

PX

PRACTICE EXCHANGE

2019 Portfolio



Sept. 2019

To my PX colleagues,

It has been truly inspiring and a great learning experience for me to meet with you all over the last six months. Thank you so much for your interest, your creative work, your excellent questions, your doubts and hesitations, and just for including me in your work.

The most important resource you possess is what you already have – what you already know, feel, think/believe, and do. I hope the ideas that we have discussed can add something and be useful to you in this important work and help to push our field as a whole in the direction of more socially just and dignified practice.

You have provided many examples of prudent, determined, and creative resistance from your work with your clients. Equally important, I believe, are your own forms of ever-present resistance to the blaming and pathologizing of victims and the privileging of those who commit violence. It's been a privilege to witness some of that resistance . . . and I know there is a great deal more.

The DVSM Insight Exchange Team have been fantastic colleagues to me and our team for the past two to three years now. It's really an unprecedented collaboration and an immense pleasure to work with people who are so dedicated to social justice for all and working skillfully on so many levels at once. Thank you so much. Your support and insights have really propelled the work forward, added important new dimensions, and given us hope.

It's not a bad beginning!

*In gratitude and solidarity,
Allan*

Dr Allan Wade
Centre for Response-Based Practice

Practice Exchange Portfolio

Practice Exchange is an Insight Exchange initiative www.insightexchange.net

Purpose of Practice Exchange

Practice Exchange is designed to be a supportive initiative for organisations to reflect on and develop their practice in responding to Domestic and Family Violence and related forms of adversity.

Practice Exchange explores these responses at a granular real-world real-work level – on the level of practice.

Practice Exchange provides a supported opportunity to review real-world scenarios, interview transcripts, case management notes, practice guidelines and policy frameworks from the perspective of response-based practice.

Designed and donated by DVSM

Practice Exchange has been designed, coordinated and documented by DVSM Insight Exchange Team. The masterclass sessions were delivered by Dr Linda Coates and Dr Allan Wade from the Centre for Response Based Practice, Canada. Dr Allan Wade has been the lead content expert in the monthly sessions.

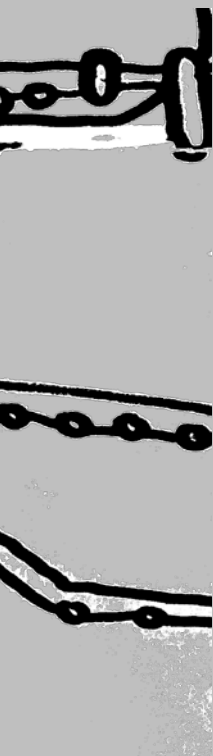
Practice Exchange 2019 has been donated by DVSM to the participating organisations for the benefit of the people and communities they support and for the broader community of learners who may draw from these learnings to improve responses to people experiencing violence and other adversities.

About Insight Exchange

Insight Exchange centres on the expertise of people with lived experiences of violence and gives voice to these experiences. Insight Exchange is designed to inform and strengthen social, service and systemic responses to Domestic and Family Violence.

Insight Exchange is an initiative of the Sightlines Professional Services team of Domestic Violence Service Management (DVSM) dvnsdsm.org.au, a registered charity, which aims to prevent and to provide support for people experiencing Domestic and Family Violence (DFV), homelessness and other safety and wellbeing needs.

Our work contributes to and relies on a broader social and systemic commitment to be more aware of, informed about, and active in preventing and reducing violence.



Contents:

This **Practice Exchange Portfolio** outlines the following:

- The core tenets of Response-Based Practice upon which the Practice Exchange initiative centres
- The design features of Practice Exchange
- The participating organisations/services in Practice Exchange 2019
- A zoom in on each team including:
 - ✓ Some of the insights and reflections from the participating organisations
 - ✓ How the learning looks when applied into practice scenarios
 - ✓ Some of the hopes and aspirations for further evolution of the work
- Insights and reflections from the Insight Exchange Team
- More information about these ideas and related resources on Insight Exchange.

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Underpinning Ideas

Practice Exchange centres on practice development informed by the ideas of the [Centre for Response Based Practice](#).

Core tenets of Response-Based Practice

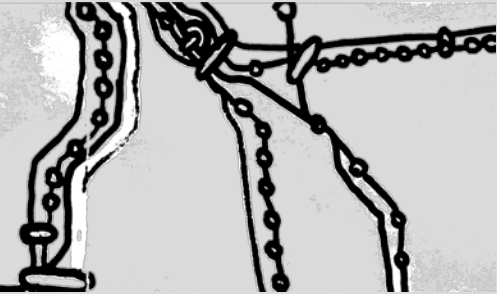
(Excerpt from [Foundations Guide](#) first edition copy)

INTERACTION

1	Humans are best understood as social actors: Individuals respond to one another continuously and orient to one another as social actors with the capacity to choose and respond.
2	Dignity is central to individual and collective well-being: Social interaction is organized largely around dignity. Even small affronts can be met with intense responses. Violence is an affront to dignity, but not all affronts to dignity entail violence.
3	Violence is social and unilateral: Violence is <i>social</i> in that it is committed in specific interactions that involve at least two people. Violence is <i>unilateral</i> in that it entails actions by one person or group against the will and well-being of another person or group
4	Violence is, with rare exceptions, deliberate: Perpetrators anticipate and work to suppress victims' resistance. Even so-called "explosive" or "out of control" acts of violence involve deliberate action.
5	Resistance is ever-present: Individuals respond to and resist violence and other forms of injustice. Resistance can be open and direct or subtle and disguised depending on the situation.
6	Social responses are crucial: Victims and offenders are constantly mindful of actual and possible social network and institutional responses. The quality of social responses in cases of violence is closely tied to victim responses, offender strategies, and outcomes in the short and long term.
7	Details of social interaction in context: "A sense of the unique, specific and concrete circumstances of any situation is the first indispensable step to solving the problems posed by that situation" (David Trimble, 1998). Close analysis of social interaction in social-material context is the essential starting point for effective intervention.

LANGUAGE

8	Fitting Words to Deeds: There are no neutral descriptions. Where there is violence, the question of "which words are fitted to which deeds" is crucial (Danet, 1980, p. 189).
9	Misrepresentation: Verbal deception is central to most forms of violence. This can be <i>strategic</i> (e.g., perpetrators obscure their actions), <i>tactical</i> (e.g., victims conceal their resistance), <i>inadvertent</i> (e.g., professionals use misleading terms), or <i>systemic</i> (e.g., authorities promote ongoing distortions).
10	Four Operations of Language: Language can be used to (a) conceal or reveal violence, (b) obscure or clarify perpetrator responsibility, (c) conceal or elucidate victim responses and resistance, (d) blame and pathologize, or contest the blaming and pathologizing of victims.



Design Features

Participation in Practice Exchange is by invitation using an expression of interest process.

Offer of acceptance required management support and commitment to terms and conditions.

Participation occurred within an 8 month period to allow a spacing for learning and reflection.

Participation involved:

- Exploring the ideas and writing a reflection paper to build participation readiness
- Immersive opportunity to learn about and reflect on the ideas of response-based practice through a **two day in-person masterclass** with Dr Linda Coates and Dr Allan Wade from the Centre for Response-Based Practice.
- Team participation in a **monthly 2hr session, every month for 6 months** with Dr Allan Wade and fellow PX team participants within the same organisation. Each session was supported and documented by the Insight Exchange team.
- **Individual participants were asked to complete reflection surveys each month between sessions** to share learning and insights since the last session and to shape the conversation for the following session. Survey responses (and any related documents) were sent to Dr Allan Wade five days in advance for preparation toward the next session.
- Each team had a nominated contact person from the outset who coordinated team communication and the completion of the final team reflection summary.

Excerpt of the Reflection Survey for individual participants between Practice Exchange sessions:

- My greatest reflection since the last session:
- An example of resistance to violence that I have noticed since our last session is:
- Something I have thought more about since the last session and/or tried in practice is:
- Something I am keen to raise and talk about in the next session is:

Outline of the 2019 Practice Exchange schedule

Set up of terms and commitment	Expression of Interest by the organisation and a named contact person	
	Notice and acceptance of offer	
	Agreement to Terms and Conditions	
Selection of and early engagement of participants	Selection of participants (8-12) by the participating organisation	
	Selected participants commence browsing the Insight Exchange platform and write up and submit a 1-2 page reflections paper	
Immersive Learning	Day 1 of 2 Masterclass with Dr Linda Coates and Dr Allan Wade Practice Exchange participants and other delegates from diverse sectors	
	Day 2 of 2 Masterclass with Dr Linda Coates and Dr Allan Wade Practice Exchange participants only	
Session 1	Reflections Survey since the Masterclass	Participation in 2hr session with Dr Allan Wade shaped by reflections from masterclass, questions arising and practice experiences
Session 2		
Session 3		
Session 4	<p>Reflections Survey since the last session. Surveys start to ask about what resistance to violence practitioners are noticing in the work.</p> <p>Participants are asked if they would be interested in a PX Event to share learning at the close of the program.</p>	Participation in 2hr session with Dr Allan Wade shaped by reflections since the last session, questions arising and practice experiences. Commence development of practice scenarios.
Session 5	<p>Reflections Survey since the last session. Questions about examples of noticing resistance to violence remain the survey.</p> <p>Participants are asked which sectors they would like to invite to the PX event if it is confirmed.</p>	Participation in 2hr session with Dr Allan Wade shaped by reflections since the last session, questions arising and practice experiences. Continue development and refinement of practice scenarios
Session 6	Reflections Survey since the last session	Participation in 2hr session with Dr Allan Wade including completion of practice scenarios and closing insights from individuals
Final Submission	Final Scenarios and Team Reflection	

Participating Organisations

2019 Practice Exchange Teams are based in NSW Australia and self-selected to participate in the initiative.

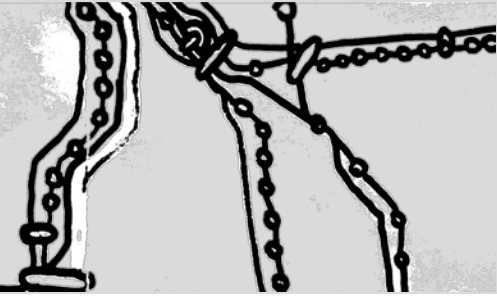
Participating services/organisations were:

- Liberty Domestic and Family Violence Service
- Rosie's Place
- South East Sydney Local Health District
- Women's Health NSW
- Penrith Women's Health Centre

The following table provides context to the size and reach of the organisation/service at the time of submitting an expression of interest.

	1	2	3	4	5
	Liberty Domestic Violence Specialist Services	Rosie's Place	South East Sydney Local Health District	Women's Health NSW	Penrith Women's Health Centre
Are you a for profit organisation?	No	No	No	No	No
Area	Regional NSW Port Macquarie Hastings	Western Sydney (NSW)	South East Sydney District (NSW)	NSW	Western Sydney (NSW)
Please clarify your scale/reach:	16 employees	10 employees	10,000+ employees	290 employees	34 employees
Approximate number of people supported per annum	730 clients	160 families	330,373 presentations to district services	12,000 Clients	4,927 clients

Participant teams consisted of 8-12 participants per organisation/service. One of the five teams experienced high attrition however a small group of 3-4 participants persisted and completed the program in full.



Liberty DFV Specialist Services

About Us

www.libertyservices.org.au

Who we are

Liberty Domestic and Family Violence Specialist Services provides [specialist support](#) and [housing services](#) to women and families affected by domestic and family violence and homelessness in the Port Macquarie Hastings region.

The organisation was formed in 1980 as the Hastings Women and Children's Refuge Inc. and has since evolved and expanded to provide a wide range of services to those in need of domestic violence and homelessness support.

What we do

Our specialist support team help families through all stages of their journey towards safety. From helping a woman in the peak of crisis secure a safe place to stay, through to supporting her as she navigates the various services available.

We also work towards eliminating domestic and family violence by providing prevention and [education programs](#) in the local community and running [men's behaviour change programs](#).

At Liberty we take a whole-of-family and whole-of-community approach - while remaining focused on our central goal of keeping women and children safe.

As an organisation

What would be your organisation's greatest hopes from participating?

Through our participation in Practice Exchange, we hope to implement best practice responses and achieve improved outcomes for our clients. This ultimate benefit aligns with our vision - a safe community where women and children are empowered to achieve their potential.

Through the practical learnings provided by Practice Exchange we hope to strengthen our responses to violence, as individual support workers and as an organisation, which would assist us in our mission: To lead a community and whole-of-family response to eliminate domestic and family violence and homelessness.

By exchanging information, experiences and practices with other individuals and organisations, we hope to improve our understanding of the lived experiences of violence and the role we play as social responders in women's resistance and recovery.

This greater understanding will lead to improved quality case management that enables us to better respond to each individual client's needs with a focus on the safety of victims.

Participation in the program will help address the isolation we experience as a regional organisation, and enable us to tap into the most recent, best practice responses to benefit our local community and the broader region through our partnerships.

Sharing contextual learnings will enable us to view individual cases with a greater understanding through multiple lenses, providing a better experience for our clients. Through an increased focus on the language of victims, how we interpret that language and how we use that language in our everyday practices, we can provide improved outcomes.

For our team members, this opportunity would provide enriched professional development and engagement in their work. By working together through this program, we hope to achieve strengthened teamwork and invigorated skillset in our workforce.

This is especially important for our organisation, as we increasingly work with both victims and perpetrators. As an organisation that provides men's behaviour change programs, it is crucial that we maintain our sound understanding and high-quality practices working with women and children, as these remain the key focus of our work with perpetrators.

Participation will support our team members to have the courage to ask the right questions of a client and to be led by the woman's responses, while respecting her dignity, values and personal assessment of safety.

The benefits of Practice Exchange would extend beyond the individual participants and flow across our workforce, as participants will share their learnings during our regular whole team training sessions.

We would integrate the language and learnings from the program across our service streams to provide the best support to empower women in their journey through initial intake and domestic violence support – whether through crisis accommodation, transitional housing, support groups or outreach support.

The key learnings will also be shared with the leadership team and board of management, to be integrated at a strategic level and in policies and procedures, ensuring the benefits continue to influence our practice over the long term.

In this way, the learnings achieved through participation in Practice Exchange will benefit our whole organisation, as we move towards a more client-focused and outcomes-based approach

As an individual

My greatest hope from being an individual participant in the Practice Exchange initiative is:

- Exchanging ideas, critical thinking opportunities, reflection - gaining new skills/practice when supporting clients
- Professional development, sharing and learning from others
- To gain knowledge and skills to assist me in becoming a better support for our clients
- To be part of the creation of a landscape of effective service systems for families impacted by domestic and family violence
- Gaining deeper knowledge, understanding and skills meet the needs and demands of clients.
- The opportunity to learn new insights and knowledge to inform more effective practice with clients
- Learning and growing both as an individual and as a team member and manager.
- To grow as a worker.
- Opportunity to be exposed to a diverse group of participants with varying work policy and practice, to strengthen my own case management skills

Practice Scenario

The following two scenarios A and B were developed within the Insight Exchange initiative Practice Exchange for the purpose of shared learning and practice development across sectors.

The Practice Exchange participants from **Liberty DFV Specialist Services** developed **Scenario A**. Scenario A reflects an example of practice that may have been in place prior to engaging with the ideas of Response-Based Practice through Practice Exchange.

The Practice Exchange participants from **Liberty DFV Specialist Services, with the support of Dr Allan Wade from Centre for Response-Based Practice**, developed **Scenario B**. Scenario B reflects how the ideas of response-based practice might apply and be used in the same scenario.

Under each scenario there are reflective questions for the reader.

Note: Scenarios A and B reflect a fusion of real-world real-work conversations that give a practical example for sharing insight and learning. The scenarios are not based on any one individual practitioner or person experiencing violence and adversity.

Liberty DFV Specialist Services

Context: A young woman with children is in a violent relationship. She has self-referred and is still living with her husband. This is her first face to face appointment with a staff member at Liberty.

KEY: D: Dallal (Practitioner) | S: Sarah (person seeking support)

D: Hi, I'm Dallal. I really appreciate you meeting with me today Sarah.

S: *(Sarah nods)*

D: What made you come here today?

S: *The violence is getting worse.*

D: Violence by whom?

S: *By my husband.*

D: So the violence is getting worse?

S: *Yeah he really hurt me this last time and he's angry all of the time these days.*

D: Do you want to tell me what happened? You only have to tell me what you feel comfortable to share.

S: *Sarah recounts her story.*

D: Is there an ADVO?

S: *Yes. I'm really scared though. This is the first time I've called anyone and I'll be in so much trouble if he finds out.*

D: You've been through so much. Our goal today is to help you with a safety plan and support you with the things you feel you need.

S: *Ok.*

D: Do you have kids together?

S: *We have 3 (12 boy, 8 girl, 2 girl).*

D: Oh wow, you have a little one! You must be tired!

S: *Yep*

D: So what's your plan right now. Do you feel safe to go home? Is he excluded from the house in the ADVO?

S: He's not allowed to come home, I think he's staying at a mate's. I want to go home but mum and dad think it's too dangerous. They've never liked Mike and they've kind of got the shits with me about it all. The kids are really upset, especially Jonny our oldest. I might need the locks changed or something. I just don't know if he'll try and come over. He was so mad at me when the Police came.

D: We could look at getting a safety audit of your house if you like?

S: That'd be good, thanks. I don't know what I'm going to do. I don't know why I didn't cook dinner on time the other night. It always upsets him if dinner is late, but the kids swimming lessons went late and then a friend wanted to talk with me after their lesson. I should have made sure I was home on time and none of this would have happened.

D: Does your husband usually go off if you don't make sure things are done at the right times?

S: He didn't always but yeah, all the time now if things aren't exactly how he wants them then he starts yelling and throwing things and then...Jonny usually takes the little ones to his room.

D: I'm sorry, that must be scary for you all. You're doing the best you can Sarah in awful circumstances.

S: (Sarah nods)

D: Ok, so what else can we support you with for you to feel safer?

.....

D: Thanks for sharing so much with me today, I can imagine it was a big step for you. Has this conversation been in any way useful to you, even in just a small way?

S: Yeah, extremely. Hopefully everything will be ok.

D: I hope so. So, I'll do XYZ as agreed and I'll see you again next week?

S: See you then.

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

- 1. What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
- 2. And how does the person respond to the direction proposed by the interviewer?*

Liberty DFV Specialist Services

Context: A young woman with children is in a violent relationship. She has self-referred and is still living with her husband. This is her first face to face appointment with a staff member at Liberty.

KEY: D: Dallal (Practitioner) | S: Sarah (person seeking support)

D: Hi, I'm Dallal, I really appreciate you meeting with me today Sarah.

S: *(Sarah nods)*

D: What made you come here today?

S: *The violence is getting worse.*

D: Violence by whom?

S: *By my husband.*

D: So the violence is getting worse?

S: *Yeah he really hurt me this last time and he's angry all of the time these days.*

D: How long have you been together?

S: *12 years*

D: How old are you now?

S: *32*

D: You were young when you got together.

S: *Yeah, he was my first boyfriend.*

D: Who had the crush first?

S: *He did.*

D: You sure about that? (gently joking)

S: *Yeah, I thought he was pretty sexy, but he made the first move.*

D: So you sort of played it cool then.

S: *I suppose so. He asked me out to a party and my friends said I should come along.*

D: Your friends' kind of encouraged you to go out with him then?

S: *Yeah but they said he was a bit of a player.*

D: A player, right, I've heard of that. What does that mean?

S: *It means he is seeing more than one woman. But I went to the party anyway. I wasn't that popular so it was a big thing.*

D: You weren't popular? (sounds surprised) Sometimes getting together with a more popular person can make you more popular.

S: *Yeh that's what happened.*

D: So in a way your friends were looking out for you?

S: *Yeah, but I lost them when we got together because I was spending so much time with him.*

D: So, did he tell you when you got together that it would be ok for a while and then he would get violent with you?

S: *No, but I wish he would have and then I wouldn't be here now!*

D: (Gently jokes) So, apparently you're not that happy about being treated badly.

S: *No, I would have been scared if he told me that. There's no way I would've kept going out with him. (pauses – reflective) Yeah, I would have been scared.*

D: So he didn't tell you that was part of the plan?

S: *No he was so great.*

D: It sounds like you fell for a sweetheart, a popular, sexy guy who made you feel good about yourself. Do you have kids together?

S: *We have 3 (12 boy, 8 girl, 2 girl).*

D: Oh wow, you have a little one! You must be tired!

S: *Yep*

D: What kind of things are you doing for work? You and Mike, are you both working?

S: I'm at home with the kids and Mike is a mechanic in town.

D: If you were working what would you like to do?

S: I would have loved to be a pre-school teacher and work with little kids.

D: Are you still interested in doing that?

S: I don't think that's going to happen. I can't even do my hair properly.

D: Well it sounds like you've got your own pre-school going on at home already.

S: Yeah.

D: What was the first thing that happened with Mike where you thought 'oh this is really not right'? When was the first time you felt unsafe with Mike?

S: We were driving in the car and I told him I was pregnant with our first. He flipped out and started speeding. It was scary!

D: If I was in the car, what would I have noticed?

S: I was scared and I was yelling at him to slow down and to stop. He kept going faster.

D: So I would have heard you yelling at him and you would have looked afraid. And what did he do when you yelled at him to stop?

S: He just kept driving for about another 5 minutes and then he slammed on the brakes and told me to get out.

D: In what kind of way did he ask you to get out of the car?

S: He just said, 'get the fuck out of my car'.

D: And what did you do?

S: I got out of the car. We were out in the dark, in the countryside, and there was no one about.

D: So he basically dumped you in the middle of nowhere? What did you do?

S: Well I called him to come back and pick me up. He did and apologised.

D: So is that the first thing he did that was unsafe and dangerous to you? Is it fair that I talk about him like that?

S: Yes, I actually didn't like him in that moment. (pause). I thought about how I shouldn't have told him in the car.

D: Did you have any reason to think that he would respond like that?

S: No, I thought he would be happy.

D: If you thought he was going to be happy, then telling him in the car makes sense. And the first time you asked him to stop and the more you resisted, the more he overpowered you.

.....

D: Can you describe what it was like before this happened?

S: He was great, he would do everything for me, he managed the money, did the shopping. He was really helpful and loving and would do everything for me.

D: Did you like it when things were like that?

S: I appreciated the help, yeah. It was nice when he was happy. Now he gets angry at me all the time because I don't do those things by myself. I don't actually know how. I feel pretty useless.

D: And you were telling me about how you were trying to stop him from being dangerous and aggressive and that the more you try to get him to stop the harder he goes, the faster he drives.

S: Yeah he seems to get so angry and out of control. I keep the kids quiet, I keep things ok, because if I don't, he's really angry. Maybe I just need to just stop talking.

D: You've told me that ever since that first time in the car, you try to stop him but when you do, he gets worse. Do I have that right?

S: Yes, nothing I try works really.

D: So the real problem here is that you don't know how to give up. If only you would learn to be quiet and not protect your kids, then everything would be fine. If I understand what you've told me, you have been fighting for a life of safety and dignity for yourself and kids and to stop this violence, even before the first baby. Is that correct?

S: I guess so...

D: So, does that have anything to do with why you have come in today?

S: Yes, that's why I've come here, but I didn't really know it at the time. People have been blaming me for so long. And now you've made me feel like it's not my fault and I have been keeping my baby safe and I did do something.

D: Ok, so the plan today is to help you achieve that life of safety and dignity for you and the kids. Is that right?

S: (Sarah nods)

S: My family and parents but then they were always at me about Mike and now they don't want anything to do with me.

D: What is your 12-year old's name?

S: Jonny

D: How does Jonny respond when he sees Mike is getting worked up?

S: He takes all the kids to the back yard.

D: Wow...

S: He takes them further when it gets louder.

D: Wow, ok.

S: He sometimes takes them to the park.

D: So he is not only trying to resist and respond to the violence but to protect his siblings?

S: Yeah but how sad is it that he's never been able to just be a kid? He's always protecting me and his sisters.

D: Yes, if Mike continues to be violent this leaves you and your kids with a lot of responsibility. Does anyone know about this at school?

.....

D: Thanks for sharing so much with me today, I can imagine it was a big step for you. Has this conversation been in any way useful to you, even in just a small way?

S: Yeah, extremely. I can tell you I'm bloody well walking out a different woman. I've realised that I'm doing something even though I thought it was nothing. I'm going to feel really good about this.

D: Is it safe enough for you to feel good.

S: Let's be honest I can't go home cocky.

D: Yeah, you'll have to be careful with that at. I'm hoping we can meet again?

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

- 1. What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
- 2. And how does the person respond to the direction proposed by the interviewer?*

Observations – Liberty Scenarios

by Dr Allan Wade | Centre for Response-Based Practice

The mandate at Liberty is engaging women in a supportive relationship, assessing safety and risk, and supporting women to find housing and the right services. The focus is practical support more than “counselling” or “therapy”. Still, every conversation influences what information is disclosed and what it means. And every conversation can be immensely helpful or harmful. Scenario A is a fairly standard intake and safety planning interview. Some important information from a response-based perspective is omitted.

In Scenario B, the worker first establishes that there is increasing violence by the woman’s husband and then uses simple questions to obtain more information about how the relationship developed. This allows the worker to show interest in Sarah’s experience over time and reveals more information about the pattern of violence. This is important for two reasons. First, it shows that Mike is capable of respectful behaviour and was deliberate in his use of aggression. Second, it shows that Sarah did not choose an abusive partner – something many women are accused of doing – but instead chose a partner who was at first helpful and non-violent, a “sweetheart” in fact.

The worker then asks Sarah about the first thing Mike did that had her feeling unsafe. This allows Sarah to describe an important instance in detail. By focusing on the interactional details, when Mike forced Sarah out of the car in a remote location, the worker is able to highlight how Sarah resisted and made good decisions, even if she could not stop Mike.

The worker then offers an ironical and gently humorous statement, “So the real problem here is that you don’t know how to give up. If only you would learn to be quiet and not protect your kids, then everything would be fine”. This “sends up” the idea that Sarah has been too passive and needs to become more assertive while it emphasizes her ever-present resistance. The next statement – “If I understand what you’ve told me, you have been fighting for a life of safety and dignity for yourself and kids and to stop this violence, even before the first baby. Is that correct?” - is the logical extension of Sarah’s own account.

This frame undercuts the negative messages Sarah has been receiving and, in doing so, creates space for Sarah to talk about how she has been blamed and isolated by family. That Sarah is isolated from her family is important information for any safety plan. It helps to reveal the wisdom of Sarah’s cautious and indirect resistance of Mike’s violence. With no family to turn to for help, and children to protect, Sarah could not risk a direct confrontation with Mike.

The worker is then able to learn that Jonny has been trying to protect his siblings. Mothers are often blamed when children respond in this manner. Jonny might be seen as a “parentified” child or reduced to a pattern of effects or impacts. By acknowledging Jonny’s resistance in an appreciative manner, the worker is able to reflect to Sarah that both she and Jonny are doing what they can for the younger children. This highlights an important strength and common sense of purpose in the parent-child relationship.

Having come to the interview after years of violence by Mike, with fear of greater violence from Mike, and with the weight of blame from family on her shoulders, Sarah responds positively to knowing from her own accounts that she has been “doing something”, in fact, a great deal.

On Reflection

TEAM REFLECTION

What (if any) has been the overall value of PX for the people participating in PX?

The overall value has been in the professional development of all staff who have participated. The professional development in the individual team members is noticeable and this has improved engagement with clients and a sense that the service is investing in their professional practice and goals.

There has been a shift in the way we can now identify resistance and see growth within the woman we support as she walks along her path and as her confidence becomes stronger. The experience and learning through Practice Exchange gives us as staff the confidence and skillset to help women have a better understanding of what has happened for them. There has been noticeable increases in staff job satisfaction.

It's been a wonderful experience to be part of leading research and approaches that enable us to effect real change in this space both from a primary prevention and direct client support perspective.

What (if any) has been the overall value of PX for your service/organisation?

We had some staff turnover during the 6 months and the new team members entering our workplace have also been able to learn and embed response-based practice, evidence that the PX learnings are embedded in our service. This means that the PX experience will have a long-lasting impact on our service by providing a shared language and understanding to complement our existing approaches.

This will, and already has, improved outcomes for women and children, to help keep them safe and to give them the support and tools to flourish.

It's provided best practice approaches for cold calls with both men and women to increase engagement and therefore outcomes.

It's also helped us balance our work in the men's behaviour change space within a feminist organisation e.g. link his behaviour/choices with her resistance has helped bring the two parts of our service together, and how as a service we can effectively and safely work with the whole family.

Who benefits?

What (if any) has been the overall value (so far) of PX for people who access your service?

The overall value of learning a new language in our approach with women, children and men that locates responsibility with the man for using violence and provides a healing and empowering experience for the women that we support.

Recognising women's resistance has enhanced our work by deepening our connection with them and is well aligned with our practice of letting the woman lead her plan. It's been a useful tool to support holistic conversations around wellbeing and case planning with women, beyond safety planning, which is far more meaningful for all. Improvements in areas like mental health – depression and anxiety. Dissolves shame and guilt and gives a clearer mindset to address their individual needs and what supports are available to meet them. We have been able to use this language in our Men's Behaviour Change group and it has been powerful in supporting the goals of the program which are to change men's behaviour by holding them accountable for their choices to use violence.

What (if any) has been the overall value of PX for other organisations/services you work with?

We have been able to softly educate services we work with by using the PX language in our round tables, committee meetings and education sessions. We have also been able to continue to advocate for women and children with other organisations. To be honest, it's difficult to measure how it has added value to others beyond a possible shift in how we understand women and children's responses to violence.

What else?

What (if anything) have you noticed from PX participation that is unexpected or surprising? Or something distinct?

How it works so well in contexts of group work, men's behaviour change, case management and community education and awareness. The language and approach just makes so much sense that it's surprising it isn't just how things are done. Whilst the language change is subtle at times, it has a powerful impact. It is the power of the adjusted lens that creates the space for considered and empowered responses from the women we work with.

Looking ahead

VALUE OF PX FOR OTHERS?

Would you see value in PX being offered to other services?

Yes, response-based theory is humanising, healing and empowering. It provides the framework that supports organisational goals of eradicating domestic and family violence and improving the outcomes for those experiencing violence. PX is a way of creating a change of perspective in the unfortunate social thinking in regards to victim-blaming.


If you could offer PX participation to a particular sector or role/profession what would that be and why?

- Police – govt/fixed mindset but largely first responders.
- Counsellors/Psychologists – informs therapeutic approaches.
- Real estates – understanding of women's experience and the different challenges they face as homelessness is one of the huge areas.
- Rep from school – to help them understand the barriers to kids attending school or behaviour that stems from resistance/supporting their mothers.
- Health – again are often first responders.

IMPROVEMENTS TO PX?

What, if anything would you seek to change in the design of PX if it were provided to others?

At times, the monthly calls were a challenge as only a few staff members were engaged and trying the ideas in their work. We relied on a select few to really carry those conversations and often once the ball was rolling, others would add their ideas and comments. Perhaps a topic or theme for each session would be useful to guide conversation? I'm thinking you might pick up key elements of the PX ideas and start a discussion from this, and then allow time for feedback and workshopping of real life experiences in putting the ideas into practice.

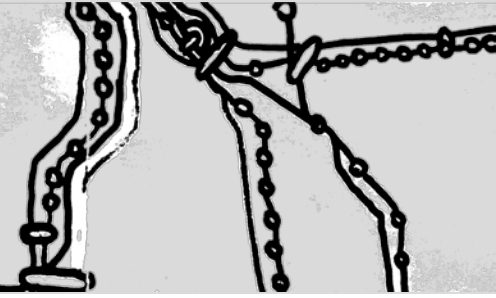


Looking ahead, what are some of the hopes and aspirations for further evolution of the work?

INDIVIDUAL REFLECTIONS

- The change is what I have seen for myself and the team, coming into this the most important thing was to place the women and children at the centre of all that we do. For me the change seems so simple and also so complex at the same time. Some changes in language and impact is meaningful. Subtle changes that are just so powerful. That have assisted all of us personally and also service wide, such as changing the intake process. It's been magic. Looking forward I am really excited for everyone who has participated to move forward with confidence, more stable in ourselves, in a way that we can support women in order to make change. I hold onto that because every conversation is important.
- The biggest shift is to acknowledge people's resistance and to not be afraid to do that straight up as part of intake. I have vastly changed my language to do that. I think as workers we know that people resist but now we can acknowledge that and draw it out. This has vastly changed. Looking forward I am so excited that we will be changing our language moving forward, changing our intake language and to practice and embed it into our work. Its been amazing to work together in this way.
- I think for me the very biggest thing was the resistance, but also the day when we talked about a person who 'put hate into herself instead of putting that into her fathers'. But thinking about how we do all the things to resist in our everyday lives. I really like the power of language, and it's also makes me think that I wasn't really even sure about what I was responding with before. I'm much more conscious now. I've always been interested in language and this has been so powerful personally and professionally. You here people saying, I am stupid for staying, but you can play that back as resistance and its really powerful to see. Moving forward, I have some of the PX docs up on my wall, and its keeping things in my consciousness and keeping things going and me reminding myself of that. Powerful.
- This is only my 3rd Px session, so I don't have so much for looking back, but to come into this job when it was already ongoing, it's like I can just pick it up from the start. I have a child learning background and so its been a plus for me when I came in.
- For me this is only my 3rd session as I am also new, but in my case, I guess I have noticed how women resist violence socially as well, and that is something that I have really developed through this, as I was noticing resistance structurally. And looking forward, I have always been a feminist, but this will inform my feminism moving forward.

- I have always seen the resistance of women, and when they come in and they are so beaten and then they feel that it's all on them, but then to go through people's experiences and pointing out their resistance, that they have done things that they have been resisting and its not just these negative thoughts. I am so grateful that I have been able to be part of it, to embed this – to understand more and be more confident and comfortable with these ideas, to learn about how to support women in this process. It's such a privilege. Moving forward, my hope is that I can go out and support women to identify this for themselves and so that they can do this for their kids too. Its been a great space for the team to come together, we are all really strong women, we all have great ideas, but we aren't here to challenge each other but to listen together and learn from each other. So, I would like to come together as a team in the future.
- This is only my second PX but being part of these conversations has been a great way to start my journey with liberty, but it has helped me unpack people's resilience more and to understand how embedded it is. Also, I can see a huge shift in my language even though its just 2 sessions it's been really important. Looking forward it's about continuing the research, the learning and the reflection and keep listening and to keep the honest and open conversations going.
- I was new to the sector, so it given me some really good language to use. But there was also so much structural bias towards women that I didn't see. I had a privileged lens, but I can really see what's happening towards the world more, so the awareness is much greater. But I also now notice language more, and I can see where people are coming from through the language. I have more to respond with, including in my awareness. I find I have more ability to now start new conversations with my language. A year ago was all about bystander – 'signs' and what to 'do' about it. Instead I am looking more and asking more about attitudes and beliefs about women. It has shifted to more powerful questions, we are talking about attitudes towards women which I think are more important conversations.
- What I have also learnt in the last 6 months is the depth of knowledge of the women I work with, and I have such respect for the skills that people bring to the table. And we don't always see the skills of people and what they bring to the table their commitment to supporting women and children. I am responsible to be re-writing all our policies to make sure these reflect our practice.



Rosie's Place

Who we are

<http://www.rosiesplace.com.au/>

Rosie's Place is a place for children, young people and their families who have been impacted by violence including sexual assault, domestic and family violence and other traumas.

Children and young people have a right to live in an environment that is free from violence and abuse and a right to access all services available within their community. Rosie's Place is committed to working to support children, young people and families in obtaining safety, and providing resources to increase their safety.

As an organisation

What would be your organisation's greatest hopes from participating?

To enhance the professional development of our counselling team within Rosie's Place in regard to response-based practice. As a small team our staff would welcome the opportunity to sit with other workers in the field to learn from each other as well as perhaps develop ongoing connections so we can continue to strengthen our practice. The experience of our team has been an increasing movement in the sector toward a medical framework regarding trauma and with this slide backwards the visibility of violence, how it operates and how it harms, has been sanitised. Furthermore, responsibility for change has been placed on those who have been harmed with several women we see having had their children removed due to the position taken that they have "failed to protect" their children.

The emergence of what we see as "pop up services" in the field due to government contracting out service delivery to organisations who lack the historically based insight regarding the politics of violence and oppression. Our service, although well regarded in the field, is constantly challenged to hold onto our practice principles in the face of the plethora of medically and brain based explanations concerning the cause and effects of that harm. Enabling our staff to experience the highly accredited training by Linda Coates and Allan Wade, would give us increased "weight" to defend our therapeutic positions against the onslaught of victim blaming discourses.

Hope from participating is to extend our thinking in regard to our work, gain strength from the solidarity of like-minded workers in the field, and increase our "usefulness" to the families we work with.

As an individual

My greatest hope from being an individual participant in the Practice Exchange initiative is:

- To learn lots and to improve my practice
- Continuing the conversations of resistance and responses & to better my knowledge to articulate to other services about the importance of representing violence accurately and upholding dignity and respect always.
- To learn more of how to implement these ideas in my work with children and young people whose circumstances differs from adults though they still resist with the power available to them.
- To learn more about Response-Based Practice and the use of language that represents the social nature of violence and upholds the dignity of victims
- Gaining more knowledge about response-based practice and how to 'do it well'. As well as more understanding and reflection on the importance of the language we use.
- Gaining knowledge and broaden understanding to support and strengthen my clinical work with clients
- Gaining an insight into the practices that support and surround respect, dignity and professionalism for my own current and future practice as a young social worker.
- To learn more about violence in all its contexts
- To share with the experts our collective plethora of knowledge and create best practice for interpersonal violence

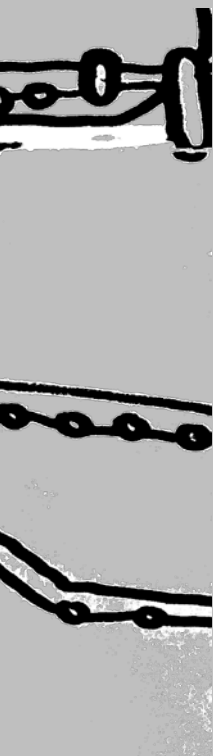
Practice Scenario

The following two scenarios A and B were developed within the Insight Exchange initiative Practice Exchange for the purpose of shared learning and practice development across sectors.

The Practice Exchange participants from **Rosie's Place developed Scenario A.** Scenario A reflects an example of practice that may have been in place prior to engaging with the ideas of Response-Based Practice through Practice Exchange.

The Practice Exchange participants from **Rosie's Place, with the support of Dr Allan Wade from Centre for Response-Based Practice, developed Scenario B.** Scenario B reflects how the ideas of response-based practice might apply and be used in the same scenario.

Under each scenario there are reflective questions for the reader.



Note: Scenarios A and B reflect a fusion of real-world real-work conversations that give a practical example for sharing insight and learning. The scenarios are not based on any one individual practitioner or person experiencing violence and adversity.

Rosie's Place

This scenario is between a Counsellor and Young Woman.

Counsellor: *How are things with you? What's been happening?*

Young woman: I have been feeling upset and feeling really angry.

Counsellor: *Why do you think that is? What do you think has been causing the anger?*

Young woman: Dad has been getting mad at me a lot lately.

Counsellor: *Do you know why he has been getting mad?*

Young woman: He expects me to do everything, it's ridiculous! And then I lose it and so does he, but he doesn't let it go and just keeps bring it up.

Counsellor: *Sounds like there is a lot going on for you at the moment. How do you cope with it all?*

Young woman: I don't know, nothing seems to be working.

Counsellor: *What are some ways in the past that has been helpful to manage that anger?*

Young woman: Ummm, go for a walk, ignore him if I can. I don't know I just try to forget about it and do what needs to be done. If I don't nothing gets done.

Counsellor: *It seems like there is a lot of responsibility on you at the moment.*

Young woman: Yep, standard.

Counsellor: *Do you think it would be helpful to bring dad into a session to talk through some things?*

Young woman: Nah, I don't want to hear his excuses. He gets angry at mum for spending money, but what the hell is spending it on? - Booze! and we don't have enough food on the table. I don't want to deal with him right now.

Counsellor: *It seems you're getting angry at pretty reasonable reasons, to me. How can I support you through this, what would be helpful for you?*

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

1. *What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
2. *And how does the person respond to the direction proposed by the interviewer?*

Rosie's Place

Counsellor: How have things been with you? What's been happening?

Young woman: I have been feeling upset and feeling really angry.

Counsellor: When and where are you when you are most likely to be feeling this way?

Young woman: Usually at home, it's been quite often lately.

Counsellor: What's happening when you feel like this?

Young woman: Dad's expecting me to do everything, all the time, I feel like a slave. It just makes me even madder.

Counsellor: Who notices that?

Young woman: Umm, maybe my dad. I think it's pretty noticeable when I'm getting angry.

Counsellor: So, when your dad sees that you are unhappy with him, what does he do, how does he respond?

Young woman: I get angry, and then dad gets angry at me for being angry.

Counsellor: So, what is it about your dad doing that that gets you so angry.

Young woman: He is expecting me to do everything at home and to look after the siblings and tidy the house. On top of all that expecting me to keep good grades. How am I supposed to do all that when there isn't any time to study, or time for myself!

Counsellor: What do you do when you are angry?

Young woman: I yell, and I get pissed off and then I just give up. It's too much to deal with.

Counsellor: Who do you get angry at? Only you dad?

Young woman: I just get angry at the people who I know can take it. But it's never for no reason.

Counsellor: So even when you get angry you are being thoughtful about how you are being angry... You select how you respond to each person.

Young woman: Yeah, I guess I do.

Counsellor: So, what happens when you get really, really angry? Does letting it go always work?

Young woman: It makes me super angry when he yells at my mum for how she spends money but what the hell is he spending it on? - Booze! and we don't have enough food on the table..

Counsellor: So, you are angry about how he treats your mum and others. Good on you. So, you sit and feel sad and feel annoyed by your anger. It seems these emotions are ethically informed responses to something that is wrong.

Young woman: *nods head*

Counsellor: It sucks to be sad and angry and if your dad was behaving this way and you weren't feeling sad and angry we would have a real problem – this response says you are clear minded

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

- 1. What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
- 2. And how does the person respond to the direction proposed by the interviewer?*

Observations – Rosie's Place Scenarios

by Dr Allan Wade | Centre for Response-Based Practice

Rosie's Place is a specialised counselling service for children, young people and families who have been experiencing child sexualised abuse. Staff have the opportunity to develop close working relationships over time and to discuss events in great detail, depending on client safety and other factors. Scenarios A and Scenario B both illustrate a respectful and non-blaming approach to counselling with the client, a young woman. The differences between the scenarios are subtle but interesting and important.

The counsellor asked two quite open questions to begin the conversation. Both questions, but especially the second – “What’s been happening?” – tend to elicit information about events in context. Notably, the client did not respond to the first question by describing her father’s abusive behaviour as the problem. Instead, the client introduces her concern as her “anger” - as “feeling upset and feeling really angry”.

It could be completely positive and unproblematic for the client to first talk about how she has been feeling. This is an important topic of conversation. However, it could also reflect a kind of “inward drift” (Todd, 1990), a change in focus from the aggressive actions of the father to the mind-emotion of the child. In cases of violence, the thoughts and emotions of victims are often made the primary problem. Normal despair at violence is turned into “depression”. Healthy fear is recast as “anxiety”.

Similarly, healthy outrage and indignation at violence is turned into “anger” or “anger issues”. In Scenario A, the counsellor asks a question that seems to define “anger” as a problem to be managed – “What are some ways in the past that has (sic) been helpful to manage that anger?” This question can be quite useful in the right context. But where ongoing violence is at issue, what does it suggest about the location of the problem and who is responsible for positive change?

The four questions that follow this opening in Scenario B move into the social-interactional context: “When and where ...?”, “What’s happening when ...?”, “Who notices that?”, “What does your Dad do . . . ?” The next question, “So what is it about your Dad doing that ...?”, asks the client to explain what it is about her Dad’s behaviour that she finds so problematic. This question, about the client’s thoughts and feelings, is contextualized within a focus on the interaction.

The worker then shifts back to social-interactional questions, “What do you do ...?”, “Who do you get angry at ...?” This encourages the client to describe exactly when and how she gets angry. The worker is then able to positively connote the client’s examples as showing she is “selective” and “thoughtful”. Both of these terms presuppose the client is in control of her anger, so to speak, and gently challenges the view that her emotions and related actions are ‘the problem’.

This sets the stage for further exploring the context of the client’s anger as a form of resistance to her father’s aggression toward her mother. In this manner, with a series of highly contextual questions, the worker is able to offer the view that anger in response to her father’s unfairness and aggression is a mark of wellness and awareness and form of resistance in protection of her mother, not a negative effect or impact to be managed.

On Reflection

TEAM REFLECTION

What (if any) has been the overall value of PX for the people participating in PX?

Every member of the team who participated has overwhelmingly stated feeling privileged to have participated in the PX. For both workers relatively new to the field and for older workers there has been significant growth in our work. The hopes stated in the original March reflections have been more than met and workers are now taking different areas of the work to further develop practice. The space to meet together and reflect together on what we do and why we do it and how we do it has been a wonderful by-product and we have all gained greater solidarity about our work.

What (if any) has been the overall value of PX for your service/organisation?

This has had the greatest impact. We are not only developing our practice within the organisation but also with other organisations and further afield, in our resource development. Rosie's has always worked within a socio-political framework but this is now strengthened. We are more mindful of language and are currently reviewing our written material and website to better reflect RBP. We are currently engaged in two big projects with Health and this is so timely to have influence on the material that will be written. We are also consulting with FACS about practice and language. We are developing a practice manual for workers responding to children with sexually harmful behaviour and are hopeful we can continue to consult with Allan Wade and Shelly Bonnah in this work. This is truly exciting. What if we can make a difference?

Who benefits?

What (if any) has been the overall value (so far) of PX for people who access your service?

There have been benefits in our individual and family based counselling roles as well as interagency meetings and positions we are asking in responding to families. There are noticeable changes in the counselling space with our families. We are now wanting to develop our practices further such as in consultations with clients and developing resources for our families and the wider community.

What (if any) has been the overall value of PX for other organisations/services you work with?

We work in close collaboration with other services in different ways including shared work with families, resource development, supervision and training. In direct work with families there has been an ongoing disconnect with our ways of working from a RBP perspective and this has been an ongoing issue. But in our work with clients, "they get it" and there is noticeable shifting in the language they use and also their ideas concerning their experiences of violence and therefore themselves. In providing supervision and also training in the sector there has been a significant impact on workers. Many struggle with the strong alignment to trauma informed language and, in training, some workers can't shift. But for others there is impact but it is obvious that to do this they first have to hold a socio-political perspective of violence. I believe that there has been a significant influence on ECAV in the sexual assault portfolio and as a state wide training organisation this is also influential in the wider sector.

Rosie's has also developed two resources in partnership with other services and they have both been informed by RBP.

What else?

What (if anything) have you noticed from PX participation that is unexpected or surprising? Or something distinct?

I think for our organisation the space given for us to jointly discuss our work was invaluable. We work in such speed that we rarely get the chance to talk about our practice. I think that our work has been closely aligned to RBP but these conversations gave us a model on which to base our practice. People ask why we work the way we do and we could talk about the politics of the work but having a model of practice gives us more backbone. We are also developing other ideas in our practice such as responding to children with sexual behaviours, and also responding to young women who self-harm & suicidal ideation that shifts our conversations now. This is really exciting for us as we continue to develop our practice.

Looking ahead

VALUE OF PX FOR OTHERS?

Would you see value in PX being offered to other services?

I believe it would be extremely valuable and I think the EOI is also important. I would regret time and money being spent in trying to talk with services who may refuse to shift. I have this in training and it is quite depleting and frustrating rather than exciting and helpful.


If you could offer PX participation to a particular sector or role/profession what would that be and why?

Definitely FACS. The focus on risk, deficit discourses regarding families and lack of consideration of resistance, especially for children, impacts greatly on decisions they make. The other profession would definitely be mental health workers who “see trauma” but still respond with a medical model of diagnosis and medication.

IMPROVEMENTS TO PX?

What, if anything would you seek to change in the design of PX if it were provided to others?

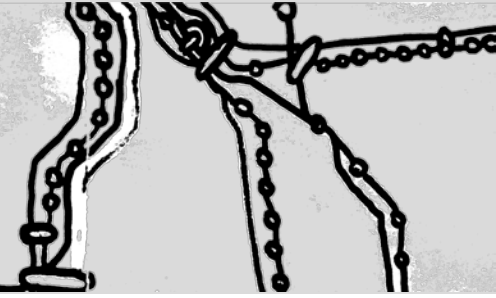
Maybe bringing different services together to share their thoughts as having like-minded people together resonates in one voice rather than different voices from different perspectives and work roles coming together. Be great to develop collaborative practice.



Looking ahead, what are some of the hopes and aspirations for further evolution of the work?

INDIVIDUAL REFLECTIONS

- My most significant shift is the importance of context, so any conversation I am having is always thinking about context. I am really committed to continuing to take this forward and to continue bringing it back to the team, to continue to have the conversations and reflections.
- Mine is quite similar, in that it's constantly thinking about the context of responses, and to see that certain behaviours are really understandable in context. I am constantly thinking about my belief about something – where does it come from? Is it helpful to me? Or to the client?
- E.g. flight fight freeze. There is a remarkable difference in how people I support are responding.
- In terms of doing the work, the proof is really in the feedback from clients, and I am quite committed to challenging other (workers) because once you see things this way you can't go back, and you can't not challenge and push back on things, because once you see things this way it's a really quite a big shift. I'm energised by being able to have conversations around this with young people. Also I am thinking about when to bring this out.
- When I came to Rosie's I was really interested in mental health, and so I am really thinking about language and other things like 'abusive relationship'. I am thinking about my language and making sure I doesn't say some stuff. I'm bringing it up more and more in my supervision.
- So, in terms of my shift, I am not working with clients, but I am working in admin, and so it's changed things across the board, but it's really changed about how my thinking of how I engage with my son, I see it everywhere with how things are delivered and described and how things are put together. Once it's in your head and start thinking critically about things you can't shake it, even in sessions you change how you use language and I have been changing things.
- I'm thinking critically about things and in the session you can't un-see that. It all sits together – not extracting one part. I'm noticing I am thinking and learning. I'm a lot more confident in my work with children and families – as a learner not an expert. That's a different starting position. A great shift, from all these deconstructing things – language, context, dignity. I am going to continue to have conversations with children who are using sexualised violent behaviours.
- You can drop the 'dignity' D bomb and you can see how that helps. I really like that it is all together and you can see it as a whole. In terms of what to say to colleagues, the commitment is there, and the thinking is what is the work that is there and what is best for the people that we work for. Thanks for the opportunity, because it has set us up pretty well for the work. Thanks for the opportunity to put it out in the group.



South East Sydney Local Health District

About Us

www.seslhd.health.nsw.gov.au/services-clinics/directory/about-us

South Eastern Sydney Local Health District is one of the largest local health districts in Sydney, covering a geographical area of 468 square kilometres from Sydney's central business district to the Royal National Park. We proudly deliver health care to around 930,000 residents across the local government areas of Woollahra, Waverley, Randwick, Bayside, Kogarah, Hurstville and Sutherland Shire. We also provide a key role in helping residents of Lord Howe and Norfolk islands.

In anticipation

As an organisation

What would be your organisation's greatest hopes from participating?

That by engaging in the program SESLHD staff who provide therapeutic responses for people who experience violence may be able to:

- a) enhance their understandings of violence and how social and systemic discourses can minimise/hide violence
- b) increase their awareness of how language and knowledge can be used to either support or challenge violence
- c) develop skills in language analysis, and communication that will translate into safer, more ethical dialogues with people who are experiencing violence
- d) Experience a shift in framing that will affect the way policies and processes are developed within their services
- a) Become passionate about sharing accurate understandings of violence and resistance across the health district and with other government professionals.

As an individual

My greatest hope from being an individual participant in the Practice Exchange initiative is:

- To challenge and invigorate myself in different and exciting ways working with women and children in relation to family violence
- To expand my knowledge, skill and ability in working with Victims of DV
- To gain a greater understanding of the lived experience of our clients that have experienced trauma and family violence, so that we can better support them.
- Advance knowledge for practice
- Increase my confidence in supporting victims of domestic and family violence
- Initially to help inform Child & Family Health Practices. In addition, after exploring some of the Insight Exchange material - make sure we are providing a safe place for someone to share their story, be prepared to respond whilst protecting/maintaining their dignity.
- That I will be better at applying these ideas in my practice, that my grasp of ethical language will improve, and that I'll be able to apply the knowledge in a range of settings (both with individual clients and in a bigger strategic/policy sense).
- To be better able to respond to my "clients" (mums to be and mums and families with children till 5 years of age) from Nepali migrant CALD background who disclose and seek support for D&FV.

- Is to improve and expand my practice, to have greater awareness of my language and to be able to engage in more in-depth responsive dialogue with clients. To gain greater understanding of the Response-based Practice
- That I will have the language to hold accountability and honour resistance.
- Space for reflection, growth in understanding and further development of practice in working with people who have experienced DV.

Practice Scenario

The following two scenarios A and B were developed within the Insight Exchange initiative Practice Exchange for the purpose of shared learning and practice development across sectors.

The Practice Exchange participants from **South East Sydney Local Health District** developed **Scenario A**. Scenario A reflects an example of practice that may have been in place prior to engaging with the ideas of Response-Based Practice through Practice Exchange.

The Practice Exchange participants from **South East Sydney Local Health District**, with the support of **Dr Allan Wade from Centre for Response-Based Practice**, developed **Scenario B**. Scenario B reflects how the ideas of response-based practice might apply and be used in the same scenario.

Under each scenario there are reflective questions for the reader.

Note: Scenarios A and B reflect a fusion of real-world real-work conversations that give a practical example for sharing insight and learning. The scenarios are not based on any one individual practitioner or person experiencing violence and adversity.

South East Sydney Local Health District

Note: This scenario is presented as an account written from the voice of the practitioner not as an interview with the patient.

Context: Samara, presented to the Emergency Department

Patient (Pt) has presented to ED with dizziness and headaches following an experience of violence three days ago, perpetrated by her husband. Pt states that her husband hit her in the head then choked her to the point of her blacking out and she has been experiencing the presenting symptoms since.

Pt had attended Local Court for some advice following the incident and spoke with a worker from Women's Court Advocacy Service about the violence perpetrated by her husband against her – which was described as the recent physical assault and ongoing extensive coercive control and social isolation. The Court-Support worker then supported Pt to speak to a Police Officer at court, however pt decided that she did not want to make an official report.

Police then took out an AVO on her behalf protecting her from her husband due to the nature of the recent assault and concerns for her safety. The AVO includes exclusionary conditions (meaning he cannot live in the same home as her). Pt attended ED at the request of Police due to her ongoing symptoms and their recommendation that she seek a medical review.

Pt reports that her husband has complete financial and social control of her life and she is in Australia on a spousal visa. She is concerned about her ability to remain and survive in Australia without him managing her affairs. Pt is very conflicted about leaving her husband as she is from Egypt and informs me that divorce is not accepted in her community.

During our conversation the pt was very anxious about the length of time she would have to stay in hospital as she does not have permission from her husband to be at the hospital and they have not spoken since she left the court. She also does not know if the Police have served him with the AVO. Pt was encouraged to remain to be seen by a Doctor and informed that the people she has spoken with today are very concerned about her safety.

Pt seemed confused about the AVO. She informed me that she needs to get home to explain to her husband that she did not request the AVO. I explained some of the conditions of the AVO and the pt became distressed about this and asked what would happen if she went back to the police station and said she had lied. I explained that the AVO was made by police and so she can not withdraw it but that she or her husband can apply for a variation of the conditions at court. I explained to her that this could take time (possibly weeks) and if she felt unsafe to return home tonight I could support her with accessing a safe house or refuge.

Pt informed that she wanted to leave to go back to court and have the AVO withdrawn. Pt also informed me that a similar incident of assault had happened a few years ago when she had wanted to find work and her husband would not allow her to. Pt felt that the recent assault was her fault as she was being defiant towards him and he had "warned" her that he would punish her if she did not change her attitude.

Pt became very keen to leave ED and asked me to check with the medical team about how long she would have to wait to do all necessary tests. When I returned I found that pt had left the ED. Medical tests were not able to be completed. The pt has not been able to be contacted since then as she has not been answering the phone.

Reflection:

All accounts are leading in some form or another – like a flashlight in a dark room, they place attention on some information, and leave out other information.

- 1. What do you notice about what information the practitioner has chosen to include in this account? What is missing?*
- 2. What questions are you left pondering?*

South East Sydney Local Health District

Note: This scenario is presented as an account written from the voice of the practitioner not as voices of the interviewer and interviewee.

Context: Samara, presented to the Emergency Department

Patient (Pt) has presented to ED with dizziness and headaches following an experience of violence three days ago, perpetrated by her husband. Pt states that her husband hit her in the head then choked her to the point of her blacking out and she has been experiencing the presenting symptoms since.

Pt had attended Court for some advice and spoke with a worker from Women's Court Advocacy Service about violence perpetrated by her husband against her – which was described as the recent physical assault and ongoing extensive coercive control and social isolation. The Court-Support worker then supported Pt to speak to a police officer at court, however she decided that she did not want to make an official report.

Police then took out an AVO on her behalf protecting her from her husband due to the nature of the recent assault and concerns for her safety. The AVO includes exclusionary conditions (meaning he cannot live in the same home as her). Pt attended the ED at the request of Police due to her ongoing symptoms and their recommendation that she seek a medical review.

Pt reports that her husband has complete financial and social control of her life and she is in Australia on a spousal visa. She is concerned about her ability to remain and survive in Australia without him managing her affairs. Pt is very conflicted about leaving her husband as she is from Egypt and informs me that divorce is not accepted in her community.

I listened to pt's story and provided support to her. I thanked her for sharing her experiences with me and explained to her that it is my role is to provide help to people and that I would like to provide her with some help if she is open to that, she agreed.

I asked the patient about the incident with her husband that had led her to attend court today. She explained that her husband had asked her for the change from the shopping which she had completed for the home. He had given her \$50 to buy groceries, and she had used some of this money to buy herself a coffee and some lunch while out. This made her husband angry and he shouted at her "you just bought food why didn't you just come home and make something" and he slammed his fist on the table. This gave pt a fright and she dropped her cup of tea that she had just made, which spilled on the floor and broke the mug. She said that her husband then became even more angry at the mess and the broken mug and he shouted again at her "you stupid bitch you can't do anything right!" The pt then muttered under her breath "you made me do it" while she was cleaning things up at which point her husband grabbed her by the throat and pushed her against the kitchen cupboards. The Pt raised her fingers to her throat to try and pull his hands off her throat and she dug her nails into his hands to try make him stop. At this point she fell to the floor and came to when her husband hit her in the head. Her husband then left the kitchen and the pt stated she sat there and cried. She did not feel safe to call the Police or an ambulance as this would have made him angrier and she did not feel there was anything good that would come of it.

I reflected to the pt that her husband's violence towards her sounded very scary and that I understand that by not calling the Police she was using her knowledge of her husband to try to keep herself as safe as she could. While the pt expressed regret about having said anything back to her husband that angered him more, I suggested to her that what I heard was that she was trying to stand up for herself and that unfortunately her husband had chosen violence as a response to this.

I asked the pt how she decided to go to Court today and seek advice there about her husband's behaviour towards her. She explained that her husband has not been talking to her since the incident and has not even asked her if she is ok or said sorry. She said that she knows that the violence is wrong and she does not want to be hurt any more. Pt also informed me that a similar incident of assault had happened a few years ago when she had wanted to find work and her husband would not allow her to and that she had promised herself if something like this ever happened again she would seek out some advice. I acknowledged this strength and certainty that she does not want further violence from her husband and that she had a plan in place to build her safety if it was challenged again.

I asked her about how her experience of the conversation with the Court Support Worker was this morning, did talking to the worker make her feel safer or less safe? She explained that she now regrets having spoken to the Court Worker who accessed the Police without the pt understanding what the consequences of speaking to the Police would be. The pt explained that while she felt heard by the support worker about her story, she did not feel the support worker listened to what she wanted to happen and now things are going to get much worse for her. She did not want to get an AVO against her husband, as she feels this will anger him further and make her situation much much worse, eg she has no access to finances without her husband's support. Her husband needs to work, so him not being allowed back to the home will be very disruptive for him and that she wants to remove the AVO ASAP. Without any other plan in place for herself she does not know how she will survive without her husband. What she had wanted was to get some advice only today about her options and slowly build up to a plan for leaving. I reflected to her that I understand she is feeling confused and scared about what has happened, and that what has happened is very different from her intention of attending the court just for some advice. What has happened was clearly not what she had planned when she decided to attend court and I empathised that she is now facing more issues which she is afraid are going to make her more unsafe and that she now has little control over.

I provided reassurance to her that I can help her with some of the options that she had wanted to know about and that maybe today we could try and develop a plan for her so that she will be able to access some finances and support without her husband.

Reflection:

All accounts are leading in some form or another – like a flashlight in a dark room, they place attention on some information, and leave out other information.

1. *What do you notice about what information the practitioner has chosen to include in this account? What more have you learnt?*
2. *What questions are you left pondering?*

Observations – SE Sydney Local Health District Scenarios

by Dr Allan Wade | Centre for Response-Based Practice

South Eastern Sydney Local Health District is one of the largest local health districts in Sydney and delivers services across several communities a large geographic area.

Health care workers are often asked to provide reports or case notes in cases of violence. Naturally, what can be reported hinges crucially on what information is obtained, which in turn hinges on the quality of analysis by the worker and the service, which in turn is reflected in the interview method.

This is a very useful example as it details the medical and legal institutional responses to Samara, who disclosed violence by her husband. The health care worker is in a good position to review, with Samara, the quality of the various institutional responses she received from the court and police and subsequently. Do the various institutional responses create more safety and more options for Samara? Or do they create more danger and restricted options? Do the various institutional responses address the violence as a serious and urgent matter? Or do they leave Samara to deal with the violence?

Samara is from Egypt and on a spousal Visa, which means she is less able to escape the relationship and less able to access resources. Notably, this is a state-sanctioned set-up that gives her husband a great deal of control and enables him to use violence. Samara might well be sceptical of state policy and related responses. Further, divorce is unacceptable in Samara's community. So Samara can expect to be without community support if she leaves her husband.

In Scenario B, the worker asks Samara to describe the most recent "incident" with her husband. This reveals the highly aggressive actions of Samara's husband and an act of resistance by Samara when she "muttered under her breath 'you made me do it'". As is often the case, the husband viciously attacked Samara to suppress her resistance. This interaction reveals the extreme danger of open defiance by Samara, such as reporting to court and obtaining an ADVO. Wisely, Samara did not call police or ambulance.

The worker makes a point of acknowledging Samara's awareness of her husband's pattern of violence and Samara's effort to "stand up for herself".

The worker then asks Samara "how she decided to go to Court today" Grammatically, this puts Samara in the subject position, as a competent social actor who made a conscious decision in a context. It also presupposes she has good reasons, which she can provide. Samara is then able to articulate her "personal and situational logic"; that is, how she orients to and makes sense of the situation and her options. The worker conveys that they are struck by the "strength and certainty" evident in Samara's responses.

The worker then asks Samara to discuss the particulars of the conversations with the Court Support Worker and Police. It becomes clear that Samara was prevented from putting her own plan into action – "to get some advice only, today ... and slowly build up to a plan for leaving." In effect, Samara was caught up in a set of standardised procedures that did not allow for, and over-rode, her own assessment and plan.

The worker, recognising and speaking openly to this set of circumstances, stresses her willingness to remain involved and supportive. Given the spate of negative institutional responses, I can only imagine that Samara would have felt tremendously relieved, more fully heard and respected, and therefore safe enough to work together.

On Reflection

TEAM REFLECTION

What (if any) has been the overall value of PX for the people participating in PX?

Having the opportunity to meet regularly to discuss the learning around Response Based Practice and further develop this learning specifically in relation to our professional roles through the support and guidance of Allan.

What (if any) has been the overall value of PX for your service/organisation?

By providing the educational opportunity for our staff, the organisation has invested in new language and ways of working which aligns to its core values. Staff who are working more in-line with best-practice ultimately improves the health and well-being of the patients/clients within the service.

I think it is safe to say that we have all taken away a tremendous amount from this opportunity. I feel confident in saying that the hopes of the group from the initial reflections have most definitely been achieved; “to challenge and invigorate myself in different and exciting ways...”, “to improve and expand my practice”, “that I will have the language to hold accountability and honour resistance”.

I think that the greatest gift, benefit and draw card of this approach is how much it just feels like common sense. Of course we should ask someone about how they responded to the violence, why wouldn't we? Of course we are going to try and understand precisely how the perpetrator is using violence and moments when they are not using violence, to gather a clear picture of the victim's experience of the violence. I think many, if not all of us have had many moments where we have muttered to ourselves “oh but of course!” when we have been listening to Allan respond or explain something.

Who benefits?

What (if any) has been the overall value (so far) of PX for people who access your service?

For each service I think there would be different impacts, as the roles within the team are so varied, however it could be assumed that patients/clients would be obtaining more respectful and appropriate services from staff upholding their dignity and recognising their resistance, as well as acknowledging their role and responses as being part of the picture that the patient/client is experiencing.

What (if any) has been the overall value of PX for other organisations/services you work with?

Working for Health, our role as social responders is significant. As we are such a small group within a much larger system that is South Eastern Sydney Local Health District, within a much larger system of NSW Health, I think we all have some sense of responsibility to ensure that the ideas that Response Based Practice expresses are shared and start to influence the broader system. What we have established through this experience is a network of people across a team, all in different roles and professional backgrounds, who have been educated, see the value and are starting to practice our learning.

I think that as a group we need to take this learning back to ourselves, back to our workplaces, sit with it, practice it, make mistakes and learn from them, celebrate the wins and work out what works for us as practitioners.

We need to think creatively and collaboratively about how we can work within the systems that exist, but in better ways, and about how we can improve the system as a whole to be more patient-centred, and to increase awareness around violence and using Response Based Practice. Then we can start to build a strategy around how we, the lucky ones, who have been involved in this opportunity, can start to share it amongst our broader systems and networks, and start putting our strategy into place for the benefit of the patients and clients of SESLHD.

What else?

What (if anything) have you noticed from PX participation that is unexpected or surprising? Or something distinct?

In going through some of the reflections, and being present at the sessions, I think that some of the other main learnings of our group would be:

Respect and Dignity: Always starting from a point of dignity and respect with a client, the client always knows best and we work in collaboration with them as the experts. To approach our clients with dignity and respect seems like a given, however what we have seen is that we can achieve this more authentically and we can express our respect in a more therapeutic way using this approach. Using the language of resistance to challenge beliefs of clients that they “accepted” violence builds a sense of respect and dignity for the client. Ending the counselling relationship by thanking clients for their time and acknowledging their strength, eg writing them a letter at conclusion of the relationship.

Resistance: Being able to recognise the victim’s resistance to violence and using this to help support them to recognise it for themselves for empowerment, to build trust in our professional relationships and as a therapeutic tool. Using the language of resistance to highlight the strengths of the client e.g. when completing a mandatory report, so that the full picture is being included, not just the risks. In doing this we are presenting the reality of the situation, strengths that can be built upon and therefore it is also an action/expression of our respect.

Context: We are social beings and we do not function in isolation, but in a social context and therefore violence occurs within a social context. Trying to support clients to understand their responses and the perpetrators tactics in context, rather than as reflections of their own personality or character. Using place and time to assist in establishing the context of the violence and of actions and responses.

Language: Moving away from a language of effects and feelings, to a language of responses. Greater awareness that violence is a unilateral act and being more conscious to avoid using mutualising language when discussing violence. Using the language of resilience to better complete the requirements of our roles eg mandatory reports, case notes, referrals, routine screening etc.

Social Responses: Negative social responses have a negative impact on people experiencing violence. The role of social responders and the need to explore previous social responses received by clients and the clients responses to these social responses (that’s a lot of responses!).

Working with perpetrators: Identifying the intentionality of the perpetrators acts of violence/how they use violence. While our workplace restricts working with perpetrators, there seems to be greater urgency in answering the questions “how can we expect patients/clients to stop experiencing violence if we do not help those perpetrating the violence to stop their violence?” In doing so we would also be reducing the burden of intervention and the experience of change being the responsibility of the victim.

Looking ahead

VALUE OF PX FOR OTHERS?

Would you see value in PX being offered to other services?

Yes, while it is a large commitment for an organisation in terms of time and resources, the depth of learning and understanding developed is much more significant than having just attended a 2 day training workshop.


If you could offer PX participation to a particular sector or role/profession what would that be and why?

Social Work as this is the service within health providing support to patients who have experienced violence.

IMPROVEMENTS TO PX?

What, if anything would you seek to change in the design of PX if it were provided to others?

Nil

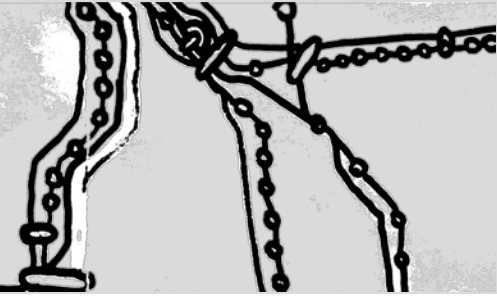


Looking ahead, what are some of the hopes and aspirations for further evolution of the work?

INDIVIDUAL REFLECTIONS

- For me in the beginning when I had the offer to do this course, I was worried to do another DV training and assignments and was not too keen, but when I went to the masterclass, I told you guys about the idea of the 'intellectual orgasm' for me it was the first time after a long time, to be able to challenge the things we ask like 'what does that make you feel'. So having those questions is great. But for me to see myself as a social responder and to see that I have a really important role in that my response can be negative or positive. To really thinking about the language that I use and that something that I will carry forward. Those ideas of saying, of course you should be angry about that. It was so good to hear. When I first came here, I left Nepal, and I worked in the bakery, and that was so hard for me, and working in retail and being demeaned, and bullied, and so I can connect with my clients who now have this similar situation. I went home and I was crying, and rebelling and I would say what is wrong with me, and people saying its just a job don't take it personally. But things you have said made sense, of course you are angry when someone mistreats you. What I experience then I am trying to put into the context of my work with clients. You also talked about post modernism and this in the context of social work, and I have different thinking around this now. A post-colonial framework. But my badge used to say Nepalese cross cultural worker, but it now says Nepali, because Nepalese is post-colonial term, when I talked to my manager and said we used Nepali, and my manager is never judgemental, and she understands how words are important it's a small thing but it's not small thing. I am telling all this because I am trying to connect this all together and it helps me treat my clients with dignity and that I need to be part of a positive social response to my clients. Thankyou. I hope to carry this for the benefits of my clients.
- I think that the 2 days training and the subsequent 6 months has been very validating that I think we all had thoughts that I don't know if we were allowed, that things had gone down do far down the safety planning path. It's been really validation. I am always looking at ways to have conversations that explore people's resistance. I am also thinking about how this can be put together in training, it's a real challenge to present this in a way that pulls everything apart and then puts things back together but in a good way and in a way that feels good. It's also important to be working with men and there are lots of workers on the ground who want this and are pushing this,. It's really not fair to be leaving this all on the women. I am still struggling a lot, I am loving the ideas, but am still struggling to put into practice, it was quite a relief, the idea that you have to push women to leave but it was a concept of safety that I felt comfortable with. It was such a relief to be able to find the resistance to understand the context, and the dignity. It's much more in the forefront now. I love the common sense of this, your comment of sense of self, what the fuck does that mean, it's so vague. I have never known but I thought I was meant to know.
- Where to was here was one of my big reflections, because when you don't keep talking about this then you lose it, but I want to know how we do this, and I am really interested in how we enable this to continue on. I am going to read about things now as a way to keep things fresh and moving. It's been a really exciting 6 months.

- I am in a tricky situation, because I am not in a therapeutic or face to face role, and can't put this into practice, even though I am doing this in my head. But commitment is around spreading the learning, through my training role, I include a bit in the 1-hour child protection training and a bit more in the 3-hour DV screening training. And the response from people in the mental health context is people wondering how they have not heard this before. I think it's a shame that we can't have complete teams involved in the training that would have support this to be embedded further and in an ongoing way.
- I have taken so much away from this, some of my key learnings will sit with our role from child protection, in exploring resistance and in recording this in our reporting. I think that I am going to become my managers worst enemy and questioning the Edenborough. I don't take laptops into client meetings, I had no backing or evidence from which to do this, even though it's not a therapeutic role, it's a social responder. And we really get slammed but the ones that complain are the ones that are able to, so I wonder what happens with those people who don't feel comfortable to complain. But also, we are referring to others in the room. But I am going to take this forward and I am looking for what next.
- For me, I am very much on the edge of. My learning, its new knowledge for me, its terrifying and wonderful at the same time. the 2 things I have found are just the idea of looking for her voice in different ways through looking for her responses. The idea of empowerment, I think that this is a tangible way to acknowledge that, this is a practical way to acknowledge what is already there. and our role as a social responder in voicing this and hoping that my role is more significant for the women I work with. I am also thinking of the fear of the stories of the women that I work with, the stories are frightening, and I am supposed to be able to help and fix her, the pressure to get her to move, or get empowered or help her find herself, there is that pressure that you have to do this with clients. But now also sitting with the knowledge that she is already managing things and that it is not also solvable and her solution to stay is as valid as her solution to go, just having her permission for that. You are so well respected, and we are able to hang with you and then you are in a book and I am like I know you. So thank you. My hope for the future is that I don't want to stop, its unmapped territory so I want to continue to keep that going and to not stop.
- For me I have found it all very validating, because I never knew I was allowed to do this stuff, and to stay with women's resistance and the value for client and the retelling of women's stories in the context of resistance. I am part of a team that is really open to having this as part our supervision, and I am hoping to share this as part of the.



Penrith Women's Health Centre

What we are all about

<https://www.penrithwomenshealthcentre.com/>

Penrith Women's Health Centre is a non-government, not for profit, and predominantly NSW Health funded organisation that aims to provide health services that address all aspects of women's lives and enhance one's existing strengths and skills.

Our focus is to foster good health and well-being in a safe environment that is open to all women in our community, and we actively address social injustice and support the rights and choices of all women in our community.

We are also committed to actively promoting better health outcomes for Aboriginal and Torres Strait Islander women and their families.

In anticipation

As an organisation

What would be your organization's greatest hopes from participating?

PWHC was formed and is funded to work within a feminist framework to redress the gender and structural inequities that limit the lives of women. As feminists we have been doing this work for countless years. And yet violence against women remains. Structural inequalities continue to exist. As workers in the field there is a need to keep learning, to further develop skills and resources, so we are better equipped to assist our clients and also to limit the effects of vicarious trauma and burnout.

The Practice Exchange is a way to add to and potentially transform our practice. We envisage this will occur for the workers attending the training and also our service as a whole. PWHC will develop processes to share this new learning with other workers in the service so it has the potential to result in changes for our entire organisation. PWHC is committed to quality reviews of our practice and the Practice Exchange is an important tool in this process.

As an individual

My greatest hope from being an individual participant in the Practice Exchange initiative is:

- To improve skills and knowledge to put into practice in my work and personal interactions.
- Awareness of new approaches for social change
- Developing innovative strategies to DV response
- To be an active part of change within the sector.
- To apply the knowledge I take from the training
- Greater understanding
- Responding to victims
- Is to become more insightful, to remember and to gain more knowledge in the importance of language in every context.
- Being part of the solution. Being aware of my language when working with women in domestic violence, as well as when talking about domestic violence.

Practice Scenario

The following two scenarios A and B were developed within the Insight Exchange initiative Practice Exchange for the purpose of shared learning and practice development across sectors.

The Practice Exchange participants from **Penrith Women's Health Centre** developed **Scenario A**. Scenario A reflects an example of practice that may have been in place prior to engaging with the ideas of Response-Based Practice through Practice Exchange.

The Practice Exchange participants from **Penrith Women's Health Centre**, with the support of **Dr Allan Wade from Centre for Response-Based Practice**, developed **Scenario B**. Scenario B reflects how the ideas of response-based practice might apply and be used in the same scenario.

Under each scenario there are reflective questions for the reader.

Note: Scenarios A and B reflect a fusion of real-world real-work conversations that give a practical example for sharing insight and learning. The scenarios are not based on any one individual practitioner or person experiencing violence and adversity.

Penrith Women's Health Centre (PWHC)

Context: WDV CAS - Women's Domestic Violence Court Advocacy Support receives a person's details from the police. They are to make a phone call to the person and complete the DVSAT- Domestic Violence Safety Assessment Tool. They have a limited time frame

Extract from DVSAT:

Question:

1. Has your partner ever threatened to harm or kill you?
2. Has your partner ever used physical violence against you?
3. Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?
4. Has your partner ever threatened or assaulted you with any weapon (*including knives and/or other objects*)?
5. Has your partner ever harmed or killed a family pet or threatened to do so?
6. Has your partner ever been charged with breaching an apprehended domestic violence order?

R: Responder (Practitioner) | P: Person

Using the DVSAT

If following the tool in order from the beginning, it starts with question 1.

Some workers will start from question 1, others will start from question 7-18, then go to question 1-6

Cold Call

R: Hi, I just want to introduce myself from WDV CAS and explain what this call is about. The Police have reported to us and part of the next step is we call you for a bit more a conversation. We are contacted and we get given some information and we try to give more support and get more information to see if we can offer some support. Would that be ok?

P: Yes, that's ok.

R: Are you on your own and able to speak?

P: I've got the kids here and stuff on the stove, I can speak but not for long.

R: Sure, that's ok.

Do you have any questions about me or our service at all?

P: No that's ok.

R: Have you had contact with us before?

P: No, I don't think so.

R: OK. So some of the questions I'm about to ask you are quite blunt and can be confronting and you can answer Yes, No, Unsure or you don't have to answer if you don't want to. Is that ok?

P: Yes.

R: I'm required to ask these questions in that way to help to assess your safety. If you need to stop, just let me know. Are you ready to start?

P: Yes.

R: DVSAT Q.7 Is your partner jealous towards you or controlling of you?

P: Yes.

R: DVSAT Q.8 Is the violence or controlling behaviour becoming worse or more frequent?

P: No, I don't think so.

R: DVSAT Q.9 Has your partner stalked, constantly harassed or texted/ emailed you?

P: No.

R: DVSAT Q.10 Does your partner control your access to money?

P: Um, well no not really control it, but he looks after it all, because he earns the money.

R: DVSAT Q.11 Has there been a recent separation (in the last 12 months) or is one imminent?

P: No.

R: DVSAT Q.12 Does your partner or the relationship have financial difficulties?

P: No more than anyone else.

R: DVSAT Q.13 Is your partner unemployed?

P: No. He works.

R: DVSAT Q.14 Does your partner have mental health problems (including undiagnosed conditions) and /or depression?

P: Well he is not diagnosed with anything; he is not on medication or anything like that. I mean he gets really angry sometimes. But I have depression and anxiety.

R: DVSAT Q.15 Does your partner have a problem with substance abuse such as alcohol or other drugs?

P: No, not really. I mean he likes to have a few drinks, but he doesn't have a problem.

R: DVSAT Q.16 Has your partner ever threatened or attempted suicide?

P: No.

R: DVSAT Q.17 is your partner currently on bail or parole, or has served a time of imprisonment or has recently been released from custody in relation to offences of violence?

P: No.

R: DVSAT Q.18 Does your partner have access to firearms or prohibited weapons?

P: No.

R: DVSAT Q.1 Has your partner ever threatened to harm or kill you?

P: No but he does do things I don't like.

R: Oh right.

P: He has tried to intimidate me, thrown things at me.

R: Oh ok, what sorts of things would he throw?

P: Just plates and stuff.

R: DVSAT Q.3 Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?

P: Well I have woken up a couple of times with him putting the pillow over my face in bed, but he says that he must have been dreaming. That's all nothing else.

R: Ok, so has that happened more than once?

P: Yes. He said he was just dreaming. (Pause) I woke up to the pillow over my face and pushed him off and asked him what he was doing, and he asked me why I was hitting him in his sleep.

R: Ok, wow.

R: DVSAT Q.4 Has your partner ever threatened or assaulted you with any weapon (including knives and/or other objects)

P: No

R: DVSAT Q.5 Has your partner ever harmed or killed a family pet or threatened to do so?

P: No. Oh but he does kick the dog sometimes. Every now and then as he kicks them when he goes passed.

He doesn't like it and he won't feed it or look after it if we are not there.

R: So, are you left to look after the dog?

P: Oh no it's the kids it's not his.

R: DVSAT Q.6 Has your partner ever been charged with breaching an apprehended domestic violence order?

P: Not from me.

R: Oh someone else?

P: When he was younger, he told me about her and it was her fault?

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

1. *What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
2. *And how does the person respond to the direction proposed by the interviewer?*

Penrith Women's Health Centre (PWHC)

Context: WDV CAS - Women's Domestic Violence Court Advocacy Support receives a person's details from the police. They are to make a phone call to the person and complete the DVSAT- Domestic Violence Safety Assessment Tool. They have a limited time frame

Extract from DVSAT:

Question:

1. Has your partner ever threatened to harm or kill you?
2. Has your partner ever used physical violence against you?
3. Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?
4. Has your partner ever threatened or assaulted you with any weapon (*including knives and/or other objects*)?
5. Has your partner ever harmed or killed a family pet or threatened to do so?
6. Has your partner ever been charged with breaching an apprehended domestic violence order?

R: Responder (Practitioner) | P: Person

Using the DVSAT

If following the tool in order from the beginning, it starts with question 1.

Some workers will start from question 1, others will start from question 7-18, then go to question 1-6

Cold Call

R: Hi, I just want to introduce myself from WDV CAS and explain what this call is about. The Police have reported to PWHC and part of the next step is we call you for a bit more a conversation. We are contacted and we get given some information and we try to give more support and get more information to see if we can offer some support. Would that be ok?

P: Yes, that's ok.

R: So, I just wanted to ask some questions about your safety at home, is that ok with you?

P: Yep.

R: Are you on your own and able to speak?

P: I've got the kids here and stuff on the stove, I can speak but not for long.

R: Sure, that's ok, the last thing I want to do is get in the way of what you're doing

Do you have any questions about me or our service at all?

P: No that's ok

R: Have you had contact with us before from WDVCS?

I've been doing this for a little while but I'm still learning, so please bear with me if I get things not quite right. I hope that's ok and please let me know when that happens.

I didn't write these questions, but I'm required to ask them, and some are quite blunt, but I'm required to ask them in that way builds the information for supporting you.

DVSAT Q.1 – Has your partner ever threatened to harm or kill you?

P: No but he does do things I don't like.

R: Oh, ok can you tell me more about that?

P: He has tried to intimidate me, thrown things at me.

R: So, he has tried to control you.

P: Yes, I suppose he tries to control me.

R: So, what kinds of things does he do to try to control you?

P: He won't let me see my family. When I want to try and go and see my family, he is really controlling and won't let me go. He gets really angry, and he throws things at me, he loses control and gets angry.

R: Oh, what kinds of things does he throw around?

P: Plates and stuff etc

R: So, does he throw his favourite things around

P: No,

R: So, he is pretty careful about what he throws around?

P: No, he throws what is in front of him

R: Oh, have I understood though that he is not throwing his things around?

P: that's right

Q so when he tries to control you, for example trying to see your family, what do you do?

P: I just go along with it

R: So, you go along with it?

P: Yes, (pause) I don't do things that would aggravate him

R: So, you work around things?

In what other ways do you work around things?

I notice you are also very, you know, like, you might want to go 'well I'm going on anyway', so I can hear that part of what you are telling me is you are mindful of your children in your work around.

DVSAT Q.2 Has your partner ever used physical violence against you?

P: Well yes, but he has never really gotten physical, he's hit me once, but he never gets really physical.

R: I'm mean throwing things is physically violent, so as well as this?

P: No ok, that's been quite rare? So, I wouldn't say he is physical

R: So, it is rare that he is physically violent?

P: Yes, rare that he has been, quite rare.

In the past he has thrown things and it has hit me and most of the time.

R: I get the impression that if you are not careful and cautious that there is that concern he might get more physical.

P: Yes, there is always that worry and he might get more angry and I worry about the kids. I am really careful about how I am around him

R: I can see that you are really careful about protecting the kids. This is a more challenging question –

DVSAT Q.3 Has your partner ever choked, strangled or suffocated you or attempted to do any of these things?

P: Well I have woken up a couple of times with him putting the pillow over my face in bed, but he says that he must have been dreaming. That's all nothing else.

R: That's the explanation he gives to you?

P: Yes. He is dreaming.

R: How do you get the pillow off your head?

P: I push him off I guess I have to push him off and asking him what he is doing?

R: So, when you push him away, I wonder how do you do that?

P: Well I have to push him really hard. He asks me what I am doing and why I am hitting him. It's not long and then we both go back to sleep.

R: Do you believe him that he asleep and dreaming?

P: Yes, why else would he do it

R: I don't know.

R: Do you ever do that to him.

P: No, I don't have the same dreams as him.

R: So, in summary, could I say you are worried about him turning angry and on occasions your partner is violent to you and you have to be really careful with how you manage the safety of you and your kids, and you are talking about his control of you, and him throwing things, and you have had to defend yourself. Would that be a reasonable summary of what you have been sharing with me?

P: Yes, but I wouldn't say it is violence to me. I wouldn't say its domestic violence

R: What would you say it is?

P: I think it is his anger its stress

R: So, you think there are reasons he does these things.

None the less you have to defend yourself physically.

P: Oh yeah, sometimes.

R: So I know you have been on the phone a while, and you have things on the stove, I know you are busy and I have been asking some really blunt questions, but is this going ok for you?

P: Yeah, I'm ok.

R: Ok that's good, I just wanted to check in.

DVSAT Q.4: Has your partner ever threatened or assaulted you with any weapon (including knives, scissor and/or other objects)

P: No

DVSAT Q.5: Has your partner ever harmed or killed a family pet or threatened to do so?

P: No oh but he does kick the dog sometimes.

Every now and then as he kicks them when he goes passed.

He doesn't like it and he won't feed it or look after it if we are not there.

R: If your husband doesn't like the dog why do you still have it?

P: Oh no it's the kids it's not his.

R: So apparently you don't want him to have control over everything?

P: It's the kids. Yes

R: Exactly.

R: DVSAT Q.6: Has your partner ever been charged with breaching an apprehended domestic violence order?

P: Not from me

R: Oh someone else?

P: When he was younger, he told me about her and it was her fault?

R: Gee whizz, I've been getting carried away in hearing about all that is going on for you which is so important. We have been talking about all this stuff as it's so important and valuing to understand all that you are doing. There are still 8-9 to go. Can we do a quick yes, no for these?

P: Yes, that's fine.

When finishing and wrapping up the phone call.....

R: Thanks so much, I've really appreciated learning about all the ways you have been protecting yourself and your kids in this way – in this situation which at times gets tricky for you.

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

- 1. What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
- 2. And how does the person respond to the direction proposed by the interviewer?*

Observations – Penrith Women’s Health Centre Scenarios

by Dr Allan Wade | Centre for Response-Based Practice

With information from police, the Penrith support worker is to “cold call” the identified person, a “victim” of DFV, and complete the Domestic Violence Safety Assessment Tool (DVSAT). The person may or may not be expecting the phone call. Like other tools of its type, the DVSAT involves detailed and personal questions that can be quite confronting. Sensitivity is required, especially as there is no pre-existing face-to-face contact or relationship.

Scenario A is a typical straight forward run-through the DVSAT questions, beginning with questions 7 to 18 then questions 1 through 6, with some courteous questions up front to ensure the person is informed of the purpose and able to ask questions of their own if they so choose.

The DVSAT contains no questions about previous institutional responses or the person’s experience of those institutional responses. This is a significant omission because, for many people faced with violence, actual and possible institutional responses are a constant concern. The history of institutional responses, if any, can also influence how fully and accurately the person responds to the DVSAT questions. People who have received negative institutional responses in the past may choose to avoid disclosing information to institutional actors in future.

Further, failed institutional responses are a sign of increased risk. Domestic and Family Violence death reviews typically reveal a pattern of ineffective and uncoordinated institutional responses before homicides and femicides.

In Scenario B, the second question is phrased in terms of safety, with a tag question asking for permission: “So, I just wanted to ask some question about your safety at home, is that okay with you?” The focus on safety as the reason for the call puts the welfare of the person at the centre. The ensuing comment, “the last thing I want to do is get in the way”, conveys respect and begins a series of three comments in which the worker takes a “one-down” position and acknowledges their own fallibility – “I’m still learning”, “please bear with me if I get things not quite right”, “please let me know when that happens”.

The purpose of these comments is to reduce the hierarchy inherent in the situation. Taken together, these comments say, ‘I am a person just like you. I do not know everything. I make mistakes sometimes. I am open to your feedback. I will not be ordering you to do this or that. I am interested in listening to you and having this turn out well for you. In a certain limited way, we are in this together’.

In Scenario B, the worker asks the DVSAT questions in sequence from 1 to 18. The series of exchanges after Q.1 establish that (a) the woman’s partner intimidates, throws things at her, and tries to control her by isolating her from her family, (b) the woman’s partner is under control in his use of intimidation, not out of control, and (c) the woman has been responding and resisting this aggression by “work[ing] around him”. These are crucial parts of the fact-pattern in most cases.

The woman says, “he loses control and gets angry.” This is a common explanation of violence that tends to obscure the controlled and deliberate nature of the perpetrator’s actions. To address this the worker asks, “what kinds of things does he throw around?”. This reveals that “he knows what is in front of him” and is “not throwing his things around”. However, this awareness can be quite challenging for the client as it removes the more comforting sense that the offender is not using violence deliberately to instill fear and pain but is “out of control” due to “anger” or some other force.

At the end of the section on Q.2, the client is able to stress her “worry about the kids”. The worker builds on this and adds that the client indeed also takes action and is “really careful about protecting the kids”. The mention of an internal state, in this case “worry”, does not by itself denote protective action. It is important to establish that the client does more than “worry” but, additionally, acts carefully. This acknowledges both the details of the client’s responses and adds to the sense of ‘agency’ or ‘competent activity’ that is attributed to the client as the interview proceeds. (In this case, “agency” does not refer to some sort of inferred ability to overcome all oppressions by the force of one’s will. It means, instead, constant effort to do what one can under extreme duress.)

At this point it is clear that the conversation is about much more than safety and risk; it is also about how the client responds to actual and possible violence to protect her children and herself. In my view, any assessment that does not also seek to understand and reflect the victim’s responses and resistance is at best incomplete because many violent actions are designed precisely to suppress that resistance.

In the section on Q.3, the worker asks the very good question, “How do you get the pillow off your head?”. The client then describes how she physically resists the attacks and gently confronts her partner about his actions. The worker then uses a summary to highlight the controlled violence by the partner and the ever-present resistance of the client.

The client accepts this summary but insists that it is not “violence” or “domestic violence”. Instead, in the next exchange, the client explains the partner’s actions as “anger” and “stress”. This kind of comment is sometimes seen as ‘minimising’ or ‘denial’. But it can, and typically does, mean something else entirely. The idea that one’s husband and the father of one’s children is using violence deliberately to instill pain and fear may be just too much to take in, initially. Or, the client could be working to control possible interventions that might ensue if she agrees that, yes, it is “violence” and “domestic violence”.

The worker sees that it is important to acknowledge the client’s effort to assert her views in this context, which is so full of authority and risk. In response, the worker checks in, asking if “this is going ok for you”. In doing this, the worker conveys that the client is more than welcome to evaluate the process and assert her own point of view.

The transcript ends at Q.6 but the worker wraps up the call by once again highlighting how the client has been “protecting” herself and her “kids”. This theme is important as many women are rightly concerned that if child protective services become involved, they will be blamed for failing to protect their children.

This brief but very real example shows how the DVSAT cold call can be used to (a) expose the violence, (b) reveal the responsibility of the offender, (c) acknowledge and honour the victim’s responses and resistance, and (d) contest the blaming and pathologising of the victim. Solid information is the basis of solid interventions.

On Reflection

TEAM REFLECTION

What (if any) has been the overall value of PX for the people participating in PX?

All participants who completed the program at PWHC have said how significant the training was for them, its impacts on their practice, the organisations, their general social interactions (including personal life) and most importantly the women they support in daily work.

PX provided the opportunity for reflective practice, rethinking of perspectives and theories. In summary:

- Identification of resistance to violence and our role as social responders which supports strength-based approaches encouraging women to identify their own strengths, resilience, ingenuity and intelligence in resisting violence, protecting themselves and others. In essence we are now shining a light on what we have already known about the strength and resilience of the women we work with.
- Supports the shift away from victim blaming to shift the responsibility to those making the decisions to act in violence, clearly labelling who has done what in a situation
- Greater understanding that there is no easy solution/one answer for all for the complexity's women face particularly in relation to DFV.
- Highlights the range of complexities women face each day in addition to violence and guides a holistic view of women
- This practice encourages and supports a non-biased approach as we are acting as facilitators and supports to women to make their own choices. Clearly identifying that individuals are the experts in their own lives and each person's experience and story is unique to them. We act as a guide to walk along side them through the decisions they make. This creates clarity that our role is not to support women to leave but to provide options, support, guidance and follow the clients lead
- Reduced sense of pressure that need to get the woman to understand they are in DFV and need to leave yet interestingly more women are finding their voice and leaving of their own accord
- Decrease feeling of stress and pressure as individuals in our roles, in turn also reducing vicarious trauma, and increasing team cohesiveness
- Return to basics of being human in a society and supporting our communities and individuals within them, upholding each individual's dignity, value and worth.
- Improved service delivery and feeling/seeing the genuine difference our work is making to the clients we work with
- The ongoing reflective practice, fine tuning and support over an extended period of time allowed for deeper level of learning and practice development.

What (if any) has been the overall value of PX for your service/organisation?

Organisationally there has been a positive shift in the energy, presence, team performance, client outcomes and KPI's. We have found:

- Taking off the pressure that the women needs to leave and supporting women to identify their own agency, strength, dignity and options has interestingly increased numbers of women who choose to leave
- Higher percentage of women successfully leaving violent relationships and staying out of those violent relationships
- Greater retention rates and return visits with women, particularly those which previously were harder to engage and build rapport and trust with.
- As team has had same training while each person has a unique style there is an overall consistency/ predictability and cohesive approach / framework which in tern increases collaboration/ consistency and service delivery. Particularly when one worker is absent someone can step in with much more ease.
- Increased sense of cohesiveness, trust, and connection as each person knows where the other staff person is coming from and work from same framework.
- We have expanded the induction process of new staff to include resources from Insight Exchange to maintain this cohesion and quality of service delivery.
- Improved service delivery identified by self-reflection, management observation, client feedback and other agency feedback
- Observable reduction in vicarious trauma of the staff
- Overall shift in the energy and feeling of the whole centre being more strength based, upholding dignity and empowerment which benefits staff, stakeholders and most importantly clients

Who benefits?

What has been the overall value (so far) of PX for the people who access your service?

We have observed that the women who access the service have had a significant increase in value of the service and their experience. We have observed and received the following feedback:

- By reflection of women's actions, responses and resistance to violence has supported women to identify their own power, strength, self-worth, dignity and agency. The essence of empowerment.
- By placing women as the experts in their own lives enables us to truly listen to them, validate their emotions and experiences. Women are reporting that they are feeling heard, validated and listened to and workers actions match these sentiments. They are not just words by embodied practices. This is particularly significant for women from low SES and criminal justice background as this is often a rare occurrence
- Clients are more engaged in their own process / plans and working collaboratively with staff

- Understanding the role of social responders and including possible negative social responses allows for planning and preparing clients to face those contradictions and have a response ready. As a result, women are reporting greater success in engaging in other services and getting their needs met.
- Highlighting accountability of perpetrators shifting women's viewpoints. The question we ask women "If I met them in the street how would they treat me?" seems to have a profound shift in allowing previous excuses of mental health/addiction etc that concealed the violence to be unveiled and the deliberate choice/control revealed.
- Women are calmer and more confident in their own sense of self, life and engagement with others.
- One woman reported "this is the first time I am actually feeling like I am being heard and someone is listening to me".
- Another women reported "even just coming into the centre makes me feel safe, heard and looked after"

What (if any) has been the overall value of PX for other organisations/services you work with?

We have seen a positive shift in our engagement with other services. In summary:

- We have been able to support other services to see the woman for who she is, her strength, her resistance to violence which also supports putting responsibility of the violence to the perpetrator not the victim
- Posing questions to other agencies to subtly encourage rethinking their approach and viewpoint encouraging a different perspective
- Being more aware of role of social responders we are prepared for possible negative social responses. As such we have a response ready or this means we can challenge other services with more dignity, calmness and confidence. We can also prepare our clients how to challenge this themselves by labelling the violence, placing responsibility on the perpetrator and detailing their resistance to violence so that this voice is also heard even if the service hasn't specifically asked for it.
- Documentation of the resistance to violence and protection of self and children has had a significant impact in relation to child protection agencies and matters
- Ripple effect occurring where other services are seeing the shift and improved outcomes so asking more questions about our practice and what they can also do to improve their practice.
- As we share more information with others services there is more interest and requests for information about the Insight Exchange and the practice model asking up to speak about our experience of the Practice Exchange and Insight Exchange

What (if anything) have you noticed from PX participation that is unexpected or surprising? Or something distinct?

- Feeling greater compassion and consideration for clients where I was previously more cut and dry about what needs to happen and practical steps.
- It is so simple yet makes a huge difference to service delivery and clients
- Easy to comprehend and implement

- Back to basics of gentle curiosity, upholding dignity and respect
- Less push creates more shift and better results
- Increased role clarity for staff which also decreased stress
- Increase in team cohesion, resilience and positivity and reduction in vicarious trauma.

An example of analysis of language – Penrith Women’s Health Centre

Through the process of developing the Practice Exchange scenarios, participants in the PWHC Practice Exchange Team also produced an analysis of an account which is shared in the Insight Exchange Language Lab. The account highlights the four operations of language in action.

Follow the link to the [Language Lab](#) to explore the PWHC account and other Language Lab resources.

Looking ahead

VALUE OF PX FOR OTHERS?

Would you see value in PX being offered to other services?

Yes – the more services that experience this shift will create better outcomes for clients, better outcomes for our communities, increased service delivery, increased collaboration across agencies and the greater societal shifts as social responders. Violence is so prevalent in our society and often condoned that this societal shift is imperative in the healing of our community’s.

As more organisations are offered the PX and this shift grows then this will have many ripple effects. Increase in efficacy, service delivery, decrease in vicarious trauma and burn out in staff in organisation add to the overall societal change as social responders breaking entranced cycles of violence and disadvantage. As such this not only creates an improved society for us all to live in but a more cost-effective services and government funding to free up money for other needs. Supporting individuals in this space decreases funding needed for health, housing, criminal justice etc.

If you could offer PX participation to a particular sector or role/profession what would that be and why?


Large government organisations would be a primary target as this is where we often find the greatest resistance and they have more impacting power and decision making at times over individuals experiences. I.E. Police, Community, Corrections, Centrelink, Housing, child protection units and other non-government agencies.

IMPROVEMENTS TO PX?

What, if anything would you seek to change in the design of PX if it were provided to others?

Yes, the first masterclass was found to be clinical, cold, research based which did not resonate with many of the attendees. The discrediting and breaking down of another model also put people off which did not support the openness needed for learning and development.

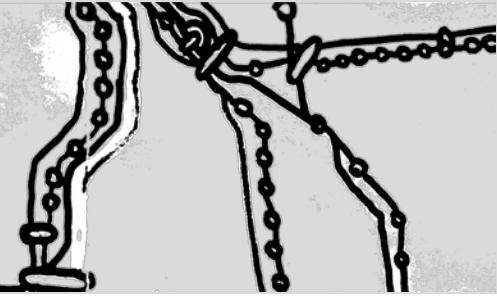
If the second day of master class could have been expanded across both days this would have been much more receptive, valued and considered meaningful by participants.



Looking ahead, what are some of the hopes and aspirations for further evolution of the work?

INDIVIDUAL REFLECTIONS

- I have experienced a slight shift in how I see. I am seeing what women have done with what they have to protect themselves and what they are doing to protect their children. My focus on his behaviour has heightened and on what she has done to resist. And I think that you said, 'why don't you just leave' and you said, 'why doesn't he just stop hitting her' and you pause, and it's about him being abusive and it's about what she does to protect and to shift. Looking ahead, although I have limited time in the contact I want to get in and use the questions we have been talking about. I want to share more with my colleagues what we have done in these sessions and have some sharing maybe between the teams. Our roles and time with people is different.
- For me it has been about going back to basics. Framing that resistance to violence and clearly naming it, it shows a great deal of power and ingenuity and intelligence of the resistance to violence and abuse that has just been skipped over. I have been using survival language a lot but I am shifting to resistance language as survival is instinctive but resistance is agentic, tactical and skilful. I particularly like this as I think it's important as often women and children don't see themselves as skilful and we can highlight their skilfulness in our listening and responses. The subtleties of the very smallest things are of such importance. Looking ahead I am trying to impart that to colleagues.
- I want to echo my colleague (above) and for me it's also been about focusing on all the things a woman is doing it's a focus on her about establishing her self-worth – our work helps with that. All these skills help to get that. I want to educate the younger generation and start that way.
- I agree, but it's about focusing on all the things a woman is doing that focus on a person's self-worth, and all the things that a woman is doing for her worth and looking at the violence and to say no more. Looking forward it's about trying to educate young people and that's what my focus will be.
- My biggest learning is like the two responses above. It's been so important to look at all the types of resistance going on – I never thought of these things as such a powerful strength, those very little things. This is the strength they used and what they planned of. I have been in awe of being so open with clients and colleagues, open to hearing and learning their beautiful stories of resistance. Being vulnerable with myself to. I'm excited to share the stories outwardly and humbled to share openly.
- I now really know that my role is to let the women know that they are heard and believed. And that I can let them know what their options are and that I can walk alongside through the decisions they make. Drawing out their resistance and teasing out his controlling behaviour has been really powerful. Looking ahead I look forward to continue in what I am doing to advocate on their behalf to other service providers to help them shift their focus a little bit and what we can do as a positive responding provider, and share in this together.
- I just want to say on behalf of my other colleague who is not here that she has really enjoyed being here and wants to open up her conversations and I would like to share this with my colleagues as well.



Women's Health NSW

About WHSNW

<https://whnsw.asn.au/about-whnsw/>

What is Women's Health

Women's Health NSW is an association of statewide women's health centres and specialist women's centres. All centres are non-government, community based, feminist services that provide choices for women to determine their individual health needs.

Philosophy

Services provided by Women's Health and Specialist Centres will be provided within a feminist context which:

- Recognises the social, environmental, economic, physical, emotional and cultural factors which influence women's health.
- Recognises and challenges the effects of sex-role stereotyping and gender discrimination on women's health and well being.
- Reflects the whole of a woman's lifespan, their various and changing roles and responsibilities, not just their reproductive life.
- Recognises the importance of maintaining well-being by the focus on preventative practices.
- Actively encourages the empowerment of women in both the personal and social aspects of their lives.
- Values women's own knowledge and skills and their right to make informed decisions about their health.

In anticipation

As an organisation

What would be your organisation's greatest hopes from participating?

That we continue to embrace learnings that can enable us to promote tools and values that make a difference for our clients individually, for the community and community values as a whole and to improve the systems and structures that have such a profound affect on health and wellbeing outcomes overall.

As an individual

My greatest hope from being an individual participant in the Practice Exchange initiative is:

- Continuous Improvement
- To develop understandings, knowledge and experiences that will shift ways of responding to domestic violence that provides longevity for responders and opportunities for clients to live beyond violence and oppression.
- I would like to be a part of informing and understanding best practice in the area of domestic and family violence.
- To be more a effective counsellor; to be more effective human; to live with eyes wide open;
- To have an opportunity for reflective practice on all aspects of how we work with clients impacted by DFV in our service to improve client outcomes, policies & procedures. Also to gain greater insights into primary prevention strategies for violence in society.
- Expand my thinking around working with DFV and be part of a collaborative effort to improve service provision in a meaningful and empowering way for clients
- Exposure to different ways of working with clients who have experienced DFV.
- Individual and Service Improvements
- To gain skills to improve public policy, law and practice that in turn enhance health and wellbeing

Practice Scenario

The following two scenarios A and B were developed within the Insight Exchange initiative Practice Exchange for the purpose of shared learning and practice development across sectors.

The Practice Exchange participants from **Women's Health NSW** developed **Scenario A**. Scenario A reflects an example of practice that may have been in place prior to engaging with the ideas of Response-Based Practice through Practice Exchange.

The Practice Exchange participants from **Women's Health NSW, with the support of Dr Allan Wade from Centre for Response-Based Practice, developed Scenario B**. Scenario B reflects how the ideas of response-based practice might apply and be used in the same scenario.

Under each scenario there are reflective questions for the reader.

Note: Scenarios A and B reflect a fusion of real-world real-work conversations that give a practical example for sharing insight and learning. The scenarios are not based on any one individual practitioner or person experiencing violence and adversity.

Women's Health NSW

Version A: client is ambivalent about leaving her partner where there's been a history of verbal, physical & emotional abuse - a few sessions in

Client = C Therapist = T

C= I love him so much. I know he loves me too & he's so caring sometimes. I just don't know what to do.

T: I know you've expressed how confusing this is in making a decision about your relationship. I've bought this Cycle of Violence handout in today for us to look at together. There's often a reoccurring pattern in perpetrators behaviour which is why they refer to it as a cycle. We could go through this together & reflect on what fits or doesn't fit for you in session today or you could just take it home & read it & then we could discuss it more next week. Does either of these sound ok? What would you prefer?

C: Yes. That sounds fine. We could start to take a look at it a bit now. I do think there's a repetitive pattern to his behaviour but he's good with the kids. He would never hurt the kids.

T: What part of the cycle from looking at this diagram do you relate to the most?

C: The buy back stage. He always acts as if everything is ok, then apologizes says it won't happen again. Sometimes I come home to find flowers on the table & a little romantic note like when we first got together. He knows that always gets me. He's really predictable. I know he's going to say how much he loves me afterwards.

T: You say he knows it always gets you- as if it works effectively to manipulate you- make you feel loved again. What feelings come up for you & what do you do in response to his buy back behaviours?

C: Oh I feel relieved. Connected again. Comforted & like it will all be ok again. Hopeful I guess & like I just want to somehow stay there in that space.

T: Of course. It must be nice to feel safe & connected again but you're also aware of the predictability to his behaviour - a bit like old dance steps with an old dance partner. How helpful is it to see his behaviour as predictable & as part of a cycle?

C: I think it's really helpful as it I think over time with counselling I believe I will get better at not letting him win me back. I know at some level his behaviour isn't ok, I just so want it to work between us.

T: By recognizing the pattern of an abusive partner's behaviour on these handouts can be a way of getting a bit of temporary distance from it, to better analyse it- all what's happening between the two of you and ways you've responded. From that place there's a chance to reflect what you want for yourself, your future, your kids....

C: He seems to come good after a while & acts as if nothing has happened, then I see the fun side of him again. This is what makes me hang in there. The kids need a father don't they?

T: They need a safe & secure home where they feel love & respect & can observe it around them in their daily home life.

C: I shouldn't have kept quiet about it all because now people won't believe me when I say he's the person I say he is.

T: What do you imagine would have happened if you told people earlier what he was like?

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

- 1. What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
- 2. And how does the person respond to the direction proposed by the interviewer?*

Version A: client is ambivalent about leaving her partner where there's been a history of verbal, physical & emotional abuse - a few sessions in

Client = C Therapist = T

T: Now you've told me a bit about your story I am curious to know how it's been for you sharing your story to other places where you have sought help from before. What's been similar, the same or different?

C: I think I felt guilty and stupid when I've sought help elsewhere before. I was left thinking what I should have done and it would have prevented him from being so angry.

T: What was it about the way others responded to you that made you feel that way?

C: Well they didn't really ask about his behaviour. They just focused on what I said & did.

T: Do you think it's your responsibility to stop him being violent?

C: I guess not, but I should know by now not to push his buttons. I am usually pretty good at doing what I need to do to keep the calm at home.

T: It sounds like you're very clever at keeping it all calm at home. What is it or how do you manage to do that?

C: I know the things that he gets most upset about so I make sure those chores are done such as tidying up the living area before he gets home, the kids have been bathed & dinner is 10 minutes away from being served.

T: It's amazing you've been able to find ways to keep everyone safe most of the time, but it sounds exhausting and demanding. You've been able to always stay on the alert, a few steps ahead, being organized. How do you manage to master this all when the stakes are so high?

C: I am just used to it now. I've done it for so long which is why I felt so stupid that I forgot to put the oven on last night and dinner was late. I felt guilty that the kids heard him yelling and swearing at me.

T: So you knew he was going to be aggressive. Where were the kids?

C: I sent them to their room as soon as I heard his keys in the door.

T: So you sent them to their room to keep them safe. You were thinking about how to protect them from his violence.

C: I've never thought about it like that before. I feel guilty because previously counsellors or case workers would have just questioned me about why I am still staying with him and said the safest thing for my kids and I would be for me to leave him.

T: Now that you realize all of what you've been doing to stop the violence, what difference do you think will this make for you?

C: It will make such a difference. I feel so relieved. I've always felt blamed, judged and guilty after seeing other counsellors. I can sense most of the time they're sitting there thinking "Why don't you just leave?" It's in their whole manner & body language. Sometimes they've asked this question directly.

T: Who in the family will be the first to notice you're relieved?

C: My oldest daughter will notice. She's so concerned about me & keeps telling me to just relax.

T: What will she notice in you?

C: I am not always pacing the floor, looking at the clock and I can be more present.

T: What will it mean to you if you can be more mindful and present in your life & with your kids?

C: It confirms to me that my relationship with my kids has always been the most important thing to me.

T: That's sounds so validating to have that reaffirmed about yourself. We're coming to the end of our session. How has it been for you?

C: I feel more supported and like it's not my fault anymore.

T: That must feel very empowering. Do you think it would be useful to meet again?

C: I'd like that.

Reflection:

All questions are leading in some form or another – like a flashlight in a dark room, they place attention somewhere, and take the conversation in a direction.

1. *What do you notice about where the interviewer's questions, even if short, take the person in this scenario?*
2. *And how does the person respond to the direction proposed by the interviewer?*

Observations –Women’s Health NSW Scenarios

by Dr Allan Wade | Centre for Response-Based Practice

Women’s Health New South Wales (WHNSW) is association of specialist non-government, community based, feminist women’s health centres that provide choices for women in meeting their individual needs. The opportunity to provide therapy allows for longer term and more in-depth conversation about the complexities involved.

Scenario A is focused around the cycle theory of violence, published by Lenore Walker in 1979 and modified by others since. It is used here as a kind of psychoeducational tool to ‘encourage’ the client to identify what are thought to be common patterns in the behaviour of men who use violence.

The conversation around the cycle begins with a description of the offending husband’s actions but shifts quickly to a focus on how the client allows herself to be “manipulated” and, in a sense, continually ‘re-romanticised’, by the offending husband’s post-violence apologies and love notes. The locus of responsibility is shifted back to the woman, whose role in and through the process of counselling is to “become better at not letting him win me back”. There is no mention of the client’s resistance.

Scenario B begins with a question about the client’s experience of previous institutional responses, when she has talked about violence. The client says she felt “guilty” and “stupid” because other counsellors focused only on what she should do differently and not on the behaviour of her offending husband.

The therapist follows the client into the theme of keeping “the calm at home” and asks the social-interactional question, “how do you do that?”. This elicits more information about the tactics the client uses to try to maintain calm and safety. The therapist summarises and presents a compliment with, “It’s amazing you’ve been able to find ways to keep everyone safe most the time”, and then, “How do you manage to master this all when the stakes are so high?”. This question presupposes strength of spirit and rugged competency in the context of ongoing violence.

It is now a small step to bridge into noticing how the client works to protect the children. The client states, “I sent them to their room as soon as I heard his keys in the door” and the therapist follows up with, “You were thinking about how to protect them”. This is a new and positive view for the client in this case, as it is for many women in cases of domestic and family violence - and many others who have been subjected to other forms of violence.

The client compares this perspective with her experience of earlier counsellors who she felt just wanted her to leave her husband, but without any acknowledgment of her pre-existing capacity and resistance. She recalls, “I [could] sense most of the time they’re sitting there thinking ‘Why don’t you just leave?’ It’s in their whole manner & body language”.

The therapist follows up this “news of difference” with a skillful question about what difference this new view will make. Upheld as a parent who has worked hard to protect her children, the client reflects, “It confirms to me that my relationship with my kids has always been the most important thing to me” and “I feel more supported and like it’s not my fault anymore”.

On Reflection

INDIVIDUAL RESPONSES

What (if any) has been the overall value of PX for the people participating in PX?

- “Realising that even when I think I have the detail there is always more and I need to be asking more questions that bring present awareness onto the past.”
- “How beautiful life now seems, realizing that all my clients do and have done, knowing that all I have done and do is nothing but...resistance – resisting to be devoured – I am talking not only devoured by men, but by women as well, by the system, by the patriarchy – as I see this system as a system of thinking and a system of being in the world.”
- “My greatest reflection is that it’s not about understanding the overarching theory, it’s about applying it (the micro details) to every client interaction.”
- “‘How’ we achieve something is often more important than ‘what’ we achieve. In fact, the ‘how’ often is the ‘what’. For example, we cannot achieve equality by using the perpetrators’ tools for humiliating the other, assuming ‘power over’.”
- “The idea is of acknowledging the skills clients already have and that my work is about shining a light on what clients already know but is reframed as resistance.”
- “Being a resistance detector & validator. It’s always on my radar now – listening out for opportunities to reflect back to clients their acts of resistance & how they maintain their dignity, often in such adverse situations.”
- “My reflections continue to be seeing resistance everywhere. Even when it seems ‘disguised’ as being stuck or guilty.”
- “I also feel more equipped to explore and ask more questions about social responses..”

What (if any) has been the overall value of PX for your service/organisation?

- “Reviewing what quality improvements we could make to our Clinical Policy & Procedures to include response based questions in our phone intake assessments and or start of counselling/engagement history forms ...”
- “I am confident that resistance will be part of my future work, and I think I need to think about how it will be part of our work across the team and in our initial assessment.”

Who benefits?

What has been the overall value (so far) of PX for the people who access your service?

- “It’s just so empowering as a way to respond to people in a way that highlights their agency, and so it’s great as a tool for working with clients”
- “Helping clients build a respectful relationship with their body and understand the ways their body has helped protect them by being sick or injured and the ways it doesn’t have to do that anymore but now needs its own nurturing”
- “I keep thinking how similar & complementary resistance is to strength based questions as they often have an empowering, validating effect on the client and allow them to reclaim something about themselves that was missed or lost.”
- “Thinking about the meaning clients make of their physical symptoms in relation to psychological ones. I have a couple of clients who view their bodies as the enemy ... I have now been talking to clients about the ways their bodies gift them and restore dignity. This had led to conversations about yoga, dance and tattooing as a symbolic act of reclaiming body.”

What (if anything) have you noticed from PX participation that is unexpected or surprising? Or something distinct?

- “Dignity-driven practice. The use of the word dignity I have found very powerful and have noticed the empowering impact it has on clients when I describe their dignity.”

Looking ahead

VALUE OF PX FOR OTHERS?

Would you see value in PX being offered to other services?

Understanding that ‘unpacking resistance’ has a profound capacity to help growth, healing, agency and quality of life. Value is an underrated word...


If you could offer PX participation to a particular sector or role/profession what would that be and why?

- WDVCS and DVNSW membership
- NADA members – Network of Alcohol and other Drugs Agencies

IMPROVEMENTS TO PX?

What, if anything would you seek to change in the design of PX if it were provided to others?

Centres found the follow up ‘writing up reflections’ difficult in relation to their work schedules. Having said that the reflections have great application.



Looking ahead, what are some of the hopes and aspirations for further evolution of the work?

INDIVIDUAL REFLECTIONS

- Thinking back through PX, the master class was fantastic about putting things into context about working with clients, but without having the opportunity to keep contact with Allan it wouldn't have stuck in the same way. And really explore this in the context of my work with specific clients. I just know that another woman, who binge ate, and I know the woman who was binge eating and was so afraid to be married off that the more she ate, the less she was interested men would be, and it was a form of resistance. And so, from her it was also a form of resistance because if she was skinny, she may have sex with herself. And so, it's been a form of resistance and it has restored dignity in herself and in her own body, and I wouldn't have gotten there without these sessions and the support of Allan.
- I just see it as part of any kind of doing therapy, I found it really helpful as part of working with adult survivors of sexual assault, I am really excited about contacting Allan's colleague about using poetry to explore resistance. Its just so empowering as a way to respond to people in a way that highlights their agency, and so its great as a tool for working with clients.
- I was thinking that of the 2 years I have been involved with at Sydney Women's Counselling Session, it's been the most meaningful thing that I have been involved with. Its been important to me, and I have been very motivated to do my own research, I know that I have not followed the rules, but I feel I have submitted a lot. Looking forward I think that yes, I think that yes, I will involve this in my clinical work and also, I hope to do a PHD in RBP.
- I guess for me, that I loved the masterclass, and a lot of the ways we work at Sydney Women's Counselling Service really fits with this work. The principles we learnt on the masterclasses were great and were by and large complementary really to the work of our centre. Though we really needed to critique some of the things that we used before such as the power and control wheel etc. but on the whole it was quite aligned to feminist approach. I found the animal experiments really challenging and really confrontational for me. But for me the most valuable bit was the opportunity to work with Allan and reflect on the work with clients, and its just now trying to look out for and ask for acts of resistance because they are not obvious things, and so I need to go looking for those things and asking the right kind of questions that gives me a foot in the door. I have been aware that I have been using the term 'self-respect' instead of dignity. I am confident that it will be part of my future work, and I think I need to think about how it will be part of our work across the team and in our initial assessment.

Key Collaborators:

Dr. Linda Coates

Dr. Linda Coates is a professor in the department of Psychology at Okanagan College. She is one of the founders of the Centre for Response-Based Practice and has published and presented on topics related to violence, social interaction, and language. Linda is particularly interested in social responses to violence and has investigated responses by helping professionals (such as therapists and psychologists), legal professionals (like police, prosecutors, defence council, and judges), and the media.

Linda has conducted numerous studies demonstrating how language can be used to conceal violence, mitigate perpetrators' responsibility, blame victims, and conceal victim resistance. She pioneered the use of the term "unilateral" to describe violent interactions, and "mutualizing" to describe how those unilateral violent actions are misrepresented as mutual.

Dr. Allan Wade

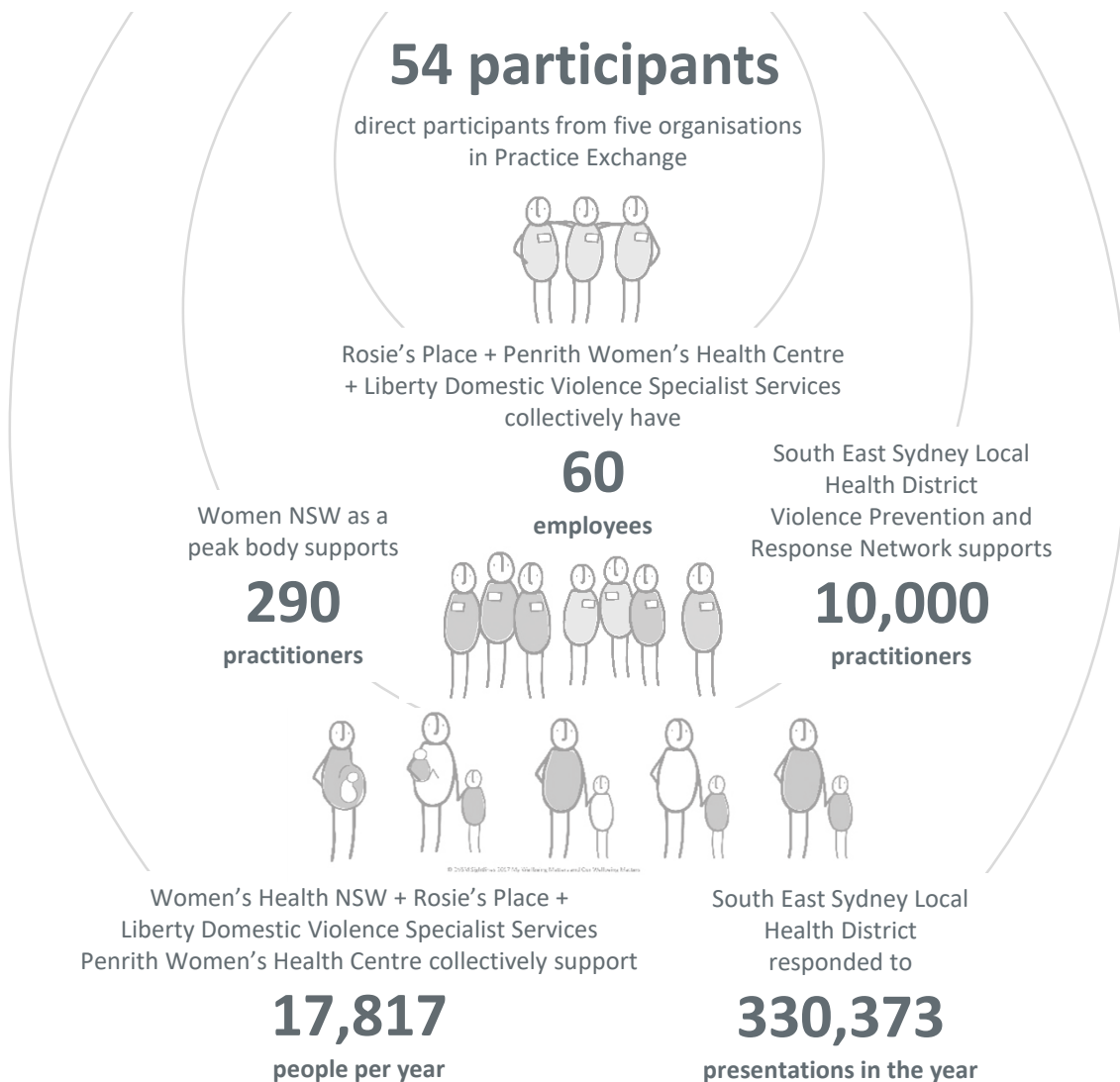
Dr. Allan Wade began his work as a family therapist in 1983. Prior to entering private practice, Allan worked in federal corrections, youth work, addictions services, child protection, and as a special education teacher.

In 1999, Allan completed his Ph.D. in Psychology from the University of Victoria. In the course of his Ph.D. training, Allan focused on the micro-analysis of face-to-face communication, and on the connection between violence and language. His dissertation is entitled, “Resistance to Interpersonal Violence: Implications for the Practice of Therapy”.

Allan continued to work as a family therapist while completing graduate studies. With colleagues Linda Coates and Nick Todd, Allan developed Response-Based Practice, which is both a method of working with victims and perpetrators of violence and their families, and a framework to guide professional interventions, research on social responses to interpersonal violence, and research on the connection between violence and language. Allan teaches locally and internationally. He provides supervision and conducts workshops with criminal justice and mental health professionals from across the range of agencies involved in cases of interpersonal violence.

Supporting improved awareness and responses to violence through

Practice Exchange 2019



Across the state of NSW there are productive, purposeful efforts to continually support and improve awareness of and responses to violence.

Practice Exchange is an initiative designed to add to and support the good work and efforts already in place across services and sectors.

The above diagram maps the existing service reach in place through the five organisations who are participating in Practice Exchange.

Our hope is that in some way, the reflective efforts of individual practitioners and as teams, holds value for the wider workforce and populations already reached through these services.

Looking back, what are some of the insights and reflections from the Insight Exchange Team?

It's been a privilege to be part of Practice Exchange and to work with a group of people dedicated to ensuring they respond to victims of violence in ways that support safety and uphold dignity.

What has become evident through the course of Practice Exchange is the commitment and integrity of the participants; to reflect on their practice; to do the uncomfortable work of questioning and challenging so many of the assumptions which underpin our responses to victims of violence; and to shift approaches, and try new ways of working to ensure their responses to victims are helpful and uphold dignity.

The result of which has been a shift away from the idea that as responders we are the 'expert' 'helping' the victim, to one where as a responder our role is to be a curious learner seeking to uncover victim's resistance to violence and how social responses have been helpful, unhelpful or harmful. It's been heartening to hear that this shift has reduced the pressure and burden on participants to 'make people safe' and has enabled a focus on upholding dignity and supporting women to make decisions as the experts in their own lives.

For me the most significant outcome of Practice Exchange is hearing the value that this shift in practice and thinking has had for victims of violence, in that it; "dissolves shame and guilt"; "builds a sense of respect and dignity for the client"; supports them to "identify their own power, strength, self-worth, dignity and agency.

Geoff Hazell
Participation and Engagement Advisor
DVSM Sightlines Professional Services

Practitioners in the Practice Exchange teams have long been creating space for people to talk where no one else or no place else has been safe enough to disclose to. They are working day in and day out to respond to violence and support people at some of the most adverse, complex and alone moments in their lives, and they do so with skill, practice wisdom, and compassion.

The practitioners we met in PX teams were capacious, thoughtful, grounded and pragmatic. Their work is of profound importance and value and our hope is that the gift of this donation to participate in Practice Exchange enriches the good work in place and supports individuals and teams to inform and extend it further.

As teams you've been inspiring colleagues with your resolve and resourcefulness to work against the tide of social stereotypes and systemic failings. I personally want to say thank you for staying hopeful and helpful in what you so carefully do, upholding dignity, building on safety and guiding people through a complex service system.

Thank you to each individual and team for your professionalism to engage in Practice Exchange and the honest work you have done together to reflect on 'who benefits' from the theories and nuances within your practice. Thank you for the opportunity to learn from and with you in each session.

On behalf of all who benefit today and in the future from your work – thank you,

Sal Dennis
CEO - DVSM

INSIGHT EXCHANGE | Resources

About Insight Exchange



Insight Exchange centres on the expertise of people with lived experiences of violence and gives voice to these experiences. It is designed to inform and strengthen social, service and systemic responses to Domestic and Family Violence.

Learn more about insights from lived experiences of violence and other adversities through the videos, narratives and resources hosted on www.insightexchange.net

Follow My Lead



Follow My Lead is an awareness raising resource

Follow My Lead speaks from the voice of people with lived experience of Domestic and Family Violence (DFV) who need the professionals and their social networks to be more prepared to respond effectively; more prepared to respond in ways that uphold dignity and build on safety.

Read the first edition of [Follow My Lead](http://www.insightexchange.net).

Who is this resource for?

Follow My Lead is for any person who at some point may be listening to and responding to their friends, family members, colleagues, peers or to the people who use their service, who are experiencing DFV. The resource may also have benefits for people who are:

- Thinking about their own relationships and experience of DFV
- Seeking support about their own lived (or live) experience of DFV
- Working as a service responder to people experiencing DFV

My Safety Kit



My Safety Kit is a reflection resource

My Safety Kit speaks in the voice of the reader who may be reflecting on their own relationships and (possible) experiences of domestic and family violence.

Read prototype 1.1 of [My Safety Kit](#)

Who is this resource for?

My Safety Kit is for any person who at some point may be reflecting on their own relationships and experiences of domestic and family violence. The resource may also have benefits for people who are:

- Supporting friends and family who are (or might be) experiencing domestic and family violence
- Working as a service responder to people experiencing domestic and family violence

Insights



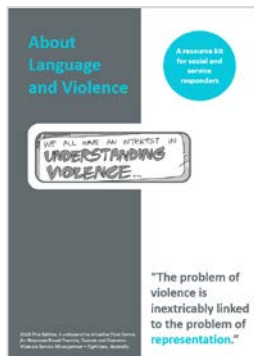
Shared insights from lived experience

Learn more about insights from lived experiences of violence and other adversities through the videos, narratives and resources hosted on www.insightexchange.net

The **Insight** component of Insight Exchange is grouped into projects or initiatives that shared the lived experience insights of others.

- [Voices of Resistance](#)
- [Voices of Insight](#)
- [Voices of Experience](#)

Language Lab



Explore the [Language Lab](#) on Insight Exchange and related resources.

Download the first edition of the [Language and Violence Resource Kit](#).

This Resource Kit draws directly from the work of Dr Linda Coates and Dr Allan Wade: [The Interactional and Discursive View of Violence and Resistance Interaction. 2007](#) and work of the wider team from the Centre of Response-Based Practice team.

Related resources are drawn from the DVSM Sightlines initiative Insight Exchange developed in collaboration with Dr Linda Coates and Dr Allan Wade: www.insightexchange.net

Videos



Explore the short and long form [videos on Insight Exchange](#) and related [resources/publications](#)

Read the [Insight Exchange Engagement Report](#) to find out more about our reach.

To find out more about participating in Insight Exchange visit the [Participate](#) page.

“...for me it has been about going back to basics. Framing that resistance to violence and clearly naming it. It’s the ingenuity and intelligence of the resistance to violence and abuse. I have been using survival language a lot, but I am shifting to resistance language as survival is instinctive, but resistance is agentive, tactful and skilful. I particularly like this as I think its important as often women and children don’t see themselves as skilful and we can highlight their skilfulness in our listening and responses. The subtleties of the very smallest things are of such importance. Looking ahead I am trying to impart that to colleagues...”

Practice Exchange Participant 2019

Domestic Violence Service Management would like to thank:

Dr Linda Coates and Dr Allan Wade and their colleagues at the Centre for Response-Based Practice, Canada for their visionary and pioneering work on social responses, resistance, language, and the upholding of dignity.

All the participating individuals and organisations who have shared your insights and learning for the benefit of many.



PRACTICE EXCHANGE is an Insight Exchange initiative
www.insightexchange.net
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