Centre for Family Research and Evaluation
100 Drummond Street
Carlton VIC 3053
Phone: 03 9663 6733
www.cfre.org.au

Shared Learnings:
Proceedings of the "Family Violence Recovery – Research and Practice Forum"

Held on 5th March 2019 at the Karralyka Centre, Victoria

Prepared by the Centre for Research and Evaluation

A division of drummond street services
wellbeing for life

Acknowledgements

The authors of this document respectfully acknowledge the Traditional Owners of the land within which we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, culture and in resisting colonisation.

The Centre for Family Research and Evaluation is a division of drummond street services. Staff from CFRE helped to record the Forum processes and outcomes on the day of the Forum, and Karalyn Davies initially drafted these Proceedings.

Collaborators who contributed significant time towards editing these Proceedings, in alphabetical order: Allison Cox (Berry Street Take Two); Amanda Morris (Family Life); Anita Pryor (Adventure Works Australia); Beth McCann (drummond street services); Ellen Poyner (drummond street services); Mark Colletti (MacKillop Family Services); Shae Johnson (drummond street services); and Sophie Mast (Women's Health West).

The family violence recovery collaboration emerged from a shared desire by community-based organisations to build collective knowledge across the 26 Therapeutic Demonstration Projects funded by the Victorian Government's Department of Human Services. The purpose of the Demonstration Projects was to trial innovative therapeutic practices in support of recovery for victims surviving from family violence, in response to the Royal Commission into Family Violence. Collaborating organisations recognised the need to create an eco-system of services, with various and diverse therapeutic interventions supporting victim survivors and their recovery in coherent and complimentary ways.

Collaborators who contributed significant time towards planning and hosting the Family Violence Recovery Forum, in alphabetical order: Allison Cox (Berry Street Take Two); Amanda Morris (Family Life); Anita Pryor (Adventure Works Australia); Anthony Egan (Ballarat & District Aboriginal Cooperative Ltd); Ben Knowles (Adventure Works Australia); Christine Bone (Melbourne City Mission); David Crawford (The Salvation Army); Fiona Theodorou (Uniting Wesley); Hayley Ballinger (South Western Centre Against Sexual Assault); Heather Paterson (Centre for Non-violence); Hoda Nahal (Baptcare); Jayne Stuart (The Salvation Army); Karen Field (drummond street services); Kate Ellery (WRISC Family Violence Support); Kim Schroeder (Uniting Kildonan); Lauren Vanderzeil (Kids First Australia); Lianna Muscat (Baptcare); Mark Colletti (MacKillop Family Services); Mary Clapham (South Western Centre Against Sexual Assault); Monica Robertson (Australian Childhood Foundation); Nikki Ball (Anglicare Victoria); Pete Rae (Adventure Works Australia); Ruth Payne (Colac Area Health); Sally Goodridge (WRISC Family Violence Support); Sally Wood (Colac Area Health); Sophie Mast (Women's Health West); and Theresa Smith (MacKillop Family Services).

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Preamble

The "Family Violence Recovery – Research and Practice Forum" was designed to facilitate the sharing of knowledge across 26 therapeutic family violence services funded by the Victorian Government in response to the Royal Commission into Family Violence [1].

The Forum was collaboratively planned by around 40 people from 21 organisations over a three-month period, from January 2019 to March 2019. A core group of around ten people facilitated the event and recorded outcomes.

In addition to helping plan the Forum, Demonstration Projects were invited to share their practice-based knowledge and research through responses to a survey designed to capture and synthesise key learnings across projects. Survey responses led to a presentation on 'Shared Learnings' at the Forum, and will be the basis of a presentation at upcoming conferences.

The Forum was attended by 130 people, representing all 26 Demonstration Projects and 50 community-based organisations in all. Attendees included practitioners, clinicians, supervisors, managers, directors, researchers and policy-makers of therapeutic family violence services from across Victoria.

The process of collaboratively co-planning and co-hosting the Forum became a rich way to share new knowledge learned across the Demonstration Projects, while also attending to one of the most salient features of contemporary practice, that of addressing intersectionality. The Forum was a rich collegial experience, and by many accounts felt akin to a 'community of practice'. Attendees contributed to a list of areas for action to build collective wisdom, support effective therapeutic practices, and strengthen the sector.

The purpose of this document is to share the learnings from the demonstration projects and inform services seeking to support therapeutic recovery from the harmful effects of family violence.

Introduction

About the Family Violence Therapeutic Demonstration Projects

Between 2017-2019, the Victorian Government funded 26 intensive therapeutic recovery pilot projects for people who had experienced family violence. Four of these projects specifically targeted Aboriginal families [1].

The aim of the pilot projects was to support recommendations from the Royal Commission into Family Violence, in particular to:

- Improve accessibility, particularly for people from diverse backgrounds;
- Transform the way the system responds to family violence; and
- Support family violence services to strengthen and enhance therapeutic responses for adults and children impacted by family violence.

Overview of the Forum

Purpose

"Our main aim is to build collective knowledge in relation to supporting recovery from family violence (FV) amongst providers of the 26 Therapeutic Demonstration projects".

Objectives

1. Share research and practice wisdom gained from Demonstration Project trials
2. Discuss and illuminate new knowledge in relation to supporting recovery from FV
3. Identify implications for practice, services, service systems, research and policy
4. Document shared learnings and publish findings in Forum Proceedings

Approach

It was decided that an effective way of creating space for engaged, iterative discussion was to establish 'fish bowls'.

A fishbowl is a form of group conversation used when discussing topics within groups. The process usually involves two groups of people, one group sitting in an 'inner circle' (the fish) and another group sitting around this group creating an 'outer circle' (the fishbowl). People seated in the 'inner circle' actively participate in a discussion and share their perspectives. Those sitting in the outer circle observe the group process and listen to the ideas presented. Towards the end of the fishbowl conversation, people sitting in the outer circle are invited to comment on what they saw and heard. An advantage of a fishbowl discussion is that it allows focused conversations to occur in larger group settings and offers different roles to group members.

Three fishbowls occurred simultaneously, allowing attendees to participate in whichever discussion they preferred. The topics for these three discussions were:

- **Fishbowl One: What is recovery in the family violence context?**
  Defining recovery - who defines recovery? What have we learnt about the process of recovery? Are there common major milestones? Are there examples of the recovery process ending? What does the recovery journey look like for children? For men who have used violence?

- **Fishbowl Two: What do our clients say?**
  What have we learnt from our clients? How do they describe their involvement and relationship with your project? What have they said about the therapeutic support you have provided? What do our clients say what works for them? What do children say about their involvement? What do men who have used violence say about their involvement?

- **Fishbowl Three: How can we measure recovery and assess service effectiveness?**
  How can we measure recovery outcomes? How can we assess our success in supporting recovery? What is an effective FV recovery service? What does the research and evaluation say? How does this knowledge contribute to the FV recovery evidence base?

Two facilitators opened conversations on the stated topics. Facilitators used prompt questions to support the flow and depth of conversation taking place in the 'inner circle', ensuring a diversity of perspectives were heard. The facilitators then invited the outer circle to comment on what they had seen and heard in order to deepen the learnings. Each Fishbowl discussion was allocated two researcher scribes. Scribes recorded everything they heard, paying attention to key themes arising from the discussion.

After these initial fishbowl discussions, one scribe from each topic area was asked to form an 'inner circle' of a new fishbowl, to share themes and patterns they observed in the first fishbowl to all forum attendees.

Agenda

9:30am	Welcome to the Forum, Welcome to Country
10:00am	Plenary by Dr Wendy Bunston: "A 'Right Royal' Celebration of recovery from Family Violence"
10:45am	Morning tea
11:00am	Fishbowl Discussions – three topics running concurrently
12:30pm	Lunch
1:00pm	Plenary led by Dr Allison Cox: "Shared learnings across six Family Violence Recovery Therapeutic Demonstration Projects"
1:30pm	Whole Group Fishbowl Discussion
3:30pm	Afternoon tea
3:45pm	Reflections on collective knowledge and implications going forward
4:15pm	Closing remarks
4:30pm	Close

About the Family Violence Recovery Collaboration

In January 2019, directors from Adventure Works Australia proposed an open invitation to all 26 Therapeutic Demonstration Projects to collaborate as a sector, with a view to co-planning a collaborative Forum for the sector to share learnings from Project trials. Attempts were made to engage the Department of Human Service's Family Safety Victoria policy team in the initiative as partners, without success.

Over the three months leading up to the Forum, around 40 people from 21 organisations (including people from 23 of the 26 Therapeutic Demonstration Projects) attended 12 weekly video conference meetings. The meetings provided a safe collaborative space for sharing knowledge and learnings amongst the sector and led to a sense of collegiality across Projects.

During the three months of Forum planning, an invitation was made to all 26 Projects to share findings from their Project's practice and research with a view to synthesising a 'collective body of knowledge', a process that was widely felt to have been lacking during the Demonstration Project trials. While EY Sweeney had been engaged by the Department to evaluate projects and provide recommendations to government, little information about their evaluation was shared. Some Projects evaluated their own processes and impacts, either in-house or through external researchers, and it was this information, provided by six collaborating organisations, that provided the basis of an analysis of Shared Learnings that was presented at the Forum.

An active group of around ten collaborators shared a keen motivation to cooperate and share learnings in spite of the often-competitive culture created by government tender processes. They noticed a shared desire to maximise the learnings coming from the significant investment made by government in trialling 'what works', and to ensure that the learnings would be built on in future iterations of the therapeutic services trialled.

Analysis and reporting

After the Forum, scribes sent transcripts of their notes from the fishbowl sessions to the Centre for Family Research and Evaluation, a division of drummond street services. These responses were coded by author KD using NVivo software, according to pre-determined sub-questions. Additional codes were also created where conversation points did not fall under the set sub-questions. In order to expand upon themes that emerged from these discussions, some additional data was also sought from literature. It is hoped that this document will provide some scaffolding or a framework upon which to reflect and further develop our understandings of recovery from family violence in Victoria.

Notes from keynote presentations and afternoon sessions are also included.

Fishbowl One: What is 'recovery' in the family violence context?

This fishbowl discussion revolved around definitions of recovery: who gets to define what recovery looks like, whether it follows a typical process or particular milestones, and whether there is a recognised 'end point'. Participants of the fishbowl discussed whether recovery had certain connotations for children accessing services, and looked at how we define recovery for men who use violence. The group discussed the importance of providing suitable definitions of recovery to ensure that services are being delivered in a way that aligns with clients' needs.

Recovery looks different for different people

Comments from this discussion highlighted the deeply personal and non-linear nature of recovery from intimate partner violence and family violence. There was agreement among participants that clients ultimately have their own concepts of what recovery means to them. While practitioners may bring their own interpretations to the table, it is the role of the worker to 'hold space' for clients to interpret and define it for themselves. This led to reflections by participants that established notions of 'recovery' may not actually have meaning for clients. One participant reflected on the range of ways that recovery differs from client to client – for some people this could mean having the confidence to catch public transport, for another it might mean getting a solid night's sleep, or having income to afford things they need, or being able to access supports, or being able to look to future endeavours like finding work or enrolling in training. Another participant described recovery as simply 'getting on with it'. When we focus on the highly personalised nature of recovery, we understand that there is no one best approach, and that providing support will vary from person to person [2].

> A person can 'tick the boxes' and have recovered on paper, but that doesn't necessarily mean they've recovered for themselves.

In the late 1980s and 90s, the user/survivor movement led to new understandings that recovery wasn't just about an absence of symptoms, but also included a focus on wellbeing and renewed sense of self [3]. This new social lens viewed that there were broader systemic and environmental barriers that greatly determined an individual's ability to recover. An understanding of personal recovery from mental illness emerged:

> "Personal recovery is a person's renewed sense of self and the self-directed return to a meaningful life, which may or may not include the abatement of symptoms. It is a more subjective process-oriented view of recovery than clinical recovery. It views the individual as possessing strengths, as an active agent and in relation to their whole known context" (MH Commission, 2011).

We don't know what recovery means for children

Participants reflected that there seems to have been an 'evolution' in understanding recovery, from a focus on individual understandings of recovery to incorporating recovery within family units and within communities. One participant added, "our work is always evolving. Initially focused on the needs of mothers, we're progressing to integrate experiences from other people... [Now] it's about incorporating the effects on family and children".

Witnessing family violence play out between parents/caregivers is one of the most common sources of trauma for children and young people, and is linked to various internalising and externalising symptoms, socioemotional problems, cognitive and other developmental delays [5]. Being exposed to family violence and the ensuing fear, distress and uncertainty is directly associated with negative health and wellbeing outcomes for children. However, the implications are much further reaching, and the ability for the non-offending parent to adequately respond and attend to the child is often undermined. As Humphreys (2006, p. 55) writes, "Struggling with their own survival in the face of abuse leaves many women with few resources for parenting. Depression saps their energy and self-esteem, while the numbing aspects of trauma may cut them off from being emotionally available to their children".

One fishbowl participant described the importance of the mother-child attachment, and how damaging it can be if this bond is broken or not properly formed during foundational years.

> Our work with children is extremely time-critical. This is happening in important developmental stages of their lives. [Having a] sense of self and hope is also important. Just simply being able to play and be creative: traumatised children don't play. As they continue to grow and develop they can't wait for their parents to get better.

Literature certainly supports this claim that the mother-child relationship can be harmed by exposure to abusive environments. A mother's parenting practices can strongly influence a child's recovery in the immediate weeks that follow a serious incident of family violence [5]. Once children and mothers are safe from the violence, it is important to focus on the strengths in the relationship and to facilitate their recovery together [4].

Working with children separately from parents

A couple of participants spoke of the difficulty mothers had with talking in front of children about family violence, and conversely, children speaking with their mothers. They suggested that there are learnings about how these emotions and dynamics are expressed within the family setting. Different family members are affected differently by the experience, and need to work at their own pace. Sometimes individuals need their own space to act things out (including sometimes choosing to *not* talk). For younger children, play has been a helpful medium to 'speak' about family violence. This might include sand play, doll houses and other safe mediums to express their story. There is a need for creating a safe space for expression, understanding that each family member may not be ready to 'go there'. Also, for some women, having space away from their child to talk *about* their child can be an entry point into discussing how the trauma has affected their family, as well as creating opportunities for discussing intergenerational trauma and lateral violence. Some women, for example, may be reluctant to talk about their own experience, but willing to talk about how their children are affected.

Is it about "resilience" rather than recovery?

Participants described at length the resilience and survivorship exhibited by children and young people they worked with. "Children show incredible resilience and capacity for change… there is room for growth and change". Despite this, there was consensus that we don't really know what recovery looks like for children and several comments were made that we must incorporate child perspectives into our understanding. Comments included: "We need the voice of the child in the space, and when they can't give it to us themselves, we need to think about how we bring the child's perspective into the space" and "How [do we] capture change for children?". Workshop participants also reflected on the importance of viewing young people as

survivors in their own right: "They want to tell their story – they need to be treated as individual survivors before coming together as a family – they each have their individual meaning".

Dr Wendy Bunston who was a keynote speaker at the Forum described her work with infants and children as a privilege, and stated that some of the main takeaways from her experiences included:

- Children want some help in navigating their relationships, even with those who have been violent – they have mixed feelings, which are tangled up, and with which they want help – e.g. finding out more about dad, their worker having direct conversations with mums and dads, and their worker helping them talk to dad.

- Children feel disempowered by the Family Law Court system – they often feel that this is happening to them and their voice isn't present or heard.

- Children can have horrific experiences but if they are provided with appropriate wrap around supports that encourage their growth, they can develop tools. Children have incredible resilience.

In the mental health context, the term 'resilience' alludes to a positive adaptation following adversity, and is often preferred over the term 'recovery', the latter insinuating a 'return to a former state', which is not appropriate given the young person's constantly evolving stages of development [3]. There is a need for us to understand rates and patterns of recovery to trauma, and how best to time therapeutic interventions [5].

There is no 'typical' recovery journey

Having agreed that recovery means different things to different people, participants discussed that from their experience, there did not seem to be a 'typical' process of recovery. There was discussion about how different needs were intrinsically connected, and that recovery in different areas doesn't fit into a linear process. One participant suggested, "We can't focus just on recovery from violence when other needs are critical and need to be immediately addressed, like housing and food security".

Another participant went on to describe the need to work with clients on recovery across several domains: "We've got to look at all the issues, poverty, AOD, homelessness. If we don't look at these things, great therapeutic work is meaningless. Family violence recovery is not discrete from 'recovery' from other issues. It's got to be holistic work". However, another participant added that perhaps program funders do not anticipate the level of complexity of working holistically with clients.

Historically, much emphasis has been placed on the need to leave and stay out of a dangerous situation, with little attention paid to how the victim-survivor reconstitutes their life moving forward [6]. Certainly, a central task of family violence recovery is the establishment of safety, and the acknowledgement that therapeutic work is unlikely to be effective if a person is living in fear of physical harm and in regular crisis [8].

Navigating new relationships

> Some women test me by mentioning new relationships. It's important we tell people it's OK to start a new relationship … It's OK to still want intimacy.

During the course of discussing the recovery process, participants mentioned their experience of working with clients and helping them navigate new relationships. Beginning new intimate relationships involves negotiating new roles and relationships in life. Participants reflected on whether workers should actually be specifically addressing this with clients. "Do we ask people about new relationships? Do we give messaging about life beyond, with intimacy? Are we comfortable enough to ask those questions?"

While there is a lack of research into women's experiences of navigating new intimate relationships in the family violence recovery process [7], the recent Maram framework suggests that therapeutic discussion around new relationships are incredibly important for the recovery of victim survivors. Dating post-intimate partner violence offers both challenges and helpful experiences, including re-claiming self and sexual identity, interpersonal communication, negotiating boundaries and control [7]. The experience of re-partnering is experienced very differently by survivors according to their stage of recovery [7]. It may be tempting for practitioners to work from a deficit perspective emphasising the importance of avoiding future abusive relationships rather than working with women around what to expect in new relationships and using their strengths to negotiate new relationships [7]; [9]. Importantly, work by Evans (2008) emphasises that re-partnering post-violence is a *choice* in lifestyle, rather than an end-goal to recovery; what is more important is the time devoted to self-healing and repairing relationships with children and family first.

Recovery as social re-connection

Various participants reflected that often in their work with victim-survivors, the most notable outcome was an improvement in social connectedness, particularly with other survivors. One participant commented, "Our observations and writing notes showed that recovery is about empowerment and a shift from isolation; learning from other clients was key".

Many women emerge from abusive relationships having experienced years of social isolation, and this process of repairing damaged friendships and re-engaging with other family members seems to be an important stage of recovery [10]. The interpersonal processes required in social interaction are important not just because of the support it affords. The act of listening, negotiating, problem solving and practicing assertiveness can allow an individual to re-develop important skills. The process of re-connection allows individuals to create positive support systems, as well as helping others who are going through similar experiences [6]. One participant talked about the benefits of group work: "[It's about] implementing a process of 'we hear you'… learning about being attuned to people, and how uncomfortable they may be in an experience – many women don't write feedback on reflection forms – we need to use other processes of tuning in, reflection and learning in order to gather feedback".

The service system has potential to halt or regress recovery

> When the client is forced to see someone who perpetrated the violence, for example, in Court, they regress. There is a huge amount of work that needs to happen.

Comments from participants strongly suggested that the service system has the potential to holt or regress a person's recovery journey. One participant suggested that systems can mirror similar dysfunction to that which an individual experiences within their own family. This can be due to a lack of coordination between services, and the uncertainty of program funding at the end of the Demonstration Project timeframe. This can lead to an entire workforce feeling insecure, which has flow-on effects to service users. Whether services will be refunded or not, and whether practitioners can continue working with a client in the next financial year causes stress for both the workforce and client base who may lose what have become important relationships and services. This comment was met with resounding agreement.

There were comments from participants about how the legal systems in place have the potential to re-traumatise individuals by forcing them through hoops which expose them to their abuser, and potentially having to re-tell their story. Another participant commented that, "as practitioners, we have to admit [to clients] that we don't have all the answers, and say that the system is broken."

Are there common 'milestones' to recovery?

Having already discussed that recovery is individual and the process is non-linear, comments from participants about recovery 'milestones' were limited. "It's about having to balance my own professional ideas of milestones, be guided by the organisation and also the client. There are so many layers." A few common signs of progress that workers agreed on were:

- *Re-establishing routines*: One participant commented that from all the changes they see in their clients, a really good sign is when a parent is empowered to be able to put routines and structures back into place, and that significant change can occur from this point.
- *Gaining personal insight*: For example, "A good mark of recovery is understanding. Understanding how and why this has happened, and the social context around it. And finding purpose and meaning from then supporting others".
- *Being able to tell their story*: Comments from participants indicated that reaching a point where they are able to 'tell their story' and use it to find growth and strength seems to be a marker of progress in recovery.

Another participant stated, "engagement is a good indicator that the program is working well for them. Presentation is another indicator, also their communication with you, whether they are identifying issues or finding new ways to express and identify with their experience, including the internal locus of control. Triggers that lesson in intensity and allow people to better regulate afterwards".

Recovery doesn't just 'end'

> It's seeing the light at the end of the tunnel – when women are empowered to make sense and make a meaningful narrative, 'hang on this is no longer impacting my relationships, I have control now'. When we get feedback like that, then we know our work is done.

Participants seemed in agreement that there is no defined 'entry' or 'end point' to recovery. One participant stated, "The journey doesn't end, but our involvement in it does. The real question is what can we give them to continue?" There were concerns that because many people often require further treatment and support down the track, this may position them as having 'failed' at recovery, as being 'incurable' or somehow to blame for their own lack of progress. Other participants commented on the fact that recovery services are having to fit 'recovery' into easy-to-quantify time periods. "There's this concept that recovery needs to be some 16-week process. They give us three months to work with someone. None of us have *ever* finished working in that time. Does that mean they've failed – or *we* have failed if they haven't recovered within that time?"

Literature suggests that the expectation to recover quickly and efficiently is "restrictive and idealistic, and has the potential to damage the very process that it describes" [8]. This sentiment is echoed throughout various service sectors. One participant commented on a piece of work from the survivor community of child sexual abuse: "there's this idea that this term 'recovery' means that there is an end point. For women of colour, LGBTI people and women with disability, there is a tyranny of expectation about *having* to recover. But there's new language that's emerged about 'living with…' The survivor community often talk about the monkey on your back, and that's OK. You just need to be able to reflect and create meaning around that".

Re-establishing identity

The facilitator of this fishbowl began the discussion about recovery using an analogy of the Japanese art of Kintsugi, whereby broken ceramics are fixed and sealed with gold, in a way that deliberately highlights the marks or 'scars' of the object, transforming it into a thing of beauty. This analogy aligns with a metaphor of recovery as 'reassembling the shattered self' [8]. Other participants commented on the clients needing to integrate recovery into the rest of their lives, rather than letting the experience define them:

- "A sense of hope is incredibly important. The sense that this experience doesn't define me, having a sense of self. Having a sense of connection, self-advocacy, sense of agency to advocate for self and on behalf of family."

- "It's being able to integrate the experience of trauma into their lives, without necessarily being completely defined by the experience. 'Ah, I get it, this happened but I don't' have to define myself by it.' Those comments were common. It's like, 'I've found who I am again, and have a life again'."

There is no one way to prescribe how a victim-survivor should integrate their past experiences of family violence into their lives moving forward. For some people, maintaining an ongoing identity as a survivor may be a strong indicator of successful recovery, whereas for others it may serve as a reminder of the negative experience they seek to overcome [6].

What does recovery look like for men who have used violence?

It was noted that generally there was limited discussion about what recovery looks like for men who have used violence. It was unclear whether this lack of focus reflected a lack of hope for perpetrators to recover, or whether this simply means that to date recovery has not been focused on men. However, practitioners had the following reflections on therapeutic work with men who have used violence:

- "It's even just giving that first experience of encouraging people to come out and talk about pride and shame."
- "It's great when men start to show insight into the way that they were parented themselves, (recognising that many perpetrators may have been the victims of FV themselves when they were younger)."
- "Men are more motivated to be better fathers, rather than being better partners. It's a more powerful motivator."
- "It's important to get to the stage of realising the impact of what has happened."
- "It's important that children see the father held accountable."
- "There has been learning (for our organisation) around models of work, as excluding or denying a child service by initially not working with the father. As a feminist organisation we had to get approval to do this work. It has been challenging, as the therapeutic space has brought up different things working with men – we need to use supervision to process new things in our work with men."

Fishbowl Two: What do our clients say?

The following comments captured participants' reflections and interpretations of how clients experienced the service they received, and what they understood as essential elements and approaches to successful work towards client recovery. The big limitation of these contributions is that they reflect the perspectives of recovery program staff rather than clients themselves. This was acknowledged at the commencement of the discussions and throughout.

The need for client centred practice

Participants spoke about a need for recovery services that are client-centred in their approach, and include flexibility and adaptability in service delivery. For instance, the importance of clients having control over the direction of the intervention and being able to opt in and out of components of programs were seen as important. In addition, the need to provide individual recovery support prior to family based recovery services was mentioned as a type of flexible and adaptive service delivery that should be considered, essentially identifying that multiple entry points and flexible delivery are needed to support service users to feel in control of their recovery journey.

Participants recognised that flexibility and adaptability in service delivery requires trust, and the allowing of processes to unfold over time. Other participants discussed culturally-informed service delivery in this context, including comments about the need for program staff who are part of the same cultural communities as their clients. They spoke about the importance of this in bridging knowledge gaps to create access to Western systems and processes, for example, in child protection.

Rapport building is the vehicle for any kind of change

Various participants spoke about how strong, trusting relationships, which take time to develop, are the key to recovery for clients. In making this point, they also spoke about a need for stability in programs in order to provide continuity of relationship with clients. Participants suggested that thinking to the future, their clients would not want to have to keep telling their story, but would want services to 'stick around' and 'be available' to support them in their recovery journeys over the longer term.

The benefits of social re-connection

The transformative power of peer groups, and programs which build social connections was also mentioned in these discussions. Participants expressed that group work and support to reconnect socially with others was deemed to be a huge benefit to client recovery. In describing 'what works' for clients, one participant emphasised that family violence is an isolating process, so creating opportunities for the client to share experiences with other people was helpful. In relation to peer group work, one participant spoke about the power of creating processes which allow participants to connect through honouring of each other's participation. They worked to validate the lived experiences of group members by responding "I hear you" to all contributions, including when a member sat in silence. Extending on the strength of peer connections, one participant spoke about the importance of not filling spaces in groups that can be filled by a peer. Another participant spoke about the value in family 'fun days' and camps, which have been successful in building relationships between family members and friendships between families.

Care required to not replicate power and control

In working to position clients as the driver in their own life and recovery, some participants spoke about the care that is required to ensure that their support, and the wider service system, doesn't replicate a relationship of power and control over their client. In relation to strategies employed to address this concern, one participant spoke about the benefit of anti-oppressive practices, whilst others mentioned the importance of reflective supervision practices.

Clients appreciate the services

Various participants commented that their clients had expressed gratitude for the services they had received: "There is a feeling that clients would like to say thank you to those who have worked for them." Other participants added that they often heard comments from clients made such as, "This is the first time I've felt 'normal'." There was also acknowledgement by participants that service experiences would be interpreted by everyone differently, and that not everyone would necessarily have a positive experience. At the completion of the discussions around "What do our clients say?" the importance of including client voices by inviting their active participation in future forums was acknowledged.

Fishbowl Three: How can we measure recovery and assess service effectiveness?

A wide range of measures

This fish bowl started with participants discussing the tools and methods they were using to evaluate their programs. It was clear that a wide range of measures were used to evaluate the programs, and that a lot of planning and research had gone into identifying the most appropriate measures.

The reasoning behind the range of measures was linked to the range of programs that were being delivered, the complexity of trauma and recovery, and the lack of validated measures currently available in the family violence recovery space. It was clear that the majority of evaluators believed a mix of quantitative and qualitative measures were necessary to try and capture the complexity of their programs. The range of methods and tools included validated clinical measures, pre and post surveys, reflective measures, interviews, focus groups, observations, case studies and art therapy. Using qualitative measures alongside quantitative measures was seen as an essential strategy for assessing and demonstrating program outcomes.

> "It's critical to measure more than just pre and post. Using other measures at times to assist in therapeutic work gives a much richer picture of progress".

This discussion raised many questions for participants about how to best measure recovery outcomes, but there was agreement that selected measures need to be holistic and should aim to capture the range of ways that people define their own recovery.

What does the research and evaluation say?

The complexity of recovery

Participants noted that difficulties associated with successful evaluation were likely to be a reflection of the complexity of clients' recovery journeys. Points that were discussed included:

- Basic needs such as housing, food and shelter need to be addressed to facilitate recovery
- Trauma is long term, and some clients will not recover over the pilot time period
- Clients may show worse outcomes before they improve
- At times, measures were seen as crude and a deeper interpretation was needed
- It's challenging to quantify a "return on investment" and to therefore be able to articulate and advocate for the efficiency of the service
- "We need to listen to what clients say is an outcome".

Participants noted that measures that effectively assess client outcomes are difficult to find and are not necessarily fit for purpose or appropriate. Further, measuring the success of programs cannot rely solely on quantitative measures. Participants noted that more needs to be done to identify ways of measuring recovery from family violence. It was suggested that reflective practice tools and post-reflective techniques might be more effective in measuring the success of programs. In the suite of measures trialled, it was noted that measuring the

movement from social isolation to social connectedness may provide an important element and measure of recovery.

There was also concern amongst participants that measures currently used may not be capturing the breadth of the work being done: "The work of our project took place in a multi-disciplinary centre, so staff involved with this project were able to help clients to connect to other services. This is part of usual practice, but it wasn't measured, which is another challenge for evaluating our practice."

How do we want to use evaluation moving forward?

Pilot programs

Although these were pilot programs, due to the funding requirements, programs tended to remain quite rigid in their program design and evaluation. Only one program said they had made a significant change to the design of their program half way through, and therefore changed their evaluation tools.

It was discussed that evaluators often felt obliged to keep to the measures selected at the program planning stage, and with pilot programs this may not be the best outcome. Participants acknowledged that there is a need to challenge our own rigidity, and to relay the potential for learning and improvement within pilot programs to the funders. There was significant agreement amongst participants that it would be useful to embed action research into these programs to ensure learning and change can be facilitated.

> Pilots are for learning. We will not be able to predict perfectly what we want to measure and evaluate.

New approaches

The discussion brought a lot of new ideas that were seen to be potential ways to overcome the challenges faced when evaluating this complex space. These ideas also identified more nuanced techniques that would be more appropriate for this client group. These included:

Evaluation that helped support recovery:

- Co-design
- Retrospective approaches
- Action research models
- Be aware of context – May not be the same program in different settings and different cohorts.
- Work to bring the child's voice into the space of evaluation

Key points moving forward

Participants made a number of comments in relation to how they would like to see evaluation implemented within their FV services moving forward:

- "Need to be honest that "evidence-based practice" doesn't necessarily work for the people we are working with… There is a need to invest in evidence-informed practice, but more importantly, practice-based evidence – learning from the wisdom of our own practice."

- "New approaches to evaluation should be considered, including retrospective approaches and action research models." This could allow for further learning and innovation.
- "Departmental requirements are at odds with this… (considering the complexity of trauma and therefore suitable evaluation), so we need to help them to understand. We need to manage how the message lands, and the voice of the clients in trauma work – we need to communicate this to the Department."
- "We need to be more respectful of action-based research and participatory research, and honour the qualitative… As a sector we can impart our learnings to the Department about trauma-based evaluation".

There was a lot of enthusiasm in the room for having the space to discuss evaluation and the complexity and successes of evaluating these programs in particular. Participants discussed the idea of sharing their evaluation and developing a community of practice around how to do evaluation better in this space.

Shared learning through collaboration

During the lead-up to the Forum, all Demonstration projects were invited by the family violence recovery collaboration to share their learnings with other FV organisations through completion of a survey. Six organisations submitted responses to the survey; these were subsequently analysed, and Dr Allison Cox of Berry Street Take Two presented results of the analysis at the Forum. A summary of findings across six Projects are provided here as a set of recommendations for the sector.

1. Projects need to foster collaboration through learnings and research
   - Learning that there is more than one way and one approach.
   - Open sharing and creating trust is important in a difficult environment that can feel unsafe given the timing of re-funding/re-tendering.
   - Workforce perspective – there has been a significant increase in knowledge and practice.
   - This forum has been a great way to foster collaboration and share learnings.

2. Partnering was a requirement
   - Successful partnerships are crucial for positive outcomes for children and families, but they take a longer time to develop than is provided for short-term in funding cycles.
   - The pilot timeframe was at odds with the task that had been set. A response to complex issues requires significantly more time but practice knowledge did emerge over the demonstration period.
   - Innovation requires complexity-planning and implementation in innovation trials requires time for relationship building and planning.
   - Staff recruitment was a struggle. Many programs began recruiting at the same point in time as other services.
   - Service promotion required juggling defining and promoting moving parts and changing programs.

3. Practice Learning
   - There are a range of factors to be considered in this practice area including but not limited to: risk, safety, ethical, legal, empowerment and therapeutic factors.
   - Readiness and flexibility are crucial components of successful service engagement and delivery.
   - Importance of time, space and reflection for both service users and staff.
   - Collaborative partnerships with service users and other agencies are crucial.
   - Providing adequate support for staff to develop their skills and address risks associated with violence and vicarious trauma.
   - A range of service provision options are necessary due to disparate needs of service users and is well served by a multidisciplinary approach.
   - A strong governance structure is critical to delivering safe and effective services.

4. Investment return for government
   - Increased service access
   - Workforce development and training
   - Development of practice knowledge
   - Connecting families to services
   - Increased social inclusion and connectedness
   - New and stronger organisational and sector relationships
   - Identified impact on children of family violence
   - Stopping the family violence cycle
   - Improved family functioning, relationships and parenting

- Intergenerational changes and long-term results need to be assessed, including the impact on children's peer relationships, anger management, school attendance etc.
- Holistic approaches and whole of family approaches are needed in this space
- Flexible and individualised service design is important

5. **Factors for successful engagement**
   - A relational approach to service users and partners
   - Assertive outreach
   - Whole of family approach
   - Developmentally appropriate services
   - Group work and peer led initiatives
   - Adult focused therapeutic counselling
   - Healing and recovery events
   - Recreational activities
   - A focus on engagement, navigating and connecting
   - The ability to engage client groups that have found services difficult to engage with.
   - There has been a real shift across the sector that has increased engagement with this client group. They have had positive experiences, and therefore will engage again.
   - Closing of service - needs to be thoughtful, considered and safe.
   - Advocacy around client voice is important to express to funders.
   - Recognising isolation in client group and workers is essential moving forward.

6. **Lots of differences to pre-existing programs**
   - Partnering, collaborations, focus of client base, family focus, work with perpetrators, co-design.
   - Delivery of services for children impacted by family violence
   - A focus on healing and recovery
   - Engagement with young people from particularly vulnerable families and communities
   - Use of multi-disciplinary approaches, including bush adventure therapy, creative therapies and occupational therapy
   - Culturally specific service delivery
   - Ability to access brokerage funding to support client engagement and achievement of goals and positive outcomes
   - Engaging users of violence
   - Evaluation – tasked with challenge of evaluation, with lots of learnings and complexity.
   - Challenge of closing service for both workers and client is difficult given high need and high engagement.
   - There is a deep commitment by the workforce to overcome barriers, embrace challenges, and amazing services have emerged as a result.

7. **What next?**
   - Continue to share learnings.
   - Incorporate learnings into other areas and sectors.
   - Development of platforms for sharing information, reporting, learning and evaluation
   - Learning more about evaluation within the recovery space.

Implications of the "Family Violence Recovery – Research and Practice Forum"

This Forum provided a safe, collegial and appropriate space for staff from the suite of 26 Family Violence Therapeutic Demonstration Projects to come together and discuss their experiences, reflections and learnings. Participants noted that this was the first truly open and collaborative space that practitioners, clinicians, supervisors, managers, directors, CEO's and researchers from the 26 Projects have had during the 20-month life of their project to discuss what it takes to support the therapeutic recovery of victim-survivors of family violence.

There was a strong sense of camaraderie and passion to continue to advocate for continued research and innovation to support clients. As well as recognising the need for a community of practice to continue to grow the practice wisdom born from this space to best for and enhance recovery options for victim survivors. There was also a strong desire to continue holding similar forums, in order to build on the collective knowledge gained through the trial of 26 Projects and through this first collaborative family violence recovery forum. Many participants noted their desire to continue to share learnings through the establishment of inter-agency partnerships and collegial connections.

The final session of the day provided a chance to reflect on the learnings from the fishbowls and other sessions, and to identify the implications of our shared learnings - for practitioners, for clients, for the sector, and for policy.

Actions for practitioners

Advocacy to Government

- ☐ Build, maintain and hold the service system accountable for our vulnerable client groups.
- ☐ How do we create change? E.g. Engage with government and advocacy groups

Family Violence Recovery 'Community of practice'

- ☐ Collaborate with other services.
- ☐ Coordinate with other services, and explore what family violence looks like for clients.

Creativity

- ☐ Be responsive to the needs of the family. Story telling – using creativity for people to express stories.
- ☐ Develop new frameworks for working with perpetrators.
- ☐ Acknowledge that as workers, we are cultural change agents. This is essential to remember as we continue our collaborations moving forward.

Lessons for practice

- ☐ The importance of providing presence and stability with clients.
- ☐ Learning from practice, even if we are not refunded and have to move back to previous roles.
- ☐ Sharing this practice knowledge. This knowledge can be embedded in future practice and programs.
- ☐ Working with men for real change. There were reflections on needing to work with the whole family as a partnership. That work doesn't end for a man if there is a separation.

Actions for clients

- There was recognition that this group of workers provide a real bridge between psychological support and case work. This workforce has established a good mix of expertise, which is needed to help the breadth of need, and to support clients' recovery from trauma. The Demonstration Projects have allowed the experiences of clients to become more integrated. In a way, they are bringing together these two areas of service provision; areas which should remain connected into the future.

- The provision of support for navigating support services is important. Through these projects, clients have largely been able to just go to one place/service, and haven't had have to repeat their story again and again. They haven't had to build rapport and connection with multiple service providers or attend multiple appointments at different locations. This has allowed more time for support, and greater sense of support.

- There is changing language around therapeutic family violence practices for clients.

- It is very difficult for clients to have a voice within the service system, especially for people from diverse communities. Clients who have experienced ongoing trauma shouldn't be expected to advocate for themselves and fit into binary systems. The funding uncertainty surrounding these programs makes it difficult to continue to support clients. Referrals will need to be made to a system that they may be shut out of again.

- For children, there is a need to create more space and a calmer household. More time needs to be spent re-engaging with protective parents after violence.

Actions for the family violence sector

- Collective impact is powerful and should not be lost. We should think about how to get our key messages out there - to remain accountable, and to keep conversations about our learnings going.

- What we bring into the political sphere. This needs deep thought; there is great hope that there is funding available in this space.

- Service integration is a role of government; it provides a safety framework. Clients are being supported across more than one sector. The siloing of sectors within government impacts negatively on clients and services.

- We are in an area that is new and emerging. What is needed is funding that is long term, therapeutic, child- and infant-focused , and evidence-based.

- Some agencies will be successful. They can be the messenger for the wider group, and help to facilitate a collaborative Community of practice.

- We can assist in co-design and build off our existing work, making it richer and more collaborative.

Actions for policy

- It takes time. New funding must allow us to have adequate time, and we should all add adequate implementation time to our tenders.

- ☐ A new vocabulary is needed for the sector around recovery. We can build on the work of these projects in doing this.

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