

EXCLUSIVE

Webinar

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SOCIAL CONNECTION & PEER SUPPORT
FOR DEFENCE & VETERAN FAMILIES



*Understanding
Intimate Partner
Violence and Family
Domestic Violence:
Context and Action*

**20 May 2024
4.30PM - 6PM**

Meet our speakers:



Gwen Cherne
*Veteran Family Advocate
Commissioner*



Sean Cowlshaw PhD
*Associate Professor, Monash
University*



FAMILIES
OF VETERANS GUILD



CONTENT WARNING

The upcoming discussion may touch upon emotionally challenging, distressing and triggering content. If this content raises any issues for you now or in the future, please speak with your manager, or make use of any of the contacts below:

- Speak to you GP or health professional
- 1800 RESPECT /1800 737 732 or visit 1800RESPECT.org.au
- MensLine 1300 78 99 78 or Free help, support, referrals & counselling for men



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OF VETERANS GUILD



MONASH
University

Intimate Partner Violence in Military and Veteran Families

Ms. Gwen Cherne

Department of Veterans' Affairs (DVA)

A/Prof. Sean Cowlshaw

Turner Institute for Brain and Mental Health &
Monash School of Psychological Sciences

Families of Veterans Guild Our Space Webinar

Monday, 20th May 2024



Acknowledgement of Country

We acknowledge the Traditional Owners of all the lands on which we join the event today.

Monash University recognises that its Australian campuses are located on the unceded lands of the people of the Kulin Nations.

We pay our respects to their Elders, past and present.

Defence & Veteran Thank You

We also give thanks to all who have served in our Defence force and their families.

We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation, as well as those who support them.

Seminar Overview

- Key terms and context
- Research on IPV in military and veteran families
- Behind the statistics: Expertise from experience
- Policy responses and future directions
- Questions – any questions please submit online through the Q&A section throughout the presentation

KEY TERMS AND CONTEXT



Intimate Partner Violence (IPV)

BOX 1. FORMS OF INTIMATE PARTNER VIOLENCE (2)

IPV refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples of types of behaviour are listed below.

Acts of physical violence, such as slapping, hitting, kicking and beating.

Sexual violence, including forced sexual intercourse and other forms of sexual coercion.

Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.

Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

<https://www.who.int/publications/i/item/WHO-RHR-12.36>

Key Terms and Assumptions

Intimate Partner Violence (IPV)

- Umbrella term encompassing violent behaviours that occur in the context of coercive control, and behaviours that are not necessarily motivated by power and control (may be less gendered)
- Family violence sector specialists may use the term to refer to coercive and controlling behaviours / violence

IPV exposures

- People who have been exposed to IPV
- Victim-survivors

IPV use

- People who use IPV
- Perpetrators

Family violence

- IPV most common type, but can also encompass child exposure to IPV, child abuse, elder abuse


Policy Context

- [National Plan to Reduce Violence against Women and their Children 2010-2022](#)
- [Royal Commission into Family Violence](#) (2015, Victoria)
 - 227 recommendations, including impetus for MARAM Framework (commenced in 2018)
- [National Plan to End Violence against Women and Children 2022-32](#)
 - Commitments to action across four domains (prevention, early intervention, response, recovery + healing)
 - Data crucial to understanding the problem + measuring progress
 - Acknowledges military + veteran families

A joint Australian, state and territory government initiative

National Plan to End Violence against Women and Children 2022–2032

Ending gender-based violence in one generation



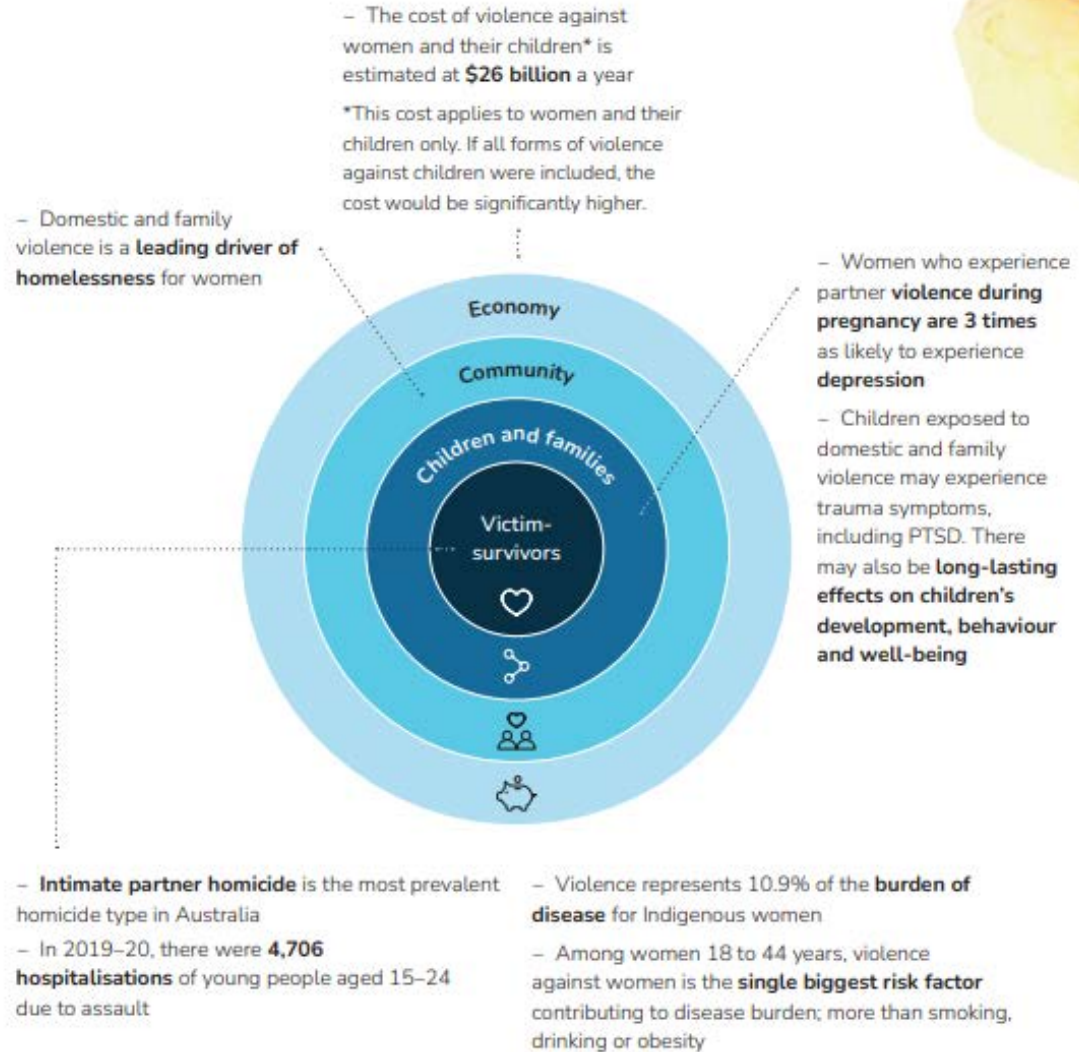
Family Violence Multi-Agency Risk Assessment and Management Framework

A shared responsibility for assessing and managing family violence risk

National Plan To End Violence against Women & Children

The ripple effects of violence against women and children

Example impacts



Violence against women

is tragically common across all Australian communities.



- Driver 1 Condoning of violence against women
- Driver 2 Men's control of decision-making and limits to women's independence in public and private life
- Driver 3 Dominant forms of masculinity and rigid gender stereotyping
- Driver 4 Male peer relations and cultures of masculinity that emphasise aggression, dominance and control

Summary of Actions under the National Plan To End Violence against Women & Children

Action 1	Advance gender equality and address the drivers of all forms of gender-based violence, including through initiatives aimed to improve community attitudes and norms toward family, domestic, and sexual violence.
Action 2	Improve the national evidence base by working towards consistent terminology and monitoring and evaluation frameworks, and by strengthening collection and sharing of data and evidence.
Action 3	Increase and strengthen the capability of mainstream and specialist workforces to deliver quality services, activities and programs across the four domains, including those that are tailored to respond to the unique experiences of all victim-survivors.
Action 4	Build the capacity of services and systems that support victim-survivors to provide trauma-informed, connected and coordinated responses that support long-term recovery, health and wellbeing.
Action 5	Strengthen systems and services to better hold people who choose to use violence to account, and provide opportunities to support people who have used violence, or are at risk of using violence, to change their behaviours, with the aim of protecting the safety and wellbeing of current and potential victim-survivors.
Action 6	Improve action to prevent and address sexual violence and harassment in all settings, across the four domains of the National Plan.
Action 7	Work in formal partnership with Aboriginal and Torres Strait Islander peoples to ensure policies and services are culturally competent, strengths-based and trauma informed and meet the needs of Aboriginal and Torres Strait Islander peoples and communities, aligning with the goals of the Aboriginal and Torres Strait Islander Action Plan.
Action 8	Develop and implement age appropriate, culturally safe programs across all four domains, informed by children and young people, that support recovery and healing from trauma, and intervene early to address violence supportive behaviours.
Action 9	Improve police responses and the justice system to better support victim-survivors through the provision of trauma-informed, culturally safe supports that promote safety and wellbeing, and hold people who choose to use violence to account.
Action 10	Improve access to short-term, medium and long-term housing for women and children experiencing violence, including those living in institutional settings, and support women to stay in their own homes when they choose to do so

First Action Plan 2023–2027 Activities Addendum

Activity 1

Jurisdiction *Activity*

The Australian Government

Provide education and awareness campaigns targeted at veterans and their families to:

- Improve education of family and domestic violence risk factors amongst the veteran community, and collective awareness of funded services and supports.
- Provide opportunities for eligible persons impacted by family and domestic violence, or at risk of being impacted by family and domestic violence, to access funded services and supports.
- De-stigmatise FDV within the veteran community as a barrier to seeking help.

Activity 2

Activity

The Australian Government

Provide further research funding with research partner Phoenix Australia to extend various bodies of work to develop a veteran-specific evidence base, such as an intimate partner violence research project focusing on non-physical forms of intimate partner violence.
 Remain actively engaged in government and non-government agency led stakeholder family and domestic violence and intimate partner violence Community of Practice, to adopt collaborative approaches which includes investigating best practice, and knowledge and data sharing.
 Develop and enable a family and domestic violence screening tool to improve service offerings and gather data on family and domestic violence in veterans and their families.

Activity 3

Jurisdiction *Activity*

The Australian Government

Improve workforce capability to deliver quality services to veterans and their families through:

- Investigating screening tools to enhance early intervention and the specialist workforce.
- Developing capability tools for Outreach Program Counsellors to increase confidence in managing intimate partner violence and family and domestic violence concerns.
- Educating the Veteran Health Provider Network through a series of presentations to inform health providers on the exclusive ways in which veterans and families experience family and domestic violence.
- Updating Health Provider website resources outlining service offerings for Veterans and family members experiencing, or at risk of experiencing, family and domestic violence.
- Developing and enabling robust FDV screening tools to improve service offerings.

Activity 4

Jurisdiction *Activity*

The Australian Government

Review of access to and enablement of Defence, Veterans' and Families' Acute Support Package for eligible veterans and their family members where family and domestic violence is a primary concern.

Activity 5

Jurisdiction *Activity*

The Australian Government

Provide education and awareness campaigns for veterans and their families to provide opportunities for eligible persons who choose to use violence, or are at risk of using violence, to access funded services and supports.

QUESTIONS

If you haven't already pop your questions in the Q&A Section



RESEARCH ON IPV IN MILITARY AND VETERAN CONTEXTS



Australian Government
The Repatriation Commission

Military Occupational Context

- **Military cultural context**

- Hierarchical organisational structure
- Training can reinforce the controlled use of force (in specific contexts)
- Frequent relocations
- Male dominated (~13% women)

- **Specific service systems**

- **Traditional + 'high risk' job demands**

- Workload, bullying, interpersonal conflict
- Combat experiences including threats to personal safety



International Evidence

Review of population surveys + screening studies of IPV prevalence among current / ex-serving personnel

Key Findings

- 21% of all current personnel + veterans report recent IPV exposure
- 13% report recent use of IPV
- Higher rates of IPV use in studies of ex-service personnel (32%) and specific health services (34%)
- Trend towards higher rates of exposure in studies of ex-service personnel (24%), but lower in specific services (15%)
- Few studies of coercive + controlling behaviours, and **none from Australia**

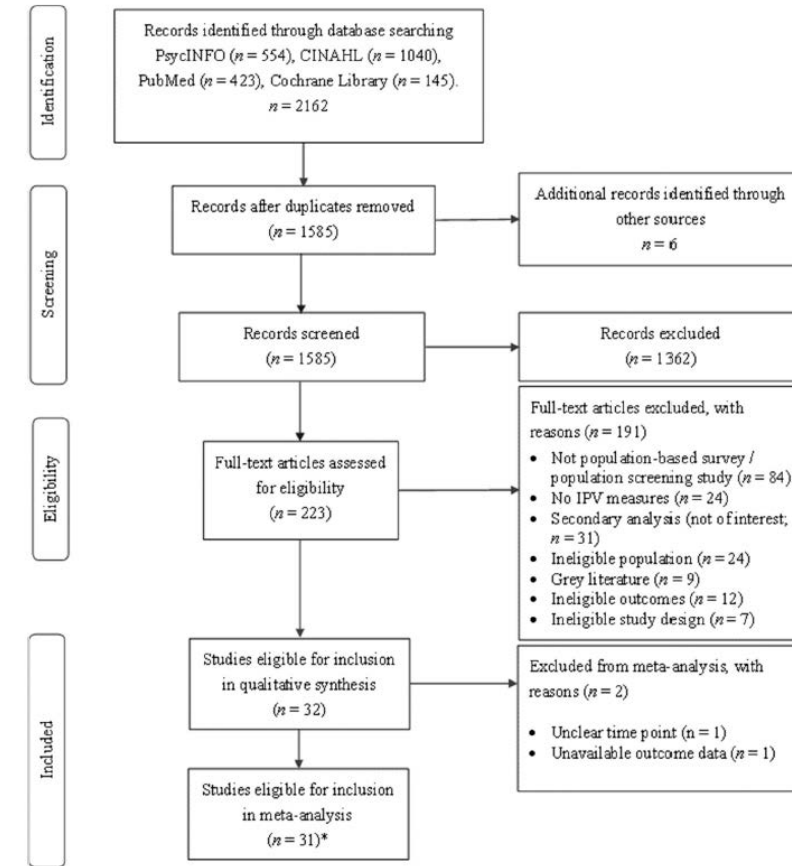


Figure 1. PRISMA flow diagram. Note: * = One paper included two studies [40].

Cowlshaw et al. (2022). [Intimate Partner Violence \(IPV\) in military and veteran populations: A systematic review of population-based surveys and population screening studies](#). *International Journal of Environmental Research and Public Health*, 19, 8853.



Intervention Approaches

Review of intervention approaches in military + veteran-specific health services

Key Findings

- k = 19 studies
- All studies based in U.S. VHA services
- More varied approaches to IPV exposure
- No studies of recovery oriented interventions

Prevention			Response	Recovery
<i>Universal</i>	<i>Selective</i>	<i>Indicated</i>		
Perpetrator-focussed				
None identified	None identified	Couple programs <ul style="list-style-type: none"> ▪ Strength at Home Couples (SAH-C) program^{20,29} 	Group treatment programs <ul style="list-style-type: none"> ▪ Strength at Home Men's (SAH-M) program³⁰ Integrative / eclectic programs <ul style="list-style-type: none"> ▪ MI, CBT, and telephone monitoring for physical violence and co-occurring substance use³¹ ▪ VA Domestic Relations Clinic - Batterer Intervention Program^{32,33} 	None identified
Victim-focussed				
None identified	None identified	Couple programs <ul style="list-style-type: none"> ▪ SAH-C program^{20,29} 	Training programs for service providers <ul style="list-style-type: none"> ▪ PANDA³⁴ ▪ Instructional Curriculum for VA care providers³⁵ Case identification strategies <ul style="list-style-type: none"> ▪ 4-item HITS screening tool^{36,37} ▪ 5-item E-HITS screening tool^{38,39} ▪ 2-items from the Trauma Questionnaire⁴⁰ Risk assessment strategies <ul style="list-style-type: none"> ▪ 3-item Danger Assessment⁴¹ Brief psychosocial intervention <ul style="list-style-type: none"> ▪ Safe and Healthy Experiences (SHE) module⁴² Extended psychosocial interventions <ul style="list-style-type: none"> ▪ Recovering from IPV through Strength and Empowerment (RISE)⁴³ 	None identified

Cowlshaw et al. (2022). [Health service interventions for Intimate Partner Violence \(IPV\) among military personnel and veterans: A scoping review](#). *International Journal of Environmental Research and Public Health*, 16, 3551



Centre of Excellence - PTSD
Funded by Veterans Affairs Canada



Preliminary Research from Australia

- **Preliminary project with Open Arms co-funded by Defence Health Foundation and DVA Applied Research Program**
- **Service provider views of nature and frequency of IPV among veterans + families**
- **Surveys (n = 214) and interviews (n = 16) with Open Arms service providers**

KEY FINDINGS

- 83% of providers reported clients had recently disclosed exposure to IPV (63% for IPV use)
- Widespread recognition of client exposure to IPV, and high confidence about identification + responses
- High recognition that IPV use an issue, but less confidence
- Recognition of implications of military context / history for violence
- Inconsistent approaches to risk + safety
- Providers describe different lenses on IPV (mental health / gendered)

Cowlshaw et al. (2021). *Understanding encounters with Intimate Partner Violence (IPV) among Australia veterans and families: A preliminary study of service providers in a veteran-specific mental health support service*. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.

https://www.openarms.gov.au/sites/default/files/2022-11/Understanding_encounters_with_Intimate_Partner_Violence_among_Australian_veterans_and_families.pdf

ALTERNATIVE LENSES ON IPV

*“..the **poor attachment** is quite prominent. The jealousy issues, the **fear of abandonment**, the having to control the person. I think person having **poor self-esteem** is a big issue in this as well.... This again is going back to your **childhood**” (P4).*

*“I have a **very strong feminist background**, and involvement with women, and women’s services, and I would see that as purely the **power differential** between men and women and the lower position of women in our society.” (P3)*

QUESTIONS

If you haven't already pop your questions in the Q&A Section



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IPV Data Analysis Project

DVA commissioned a second project involving analyses of IPV data in **The Transition and Wellbeing Research Program**, which comprised several related studies conducted in 2015 including:

(1) Mental Health and Wellbeing Transition Study (MHWTS)

Survey data available from two samples:

- 2,881 **transitioned** personnel in current relationships (total n = 4,326) who left full-time service between 2010 and 2014
- 6,246 **current serving** members in current relationships (total n = 8,480) on full-time active duty in 2015

(2) Family Wellbeing Study (FWS)

MHWTS participants asked to nominate family members to take part in the FWS

Surveys available from:

- 300 partners of **transitioned** personnel
- 662 partners of **current serving** personnel

MHWTS sub-sample provided consent for responses to be linked with FWS data

- 266 agreed to data linkage and comprised a **couples' dataset**

Survey Measures

- All surveys included measures of IPV exposure (no direct measure of violence use)
- Different response options for Q 3 – 8
 - **FWS**: *Never, Sometimes, Often*
 - **MHWTS**: *Never, Rarely, Sometimes*
 - Item responses collapsed (0 = Never, 1 = More often than never) to equate FWS + MHWTS
- Questionable whether Q 1 – 3 measure IPV
 - IPV exposure defined in terms of responses to only Item 4 – 8 (in red)

Woman Abuse Screening Tool (WAST)

Thinking about your current partner, please answer the following questions:

1. In general, how would you describe your relationship (*no tension to a lot of tension*)
2. Do you and your partner work out arguments with (no difficulty to great difficulty)
3. Do arguments every result in you feeling put down or bad about yourself?
4. Do arguments ever result in hitting, kicking or pushing?
5. Do you ever feel frightened by what your partner says or does?
6. Has your partner ever abused you physically?
7. Has your partner ever abused you emotionally?
8. Has your partner ever abused you sexually?

Limitations and Caveats

- Analyses based on cross-sectional data
- WAST items only administered to participants in current relationships
- WAST items not anchored to clear examples of behaviours (including coercive and controlling behaviours)
- Limited evidence supporting psychometric properties of the WAST
- Subset of items used to identify IPV – content-valid but not comparable with prior research
- Preamble asked about experiences in current relationship, whereby recency of exposures remain unclear
- FWS not fully representative of the population of all partners
- Data collected around 2015 and does not provide insights into more recent experiences

Key Findings

How common is IPV exposure?

- 28.9% of transitioned personnel reported any IPV exposure in their relationship (22.5% among current personnel)
 - High among men and women (30.1% and 28.7% among men and women transitioned personnel)
- Among partners of transitioned members, 45.5% reported any IPV exposure (24.1% among partners of current personnel)
- Emotional IPV most common, followed by physical IPV
 - EG. 26.6% of transitioned personnel reported emotional IPV exposure, while 9.7% reported physical IPV

COMMUNITY COMPARISONS

Although no studies have used the same IPV measure in another Australian context, the 2016 Personal Safety Survey identified:

- 3.2% of women (2.9% of men) reported experiencing emotional IPV by a current partner in the last year
- 1.4% of women (0.8% of men) reported exposure to physical violence perpetrated by an intimate partner across the same period

Key Findings

Risk and Protective Factors for IPV exposure

- Levels of self-reported IPV exposure were elevated in the context of financial / economic difficulties, and trauma exposure
- Protective factors reflected social connections and resources

Mental Health and Psychosocial Correlates

- Transitioned personnel + partners who reported IPV exposure demonstrated
 - 2.7 to 3.8-fold increases in risk of probable PTSD
 - 3.2 to 4.5-fold increases in risk of suicidal ideation

- Associations with IPV exposure and PTSD symptoms + suicidality larger than associations with most other forms of trauma

IPV exposure and help-seeking

- Among transitioned personnel who reported IPV exposure, 86% reported having visited a GP (past year)
- Reports of IPV exposure associated with increased rates of seeking assistance for mental health
 - 40% among transitioned personnel and 44% among partners (past year)

IPV Use among Veterans

Data from 266 transitioned members (93% men) could be linked with self-report data from their partner, which could be used to:

- (1) Identify use of IPV among veterans (as reported by their partners)
- (2) Examine veteran-related characteristics associated with reports of IPV use

Key Findings

- Transitioned personnel identified as using IPV demonstrated complex mental health profiles
 - EG. High rates of harmful drinking (69%), suicidal ideation (63%), depression (59%), anger (58%), and PTSD (58%)
- High rates of accessing mental health services and other health professionals
 - >90% reported having visited a GP in the past year, while >50% visited dental professionals and 33% visited a psychologist

Summary

- IPV a **common issue** in military and veteran families
 - Transitioned and current personnel, as well as partners
 - Women and men
 - Emotional and physical IPV
- **Risk and protective factors** associated with socio-economic disadvantage and financial hardship, social resources, engagement with veteran-specific services
- Strong links with IPV exposure and **adverse** mental health and psychosocial **outcomes**
- Individuals who report IPV exposure **encountered regularly** in health and service use contexts
- Transitioned personnel identified as using IPV demonstrate **complex mental health profiles**, and also encountered regularly in service use environments

QUESTIONS

If you haven't already pop your questions in the Q&A Section



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Q&A Written Responses

Q Can we have the link to plans?

A All plans or research papers where possible have been hyperlinked in the document. Please click on the relevant plan or paper to access link.

Q If someone were a victim is there a way they can share their first hand experience to assist in change making?

A Yes, you are able to email vfa@dva.gov.au and share your story, and with consent it will become a case study that can be shared with the DVA Policy Team, the Executive Management Board and/or Commissions so that they can understand the unique nature of each individuals experiences and how the current policies are doing or how they might be encouraging FDV/IPV and coercive and controlling behaviour.

Q Where can we find the recording of the webinar?

A [Webinar Link](#)

Q Do you see a role for a peer workforce that sits outside of the mental health peers at open arms?

A Yes, the frameworks and the model that is being used by Open Arms is currently being reviewed and revised. We are also looking at how DVA manages that as a whole and there is definitely a need to incorporate peers with lived experience in all spaces from policy, to decision making and service provisions.

Q&A Written Responses

Q Gwen - is Defence willing to discuss as a live issue with a very long historical tale?

A Yes absolutely, the commitment is there in the conversations that are being had. It is a work in progress.

Q Are there any guidelines in place whereby our Veterans can source assistance from the DVA and civilian services, from a common/shared service? Higher developed communication between service providers?

A Yes, DVA has established various guidelines and programs to support veterans experiencing IPV/FDV. There's an emphasis on coordinating efforts between DVA and civilian services to ensure clients can access comprehensive assistance. This often involves enhanced communication and collaboration among service providers to address the unique needs of veterans/veteran families affected by IPV/FDV.

Q Federal funding's reach does not often cross boundaries, i.e., training young cohorts of state police cadets ...about veteran families issues?

A The issue of IPV/FDV within the veteran community requires a comprehensive approach that involves both federal and state-level initiatives. While federal funding may primarily focus on national programs and support services for veterans families, there could be opportunities for collaboration with state police cadet training programs to raise awareness about veteran family issues, including IPV/FDV.

Q&A Written Responses

A^{Cont.} However, the extent to which federal funding directly supports such training initiatives may vary, and partnerships between federal and state entities would be crucial in addressing these issues effectively.

Q Noting the changing face of 'family', is consideration being given to the alternative family structures that are becoming more common? E.g. same sex partner's and children of same sex partners?

A Yes, consideration is increasingly being given to alternative family structures, including same-sex partners and children of same-sex partners. Awareness of diverse family compositions is essential for addressing the unique challenges and needs of all veteran families.

Q I am wondering if the term women is inclusive of transgender community?

A Yes, when discussing IPV/FDV, the term "women" should be inclusive of transgender women as well. Transgender women are at risk of experiencing IPV/FDV, and it's important to ensure that support services and interventions are inclusive and accessible to all individuals regardless of gender identity.

Q How does the percentage of domestic violence compare to the general population?

A In the Australian veteran community, the prevalence of IPV/FDV is reported to be higher compared to the general population. Studies have indicated that factors such as deployment-related stress, trauma, and mental health issues can contribute to these higher rates among veterans.

Q&A Written Responses

Q If the data was only gathered within Open Arms (a mental health service), how do you think the prevalence compares to the broader veteran population who are not accessing MH services? i.e. is there a correlation between other MH concerns and IPV?

A Without data from the broader veteran population, it's challenging to determine the exact prevalence of IPV/FDV. However, there's often a correlation between mental health concerns and intimate partner violence, suggesting that those not accessing mental health services may still be at risk. This correlation underscores the importance of addressing mental health issues comprehensively to potentially mitigate the risk of IPV/FDV.

Q Evidence based research and its findings are very important but instead of referring to it can we know what it means? What should we be doing to improve our services and approach? How do we best intervene?

A Evidence-based research refers to studies and findings supported by rigorous scientific evidence. In the context of IPV/FDV, understanding what this research indicates is crucial. It means we need to grasp the patterns, risk factors, and effective interventions tailored to this specific community. To improve services and approach, it's essential to:

1. Tailor Services: Develop services specifically designed to address the unique needs and challenges faced by veterans and their families. This might include specialised counselling, support groups, and interventions aimed at addressing trauma-related issues.

Q&A Written Responses

- A
Cont. 2. Education and Awareness: Increase awareness among veterans, their families, and service providers about the signs and dynamics of IPV/FDV. This can help in early identification and intervention.
3. Collaboration: Foster collaboration between government agencies, community organisations, and veteran support networks to ensure a coordinated response to IPV/FDV cases within the veteran community.
4. Trauma-Informed Care: Provide trauma-informed care that recognises the potential impact of military service-related trauma on family dynamics and interpersonal relationships.
5. Cultural Sensitivity: Develop interventions that are culturally sensitive and acknowledge the unique experiences and backgrounds of veterans and their families, including Indigenous veterans.
6. Prevention: Implement prevention strategies that focus on promoting healthy relationships, communication skills, and conflict resolution within the veteran community.
- By implementing these strategies, we can better intervene in cases of IPV/FDV within the Australian veteran community and improve the overall well-being of veterans and their families.

Q Is there a view to establish a Defence-specific FDV service or is the intent to extend funding to FDV services in the general community?

A While there might be efforts to establish Defence-specific FDV services, there's also an intent to extend funding to existing FDV services in the general community.

Q&A Written Responses

A This approach aims to provide comprehensive support and access to resources that cater to the unique challenges faced by veterans and their families while also leveraging the expertise and infrastructure of broader FDV services.

Q Can we address the policy around applying for a crisis payment if a partner finds herself in DV situation. Partners are not eligible if they do not apply within 7 days from the DV incident?

A The current policy regarding crisis payment application timelines for partners in domestic violence situations can be restrictive. Extending the window beyond 7 days could offer better support to those who may need more time to safely seek assistance.

Q Does DVA and Defence sit on Local Safety Action Meetings in NSW to share information that would increase the safety of people being exposed to violence in the veteran community.

A DVA and Defence may collaborate with Local Safety Action Meetings in NSW to share information and enhance the safety of individuals in the veteran community who are at risk of violence. However, specific participation may vary depending on the jurisdiction and the initiatives in place.

Q&A Written Responses

Q Often what happens are the mother and children are removed from the home environment for safety and the mother and children are homeless. Where do they go? Financial burdens.

A There are support services available for families, these services often provide temporary accommodation, such as shelters or refuges, for women and children leaving abusive situations. Additionally, there are community organisations and government agencies that offer financial assistance, counselling, and practical support to help these families cope with the financial burden and rebuild their lives. It's crucial for individuals in this situation to reach out to these support services for help and guidance. The key point here is to ensure that women have these resources easily accessible to them.

Q Does the training and education that is being planned include training GPs so they are better equipped to recognise clients who are having issues with violence and refer them to the appropriate treaters?

A Yes, the training and education being planned does include components aimed at better equipping those to recognise clients who may be experiencing issues with violence. This training also involves educating them on how to refer these individuals to the appropriate treatment and support services. The goal is to ensure that those working with clients are aware of the signs of violence and can take appropriate actions to help those in need.

Q&A Written Responses

Q Are there any CHILD specific early intervention strategies being considered and recommendations being made? Access to Open Arms is from 5yo and often they have been exposed to coercion and control behaviours from a parent and the damage is already done before they are able to access psych services and the IPV victim may not be able to recognise trauma and school Psych's do not have the scope to be able to deal with this additional issue?

A There are several strategies and recommendations being considered to provide early intervention and support. These approaches aim to address the needs of children who have experienced trauma or domestic violence:

1. Early Screening and Identification: Developing protocols for early screening of children for signs of trauma and distress in settings like schools, childcare centre's, and general practices. This can help in identifying children at risk before they reach the age of 5.

2. Integrated Family Support Services: Implementing programs that provide holistic support to families, addressing the needs of both parents and children. These services often include parenting support, mental health services, and domestic violence interventions, aimed at creating a safe and supportive environment for children.

3. Training for Educators and Health Professionals: Offering specialised training for school psychologists, teachers, and healthcare providers to recognise signs of trauma and coercive control in children. This includes equipping them with the skills to provide initial support and refer families to appropriate services.

Q&A Written Responses

- A
Cont.
4. Partnerships with Veteran Organisations: Collaborating with organisations like Open Arms, which offers free and confidential counselling to veterans and their families, to extend support to younger children and ensure early intervention strategies are in place. Enhancing the reach and scope of such services to include younger children can be crucial.
5. Tailored Therapeutic Programs: Developing therapeutic programs specifically designed for children exposed to domestic violence and coercive control. These programs can include play therapy, art therapy, and other child-centric approaches that address trauma in a developmentally appropriate manner.
6. Community-Based Interventions: Promoting community-based initiatives that provide safe spaces for children and offer support groups for families affected by domestic violence. These can provide peer support and reduce the isolation often experienced by affected families.
7. Policy Advocacy and Funding: Advocating for policies that mandate and fund early intervention programs for children of veterans, ensuring there is a systemic approach to supporting these families. This includes increasing funding for mental health services tailored to young children.
- By focusing on these strategies, the aim is to provide comprehensive support that addresses the unique challenges faced by children in veteran families, ensuring early intervention and minimising long-term psychological harm.

Q&A Written Responses

Q Does the training and education that is being planned include training so they are better equipped to recognise clients who are having issues with violence and refer them to the appropriate treaters.

A Yes, training and education programs will include components to help recognise signs of IPV/FDV. This training equips personnel to identify clients experiencing such issues and refer them to the appropriate support services for assistance.

Q Is there any information/data among transitioned members reporting exposure or any IPV if their partner was also a current or ex-servicing member/veteran?

A Research specifically focusing on intimate partner violence (IPV) among Australian veterans, especially within relationships where both partners are current or ex-service members, is relatively limited. However, there are some general findings and studies related to IPV in veteran populations globally, which might provide some insights:

1. Increased IPV Risk in Veteran Populations: Studies from other countries, such as the United States, have shown that military veterans may experience higher rates of IPV compared to the general population. Factors contributing to this include PTSD, depression, substance abuse, and the stresses associated with military life and transition to civilian life.
2. Dual-Service Member Relationships: In cases where both partners are serving or have served in the military, the dynamics can be complex. Both individuals might be dealing with similar stressors, such as deployment-related trauma, reintegration challenges, and the military culture itself, which can impact relationship dynamics and potentially lead to IPV.

Q&A Written Responses

- A
Cont.
3. Australian Context: While specific Australian data on IPV among veteran couples is sparse, the Australian Defence Force (ADF) and Department of Veterans' Affairs (DVA) have been increasingly focusing on mental health and support services for veterans, which indirectly address some underlying factors contributing to IPV. Programs and services are in place to support veterans and their families, acknowledging the broader spectrum of challenges they face, including domestic violence.
4. Research and Reporting: There might be ongoing or unpublished studies that address these issues more directly within the Australian context. Reports from organizations like the Australian Institute of Health and Welfare (AIHW) and the Australian Institute of Family Studies (AIFS) occasionally touch upon IPV among veteran populations, though often within broader studies of mental health and well-being.
- For specific and updated data, contacting veteran support organisations, DVA, or academic institutions conducting research in this area might provide more detailed information. Additionally, advocacy groups and services for veterans and their families may have anecdotal or case study information highlighting these issues.

Q&A Written Responses

Q How do you see services in the general community as opposed to veteran-specific services? Is the need for specific services or just a military-aware service in the community?

A Veteran-specific services are crucial because they address the unique needs and challenges faced by those who have served in the military. These services often include specialised medical care, mental health support, housing assistance, and employment programs that are tailored to the experiences and needs of veterans. For instance, PTSD and other service-related health issues require professionals who understand military culture and the specific stresses of service.

On the other hand, military-aware services in the general community are also important. These services ensure that veterans can access support in a broader range of settings without having to rely exclusively on veteran-specific institutions. Military-aware services involve training general service providers—such as GPs, counsellors, and social workers—about the unique needs and experiences of veterans. This awareness helps in creating an inclusive environment where veterans feel understood and supported no matter where they seek help.

So in summary, a combination of veteran-specific services and military-aware services within the general community is essential to comprehensively support Australian veterans. This dual approach ensures that veterans receive the specialised care they need while also being able to integrate and receive support from the wider community.

Q&A Written Responses

Q How can DVA use our online services to assist or support victims of IPV?

A Update website information, develop and post online trainings, webinars, and links to services for both victims and service providers.

Q What assistance is available to members who leave the violent relationship as they seem to be forgotten and they endured the pain and abuse for years prior to finally having the strength to walk away.

A It's crucial to acknowledge the unique challenges when leaving violent relationships. Organisations like DVA and various support groups and other organisations offer tailored assistance, including counselling, housing support, financial aid, and access to community resources. It's important for individuals to reach out for help, as there are resources available to support them in rebuilding their lives and healing from the trauma of IPV/FDV. Recovery programs exist in many states that help assist victims after they have left the relationship.

Q 1) Although some factors will be different, due you feel there is any benefit in using any data available related to serving and ex police?
2) Perhaps also standardising future research techniques?

A In response to the first question, utilising data related to serving and ex-police can offer valuable insights into IPV/FDV, as there may be overlapping factors such as trauma exposure, stress, and mental health challenges.

Q&A Written Responses

A^{Cont.} In regards to the second part of the question, standardising research techniques could enhance comparability across studies and improve the understanding of IPV/FDV prevalence, risk factors, and interventions.

Q Gwen, what are the programs in NSW you were referring etc. Love Bites/The Family Co???
How can we get to where you are with boundaries and accepting the past?

A "Love Bites" is an educational program designed to prevent domestic and family violence among young people. It typically operates in schools and communities, aiming to raise awareness about healthy relationships, consent, respect, and gender equality. The program often involves interactive workshops, discussions, and resources for both students and teachers.

"The Family Co" offers programs focused on supporting families affected by domestic and family violence. It offers various services such as counselling, legal advice, safety planning, and referrals to other support services. The Family Co aims to empower families to break the cycle of violence, rebuild their lives, and create safe environments for themselves and their children.

To contact these programs in NSW:

1. Love Bites: You can reach out to local schools, community organisations, or government agencies involved in youth education and domestic violence prevention. They may have information on upcoming Love Bites workshops or events. Additionally, you can contact organisations like White Ribbon Australia, which often partners with schools to deliver the Love Bites program.

Q&A Written Responses

A 2.The Family Co: You can contact local domestic violence support services, community centres, or
Cont. government agencies specialising in family and domestic violence support. Organisations like Domestic Violence NSW or the NSW Department of Communities and Justice may have information on service like the Family Co in your area. Additionally, you can call national helplines like 1800RESPECT for assistance and referrals to relevant programs.

When reaching out to these programs, it's essential to inquire about their specific offerings, eligibility criteria, and how to access their services. They may have different contact methods such as phone numbers, email addresses, or online referral forms.

Establishing boundaries and accepting the past in the context of IPV/FDV involves therapy, counselling, and support groups, and can include those tailored to veteran families. It's about recognising triggers, setting clear boundaries, and working through trauma with the help of professionals and support networks. For me it has been a process of doing the hard work that requires patience, forgiveness of myself, journaling, self-reflection, meditation, healthy sleep habits, professional guidance, counselling, group and individual counselling programs.

Additional Information



Key Implications

(1) Veteran-specific support services are **appropriate + receptive** contexts for initiatives to address both IPV exposure and use

(2) Strong need for policy initiatives and resources to increase consistency of understanding and approaches to IPV at the service-level

(3) Initiatives + resources should address

- IPV exposure
- IPV use
- IPV in couples counselling

(4) Initiatives should be adapted to address features of military contexts and histories

Future Directions

- Australian-first analyses of IPV exposure data in existing large-scale studies of current personnel, transitioned veterans, and family members
- Expansion + strengthening partnerships inside and outside military / veteran-specific sector
- Development of policy frameworks to prioritise the issue and coordinate long-term / cross-sector responses
- Continued investment in research to address key evidence gaps and questions regarding strategies for reducing the incidence and impacts of IPV

Key Evidence Gaps

- What is the nature and context for IPV used and experienced by military personnel and veterans?
- How does the military context contribute to IPV and impact on safety and the likelihood of disclosure?
- What are the experiences of both men and women who have been exposed to IPV?
- What are the most appropriate contexts and strategies for improving the identification and response to IPV exposure among military personnel + veterans?
- Are men's behavior change programs acceptable and appropriate ways of addressing IPV use by military personnel + veterans?