping us to expose and respond to Australia’s shame and we must actively work to change them.”

We also have a problem when it comes to service responses - 70 percent of consumers of disability services are men, so women are only getting 30 percent of the services. This means that women with disabilities are not accessing systems and services built for them. The disability space has been built to support men and not women with disabilities (this includes types of accommodation and types of support). We need disability organisations to support women with disabilities in their ongoing struggle to raise the gender perspective.

To specialist women’s services I say - listen to your sisters with disabilities! I know that specialist women’s services are trying to engage with us as best as they can and I know that it can cost real dollars to include us in a fiscally ever shrinking environment, but the specialist women’s services sector must respond to our needs and continue to listen to our voice. However I do want to acknowledge that the bigger national discussion on violence against women that the specialist women’s services sector has ignited is making it easier for us to say what we need to say.

In terms of policy, we have governments who are not dismissive but they don’t seem to support joining up sectors with the disability sector. This is unlike the leadership they have shown with the specialist women’s services sector. In itself the disability sector is siloed, that used to happen historically in the women’s movement; in many ways the women’s movement has led the way in demonstrating what effective joined-up approaches and services look like. We need both governments and the male dominated disability sector to understand the value of coordinated approaches.

That being said, things are looking up. When the disability sector advocated for the national inquiry into violence, abuse and neglect against people with disability in institutional and residential settings, it was a huge win that the Senate said yes. It remains a huge win that the media are covering it. I can assure you that only a few years ago, such a demand would not have been well received at all. It has taken women with disabilities 20 years to be part of the conversations on policy, practice and research, the next step is reaching a point where our voices are responded to. ●

latestLiterature

Latest publications on understanding violence against women and their children. The ANROWS Research Database contains a comprehensive collection of resources.

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