

THE WINSTON CHURCHILL MEMORIAL
TRUST OF AUSTRALIA



Report by TANYA DUPAGNE - 2012 Churchill Fellow

**The WA Department for Child Protection
Fellowship to study programs aimed at stopping
the generational cycle of domestic violence
- USA**

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Signed: Tanya Dupagne

Dated: 14th September 2013

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INTRODUCTION & ACKNOWLEDGEMENTS

I would like to thank the Winston Churchill Memorial Trust for selecting me to take part in what was a truly amazing opportunity. I would also like to say a huge thank you to the WA Department for Child Protection, for sponsoring the fellowship and allowing me to gain a wealth of information that can be put into practice to make a difference to the lives of children throughout Australia.

I had a planned programme when I left Australia of places I had arranged to visit while on my research trip. What I wasn't expecting was the overwhelming positive response I received from every organisation and person I spent time with in America, who not only informed me about their own organisations, but arranged for me to meet with other people and other organisations they thought could provide assistance. Everyone I met with was so giving of their time, and genuinely interested in making sure they assisted as much as they could, as my goal with my fellowship report of helping to stop the generational cycle of violence is something they are all working towards as well.

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EXECUTIVE SUMMARY

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Project Description: To research programs aimed at stopping the generational cycle of domestic violence.

Trip Highlights:

- Viewing collaborative taskforces working together to make a difference to children affected by domestic violence;
- Being able to work with and learn from some of the world's best domestic violence researchers and early intervention specialists;
- Gaining access to a wide variety of resources and activities that can be implemented into the programs I run in Australia;
- Being able to spend time with children I worked with 10 years ago who are now grown up and have gone on to break the cycle of violence and other factors.

Recommendations:

- That life skills training for adults and children who have experienced violence or related factors be implemented as part of a long term transition program following crisis intervention, and that the Government make funding available for this purpose. This training would include activities designed to work on trust, self confidence, self esteem, communication, leadership, self empowerment, critical thinking, assertiveness, refusal skills and conflict resolution;
- That Government reassess its funding priorities and ensure that as well as crisis care, adequate funding is allocated to early prevention education, long term support and programs for children aged 6-12 years of age.
- That an evaluation be conducted of the way funding is distributed in Australia, in particular the introduction of long term funding for programs demonstrating success, and ensuring small grassroots organisations have the same opportunities to access funding as larger organisations;
- That all tiers of government investigate the benefits of family advocacy models and co-location of services, and where possible implement them as a standard practice in Australia;
- That trials of specialised medical advocacy and screening programs directly relating to domestic violence be run in hospitals;
- That compulsory interactive early prevention education in schools be implemented into schools, run by trained facilitators;
- Introduction of a public (non-confronting) education campaign targeted at domestic violence awareness.

How I will implement the findings of my fellowship in Australia:

The fellowship has opened many opportunities to impact change on the generational cycle of violence in Australia. I have gained access to some amazing resources and activities which will be implemented into the programs I run. I have also witnessed approaches and models I had never before seen that have potential to work and be implemented in Australia. I have been a long time advocate for early prevention and long term support, primarily for children aged 6-12 years of age, and funding to be made available to make that happen. The knowledge I have gained overseas will enable me to continue to lobby and meet with key members of parliament aimed with more facts and more proof that this is a crucial part to breaking the cycle, and that more time and funding needs to be put into it. I also speak at approximately 50 events, conferences and groups each year, and will be sharing the knowledge I have gained during those presentations.

PROGRAMME – PLACES VISITED ON FELLOWSHIP

DENVER, COLORADO

- Center for Domestic Violence (University of Colorado – Denver)
- Project PAVE
- The Conflict Center
- Healing from the Heart
- Smart Girl
- Taskforce

CHICAGO, ILLINOIS

- Professor Paul Schewe (University of Illinois – Chicago)
- UIC Interdisciplinary Center for Research on Violence
- Between Friends

PHILADELPHIA, PENNSYLVANIA

- Institute for Safe Families
- Dr Maria McColgan
- Child Fatality Review (Medical Examiner's Office)
- Stoneleigh Foundation
- Lutheran Settlement House
- Hazael Haven

NEW YORK CITY, NEW YORK

- Safe Horizon
- New York City Mayor's Office to Combat Domestic Violence – Family Justice Center Queens
-

NEW HAMPSHIRE

- Copper Cannon Camp

BACKGROUND

I have spent the past ten years working with in excess of 100,000 children around the world who have been affected by domestic violence, sexual assault and related factors. This work has taken place in America (Copper Cannon Camp), South Africa (Cape Town and surrounding areas via The Future Factory programs), Vietnam (Long Hoa Orphanage & K'Ren Village) and here in Australia (City of Kwinana, Dance 4 Africa, Boys & Girls Clubs, The Global Good Foundation, Camp Kulin).

I am now the Manager of the Camp Kulin program, which I created and implementing for the Shire of Kulin in the WA Wheatbelt. The program formed after an enormous demand for support programs for young children (6-12 years of age) who had been impacted by adverse childhood experiences, mostly relating to trauma. There has been a huge demand for the program (with a constant wait list) because there are not a lot of services available for children of this age, or that provide long term support to those who have had adverse childhood experiences.

The majority of children I work with come into the Camp Kulin program having one parent recently leaving a violent situation, and the child struggling to adjust. Referrals for the camp programs come from many agencies, including the WA Police, Department for Child Protection, Association for Services to Trauma and Torture Survivors (ASeTTS), The Smith Family and schools.

The acceptance of normality for a child is based on what is normal in their home lives. Myself and my camp team regularly work with children who think that violence is a normal thing, because they have had it since they were born. The majority of children come to us with extremely low self esteem, lack of self confidence, the inability to work as part of a team, poor communication skills, exhibiting violent behaviour themselves and unable to take part properly in decision making processes. Through the camp program, and ongoing support, we are able to take the children through a series of activities that exposes them to ideas and concepts that many of them have previously never been exposed to. These include respect, teamwork, communication, leadership, assertiveness, refusal skills, critical thinking and healthy decision making.

Domestic violence is costing Australia in excess of \$13.6billion each year. According to hurt.net.au, 1 in 4 children witness domestic violence in the home, and 1 in 3 young people who have a boyfriend or girlfriend will experience violence and abuse in that relationship.

Approximately 75% of the children I work with who have experienced domestic violence are from homes with an intergenerational cycle of violence, many of them spanning three or four generations. I applied for the Churchill Fellowship so that I could better research programs and interventions directly aimed at breaking generational cycles, so that I could incorporate what I learned into the programs I currently run, and raise awareness of and make a difference to what is an ever growing issue.

COMMON THEMES & KEY POINTS OF INTEREST EMERGING FROM FELLOWSHIP

Introduction

When I initially began my fellowship journey, I anticipated visiting five different organisations in the USA. Once I began meeting with these organisations, opportunities opened for me to gain access to a number of partnership organisations, collaborative groups and taskforces and some of the world's best generational domestic violence practitioners. The number of sites I visited quickly grew. As many of them work in collaboration with each other, and there were so many common themes and service models emerging from the fellowship visits, I have decided to summarise them into this section of the report. In depth information about my visits to each individual organisation is also contained in the latter half of the report.

BREAKING THE CYCLE – KEY STEPS

Whilst in America, common steps towards breaking the cycle kept coming up time and time again. It is important to note that there is not one fix to suit everyone, and that each individual has different needs, and the steps towards breaking the cycle for each of them will be different. As a starting point I would suggest that the key steps toward breaking the cycle are:

- Specialised medical advocacy and screening programs running in all hospitals;
- Whole of family crisis support for those in or leaving situations of domestic violence;
- Life skills training for adults and children who have experienced violence or related factors, including activities designed to work on trust, self confidence, self esteem, communication, leadership, self empowerment, critical thinking, assertiveness & refusal skills and conflict resolution;
- Compulsory interactive early prevention education in schools, run by trained facilitators;
- Early intervention programs for children aged 6-12;
- Public (non-confronting) education campaign;
- Introduction of Family Advocacy 'one stop shop' centres across Australia;
- Funding allocation to support the process.

MODELS OF KEY INTEREST

Collaborative Taskforces – Colorado, Chicago & Philadelphia

The question of collaboration is something I have constantly come across in the Australian not-for-profit sector. Certainly for more and more funding bodies, if you aren't collaborating with someone else, the chances of gaining funding are less. My questions have always been: a) what are some of the best collaboration models? and b) how do you get them to work well while not detouring from the end goal you are trying to achieve?

I had the opportunity to visit three models that I felt were very well created – these were the STRIVE collaborative in Denver, the ACES Project in Philadelphia and the Interdisciplinary Center for Violence Taskforce in Chicago. Each of these taskforces was created to tackle the issue of early education, prevention and breaking the cycle of domestic violence, child abuse and related factors. Each taskforce had representatives from the following groups:

- Educational institutions/Research Institutions

- Not-for-profit organisations
- Government Representation, via government agencies or those working closely with government

The Philadelphia ACES Project was by far the largest collaboration I visited, and also included

- Doctors and medical professionals specialising in adverse childhood experiences
- Representatives from local hospitals
- Representatives from schools and Department of Education

For each of the taskforces, membership was considered carefully. Each organisation/representative was chosen based on their ability to compliment the services and skills of the other organisations in the partnership.

Prior to the partnerships being formed, each organisation was facing their own struggle to attract, and sustain funding. Through the collaborative approach, they have found they are able to not only attract greater amounts of funding, but also attract it over a longer period of time. The collaborations have also been more powerful in terms of lobbying government and key officials for the greater good of the programs.

In Chicago, the Violence Center, led by the University of Illinois (Professor Paul Schewe) involves university academic staff, researchers and a number of not-for-profit organisations across Chicago. The partnership brings groups together for presentations from industry professionals (I had the privilege of being one of the presenters while on my fellowship), the ability to discuss industry trends and challenges, and also to keep up to date with each others projects and provide the opportunity to work together.

The STRIVE taskforce in Denver is comprised of the Center on Domestic Violence (University of Colorado Denver), Project PAVE (area leader in early prevention education), The Conflict Center (training and support agency) and the Denver Child Advocacy Center. The group found that each of their programs, while working well individually, could be improved by the opportunity to work together, and that they had the capacity to attract additional funding.

I found the inclusion of University researchers as part of the process very interesting – as Barb Paradiso, Director of the Center on Domestic Violence said, so often university researchers and community organisations go about their business without actively communicating with each other. Having them involved in the same partnership gives the researchers first hand exposure to the on the ground, day to day challenges of those working with violence, and the ability to better match their research to what will be of most benefit to the organisations who will implement it. The STRIVE group also has access to resources to ensure that their program is accurately evaluated.

The STRIVE group was at the implementation stage of their project when I visited them, and further information on their goals and objectives is contained further on in the report.

The Philadelphia ACES Project, initiated by the Institute for Safe Families (ISF) and supported by research by Stoneleigh Fellow Emily Wilson, is a model which tackles the whole of community approach. Emily conducted extensive research into the ACEs (Adverse Childhood Experiences) Study, which examines the long term impact and cost to the community of children who have had adverse experiences (such as violence or assault) as a child, and the correlating increase in medical problems and situations they experience later in life. Over 50 local practitioners, academics, community leaders, funders and stakeholders have come together for collective action as part of the ACEs Taskforce within the first year, with the numbers expanding rapidly.

The topics of domestic violence, child abuse and related factors are often still considered 'tabu' in our society. Part of the taskforce's aim is ensuring that these topics are spoken about and understood, so the important work of breaking the cycle can begin. As part of this, a whole of City approach is being taken, including;

- Education is being provided in schools in regard to healthy relationships and abuse prevention. All staff and those coming into contact with children across the whole city will receive the same education and training, to ensure a common language is being spoken. This ranges from school support staff such as cleaners and kitchen staff through to school counsellors and principals.
- Hospitals are routinely screening all patients for domestic violence, just as they would with any other medical conditions (see medical advocacy section below for more information).
- The way violence is portrayed within the community is being examined, and a number of 'out of the box' resources have been developed by ISF, and used throughout Philadelphia, which are achieving great success.
- Materials and resources developed by organisations such as ISF (eg: Parenting Through Violence) are being actively used as part of programs run by smaller organisations working with victims of violence.
- Funding bodies are involved in the discussion process, and by being in the same room and hearing the experiences of organisations working in the sector firsthand, they are better able to allocate their funding to where it is most needed and most likely to affect change.
- University researchers and academics are receiving input into their research from those on the ground, bridging any gaps that exist between academics and understanding of community organisations.
- The group's collective power means that they are better able to lobby politicians and all tiers of government to ensure that the issue of early prevention in regards to violence is not ignored and is given priority attention.

The Philadelphia Taskforce recently held their first National Adverse Childhood Experiences Summit, where 160 thought leaders, practitioners, academics, advocates, funding bodies and other stakeholders representing 29 states of America came together to hear presentations, take part in workshops and discussions and begin to plan a way forward. ISF hope this summit will become an annual event.

The work being done by the taskforces in Colorado, Chicago and Philadelphia is to be commended. All taskforces are at different stages of advancement, however all are receiving large positive outcomes. I spoke to a number of members of these taskforces to find out the benefits to their individual organisations in taking part in a project such as this. Some of their comments included:

- We have a greater understanding of the services other agencies in our area are providing, and we are able to refer some of our clients to access them. This improves the service and level of care we are able to provide them, and provides greater short and long term benefit to each client.
- We have been able to collaborate with other organisations. While all of our programs were working well separately, when we have put them together, the end results we are getting for our clients are much greater than we would have been able to achieve on our own.
- We have had the opportunity to meet with funding bodies and government representatives and put across our concerns with current systems. Being able to have an open dialogue in a not-so-formal environment, and have them become familiar with the work we are doing has impacted on

our ability to gain funding for our programs, and will hopefully impact on policy change down the track.

- We are kept up to date with the latest research and industry happenings.
- Having a group working together to lobby as one means the impact we can have is greater, particularly in regard to public education of what is generally a topic people don't wish to address.

I also had the opportunity to speak to some of the government representatives and funding bodies who were involved with these groups. Government representatives were particularly supportive of these collaborative efforts, as it put a "human face" to the reports and motions they were receiving, and gave them a greater understanding of the impact of the decisions they were making.

Medical Advocacy – Philadelphia

The Medical Advocacy Program I visited whilst in Philadelphia was an idea I felt could be integrated into the Australian hospital systems. The idea behind it is simple – domestic violence is such a common factor in today's society, that we should be screening for it just like we do with many other things.

In Philadelphia, all females attending three of the major hospitals are routinely screened for domestic violence as part of their consultation. This has resulted in 997 victims of domestic violence being identified so far. In excess of 5,000 professionals have also been trained in recognising and dealing with the signs, and the topic is being spoken about on a daily basis, rather than being something that is often brushed aside as 'controversial'. More information about the Medical Advocacy Program is contained in the latter part of this document.

Family Advocacy Centers – Philadelphia & New York

One of the biggest challenges I have faced when working with clients of domestic violence is their ability to access services. In the City in which I live, a client will have to travel:

- Up to 30 minutes for counselling;
- 20 minutes for accommodation services – if that service is full, they can travel up to an hour and a half to access other crisis accommodation services;
- 20 minutes for access to Centrelink and social services;
- 5 minutes to the police station to file reports if needed – if after hours, the nearest 24 hour police station is 30 minutes away;
- 10 minutes for social support (food packages, financial assistance, etc);
- Up to 30 minutes for legal advice.

This travel time is assuming that the client has a car, which is often not the case, requiring them to access the services via public transport. The majority of the services are not available on main public transport routes, and can triple the time required to get the help they need. The services are also located in opposite directions from each other.

I, and many service providers I work with, have found that the need to visit so many separate services, and repeat what is often a very traumatic story time and time again to various strangers is not practical, and most clients after the initial visit don't follow through with appointments or services, and many return to their violent relationship following the lack of support via the system.

I had the opportunity to visit three services that are providing a 'one stop shop' for clients to remove the difficulty of accessing services, and provide the best care possible.

The biggest Center I visited was the Queens Family Justice Center, operated by the New York City Mayor's Office to Combat Domestic Violence. The Queens Center is one of five centres operated by the municipality, directly tailored to each borough they are located in.

The model is simple:

- Clients are either referred by an agency or self referred to the service (which is conveniently located near multiple public transport routes, although far enough out of the way to be discreet)
- Clients have an initial consultation with a trained case worker
- An assessment is made of the services they require, and appointments are made for them. All services, including police, legal advice, counselling, child support services, life skills training services, religious services and not-for-profit support agencies are located within the building, and the case worker assists with briefing each service on the needs of the client. While the parent is accessing services, a childcare facility is provided free of charge, where trained art therapists and counsellors are able to work one on one with the child while their parent receives the assistance they need.

The model has been so successful that new locations are currently planned for all of the major areas of New York City.

Safe Horizon, located in New York City, and the Lutheran Settlement House Bilingual Domestic Violence program also provide a full range of services, including crisis accommodation, transitional housing, assistance with finding permanent accommodation, financial assistance, life skills training and long term support, so that clients can gain access to the co-located services they need while under the guidance of a trained case worker.

I am aware of versions of these family advocacy models that are running in Australia, however they are currently the exception rather than the rule.

Educational Models – Denver, Philadelphia

Violence prevention and healthy relationships education was something I found to be extremely common across all states I visited whilst on my fellowship. Organisations such as Project PAVE, Smart Girl and Hazael Haven are all running programs that are attaining huge results in their respective cities.

Common elements to the programs were:

- All sessions are interactive and engaging;
- Content is presented in a way that is fun, and different from a typical classroom session;
- The program takes place over a long period of time, generally consisting of a minimum of 10 – 12 sessions;
- Peer mentoring models are used: teenagers and college students are trained to facilitate the program for younger children;
- Topics covered include what is a healthy relationship, communication skills, conflict resolution, dealing with bullying, assertiveness & refusal skills, choices & consequences, self awareness, dealing with peer pressure and critical thinking.

All the programs I visited were presented both as part of the school curriculum and also in a community environment. The benefits of programs such as this are clearly demonstrated, with over 90% of participants seeing changes in their understanding of and ability to deal with a potential violent situation in the future.

Life Skills: Changing what is 'normal' – Denver, Philadelphia, New York, New Hampshire

A report titled 'Key issues in domestic violence' by Anthony Morgan and Hannah Chadwick from the Australian Institute of Criminology found:

It has been recognised that exposing a child to domestic violence is a form of abuse itself, regardless of whether the child is the target of such violence or not, and that such exposure is related to the intergenerational transmission of violence (Tomison 2000). Exposure to violence in the home can lead young people to develop inappropriate norms concerning violence and aggression, and to model behaviour and attitudes to which they have been exposed, increasing the risk that an individual will enter into an abusive relationship in adulthood, either as the perpetrator or the victim (Flood & Fergus 2008, Tomison 2000).

The findings are concerning because exposure to domestic violence has been associated with a higher likelihood of the following problems amongst younger people:

- *Issues related to cognitive, emotional and social functioning and development, which can lead to behaviour and learning difficulties;*
- *An increase in the risk of mental health issues, including depression and anxiety disorders;*
- *Issues related to education and employment prospects;*
- *More acceptance of, or willing to excuse, the use of violence against women;*
- *Involvement in violent relationships with peers and conflict with adults and other forms of authority;*
- *Increased risk of becoming perpetrators or victims themselves; and*
- *A detrimental impact on their future parenting capacities.*

The important fact to consider is that a child who has grown up in a household where they have been exposed to domestic violence often thinks it is normal. They learn behaviours which are often repeated in their own lives when they become adults. One element that I've found is often missing from programs I have witnessed or worked with is the teaching of life skills.

Many children who attend the Camp Kulin program have never previously been exposed to things such as sitting around a dinner table, how to hold a regular conversation, how to deal with a difficult situation without using violence, manners, respect of people from the opposite sex or other cultures. They also often have issues with poor behaviour, low self esteem, low self-confidence, communication skills and the ability to work as part of a team. I believe that teaching these skills is crucial, so that they are equipped to deal with situations they will face in adulthood and make responsible decisions.

Back in 2003-2005, I worked at an American Summer Camp for at risk children called Copper Cannon. Many of the children attending the camp were from families with generational histories of violence, alcohol, drugs and related factors. Many of the children were already receiving emotional counselling or chaplaincy services, however camp provided the opportunity for them to be children and be exposed to new ideas they may have previously never experienced. The focus was on teaching respect, teamwork, leadership, self confidence and self esteem.

I had the unique opportunity whilst on my fellowship to meet up with some of the children I had worked with, either in person or via the phone, to speak to them about the impact the camp program had on them 10 years down the track, and how they had managed to be the first ones in their family to break the cycle. For confidentiality reasons, I will not use their names as part of this report, however below is a summary of their responses to three questions I asked.

What things that you learnt while you were at camp do you still use in your day to day life?

Answers were consistent amongst campers and included:

- Respect
- How to trust people
- Manners
- How to control my anger
- To not give up
- That anything is possible if you put your mind to it
- To believe in myself
- PMA – Positive Mental Attitude
- How to make friends
- How to talk to other people and have a conversation with them

What was the best thing about being at camp?

- Having someone to talk to, who asked questions about me and cared about me.
- All the activities – we did so much that we all thought we could never do.
- Making friends that I still have for life.
- The opportunity to become a camp counsellor myself, and be able to help out other children like me.
- Meeting all the camp counsellors, and having some positive role models I could look up to.
- Challenging myself beyond what I thought I could.
- Learning there are ways to deal with things other than fighting.

How would your life be different if you hadn't attended the camp program? Responses to this included:

- I don't think I would have ever thought I could go to college, let alone get a full scholarship to help me do it.
- I would probably have ended up in jail or on drugs.
- I learnt how to respect myself and stand up for myself. I was able to use that to end a violent relationship last year. If I hadn't learnt that confidence back when I was younger, I don't think I would have left my partner.
- When things get hard, or if I'm having a bad day, I think back to some of the things that I did at camp, and how challenging they were, and it reminds me that I can do it.

As well as Copper Cannon, I also had the chance to visit a number of other programs who had incorporated life skills elements into their programs, including Healing from the Heart (Colorado), Project PAVE (Colorado), Smart Girl (Colorado), Lutheran Settlement House (Philadelphia), Safe Horizon (New York), New York City Mayor's Office to Combat Domestic Violence (New York).

These organisations work with the entire family, and start with ensuring the parents are educated. After speaking to former campers and receiving long term feedback on the benefits of life skills training, as well as many organisations who have now incorporated it as part of their core program, I believe the importance of teaching this in conjunction with clinical programs and counselling is a key to breaking the cycle.

The Funding Challenge

One of the constant issues I found raised by all organisations and individuals I met with was funding. The funding issues are similar to what I have faced in Australia. In summary, these challenges include:

- Lack of funding available for programs for children aged 6-12. The majority of funding sources, particularly Government, only offer funding for children in the early years (0-5) or teenage years (12+), not the middle age bracket.
- It is difficult to get recurring funding for a program. Funding is most commonly given as a one off, or occasionally for a three year period. Many organisations have found that they put time into setting up and reworking programs to ensure they are achieving the best outcomes, only to have the funding for the program stop when it is at its peak. Programs that are working effectively are stopped due to the cessation of funding. Other organisations then receive funding to run similar programs, go through the same challenges and at the end of the funding period.
- Smaller, grassroots organisations are finding it hard to get funding in an application process that is becoming more and more difficult. Judging matrixes often favour larger organisations who have dedicated professional staff to write their applications and more money in their budget. This is despite the fact that some of the smaller organisations are delivering better outcomes in their programs and are able to target them locally.

In order for the cycle to be broken, funding needs to be allocated towards the cause. This needs to be done with the opportunity for longer term funding so that programs can truly show what they are capable of delivering and present results, a fair allocation system so that smaller grassroots organisations have equal access to funding, and evaluation processes to match the amount of funding given. Where a program is proven successful, we should be supporting that program, rather than cutting the funding and giving it to somebody else starting from scratch again.

COLORADO

Center on Domestic Violence – University of Colorado Denver

About

The goal of the Center on domestic violence is to end violence in the lives of women and children. Three strategic approaches are taken to ensure this happens:

- Leaders must be prepared with the full range of knowledge and skills necessary to creatively and effectively confront the challenges of intimate partner violence in society today, and contribute to the movement toward its end;
- Original research on promising solutions to domestic violence must be done and be well distributed to inform quality intervention and prevention programming;
- Collaborative opportunities between academic professionals and domestic violence practitioners must be enhanced to promote community-informed methods of addressing domestic violence.

The vision of the Center on Domestic Violence is:

- Widespread incorporation of domestic violence information into the curriculum of professional schools to train attorneys, doctors, military personnel, clergy, therapists, teachers and other professions likely to encounter battered women or their children;
- Regular use of evidence-based research on domestic violence by practitioners, policy-makers and advocates to provide effective services to victims and advance promising solutions to the root causes of intimate partner violence;
- Well-trained leaders and managers for not-for-profit and public service organisations working to stop violence against women;
- Stable programs, more options in service provision and organisations that become successful agents for change in their communities;
- Family violence service provision, policymaking and advocacy that directly confronts the social norms that enable violence against women.

Fellowship Visit

While at the Center on Domestic Violence, I had the opportunity to spend time with its Director, Barbara Paradiso and her team of staff at the University of Colorado Denver (UCD), and look at some of their programs.

The Center combines therapeutical and clinical methods and offers academic and leadership programs and degrees, as well as extensive research into domestic violence.

They offer specialist degrees and courses to enable students to specialise in domestic violence. As well as the academic side, they also have strong relationships with local service providers. The idea behind this is that researchers often don't get access to the "hands on" programs and ideas. By working in collaboration, rather than separately, researchers get on the ground information that is relevant, and service providers get research findings that are more targeted and useable in their programs.

Each year, university screening fairs about healthy relationships are held, where students are given access to one on one time with a screener to chat about their relationships, teach them about fair and healthy relationships and where necessary, provide counselling referrals. The fairs are growing in attendance every year, and have assisted with people addressing the issue of domestic violence, recognising the signs,

breaking misconceptions and stopping victim blaming. The University has noticed increase in the uptake of counselling services following the event each year.

The Center ran a pilot program called 'End Violence', comprising of a crisis hotline, counselling and advocacy, presented in a school environment. The program started in 2009, and schools were selected based on socio-economic criteria. It ran in 5-6 schools in each Denver community, mostly those with low incomes and high needs, with 28 schools in total taking part in the initial program. There were high levels of diversity amongst participants, as well as large numbers of immigrant families.

UCD approached each school and worked in collaboration with them to develop a program that was specific to the needs of their own school, rather than implementing a standardised program with no flexibility. Schools were able to discuss their needs, and have a program formulated to deliver the best possible outcomes for their community.

A domestic violence specialist was appointed to each school. Each specialist had approximately six schools they worked with, and spent eight hours in each school initially providing training. The training was school wide, and presented to all staff at the school, so everyone from teachers to principals, bus drivers and cleaners was trained to ensure a common language was being spoken in regards to violence and a similar across the board approach to violence was being taken. Training covered primary interventions, prevention education, role expectations, policies and procedures and role play of various situations and scenarios. Trainers worked with chaplains, counsellors and psychologists to ensure they were able to co-ordinate the programs in their schools.

The major challenges the End Violence team found were the high staff turnover in the school system and different time allocations and provisions for the program in each different school. The lack of a national or state curriculum surrounding violence prevention education was also a concern.

Despite the initial success of the program during the pilot, particularly towards the end of it as the program gained momentum, funding expired.

UCD has since formed a partnership with other organisations in the community: Project PAVE, Conflict Center and the Denver Child Advocacy Center. The partnership will enable the strengths of each organisation to come together under a collaboration called STRIVE, to apply for joint funding to gain the resources to ensure the program continues.

[Project PAVE](#)

Founded in 1986, the mission of Project PAVE is to empower youth to end the cycle of relationship violence, primarily targeting generational violence. Project PAVE's approach to ending the cycle is through intervention and family advocacy, prevention education and youth leadership. They reach over 3,500 children, teens, parents, teachers and other professionals with their counselling and violence prevention programming in the Denver Metropolitan area. All services are offered free of charge.

The major Project PAVE programs are:

- School based intervention: comprising of youth-focused therapy for school students who have experienced or witnessed relationship violence and family advocacy, which uses a family advocate to travel to meet with families and support their needs.
- Prevention education: The two major programs running are the Path to Healthy Relationships, an in depth curriculum focusing on teen dating violence and healthy relationships, presented in schools; and Choose Respect, student-led prevention clubs designed to spread awareness on teen dating violence prevention and healthy relationships.

- Youth Leadership: The Youth Community Educators Program provides high school students with leadership skills through professional development and prepares them to educate their peers and their communities on teen dating violence prevention and healthy relationships. The Transformations Scholarship is awarded annually to approximately 10 Colorado youth who have made positive contributions towards ending the cycle of relationship violence by empowering themselves and others in their schools and communities.

Fellowship Visit

I met with Adam (Program Director) and Mike (Executive Director) while in Denver to discuss the Project PAVE programs. The organisation works with over 3,500 young people each year, and 91% of those young people believed that Project PAVE met their needs. 92% of participants in the prevention education program rated it is good or great, and showed statistically significant gains from pre to post tests on healthy relationship knowledge, attitudes and behaviour.

Students involved with the school based intervention program, which provides them with access to therapy services, saw a reduction in offending behaviours, further victimisation, school truancy, substance abuse, depression and unintended pregnancy. This program works closely with those students involved in generational cycles of violence, and helps them break the cycle.

I was particularly impressed with the way that Project PAVE works with and trains its volunteers. High school students are trained via professional development to assist them with delivering the programs to younger children. These volunteers also run clubs called Choose Respect, which spread awareness on healthy relationships. Not only do the volunteers gain valuable skills in facilitation and leadership that can be used towards high school credits and college applications, but they are also educated on healthy relationships themselves. To encourage the volunteers to continue to contribute to the program on an ongoing basis, 10 scholarships are awarded each year to the students who have contributed towards empowering and teaching others in their community. These scholarships assist the volunteers with their college ambitions in the future.

The Conflict Center

The Conflict Center was founded in 1987. Its mission is to reduce levels of physical, verbal and emotional violence by teaching and applying skills to help people in diverse communities manage their everyday conflicts non violently. Their three major program areas are:

- Schools: The Conflict Center serves elementary, middle and high schools, offering a wide range of social and emotional skill building elements to enhance and enrich the learning environment.
- Youth and Adult Classes: Providing classes for youth and adults through a variety of class topics and formats. The classes are either taught on site at their own facility or off site at a school or other community based location.
- Organisations: Offering workshops around special topics such as effectively managing conflict in the workplace and smart parenting.

The Conflict Center serves public housing residents, transitional housing programs, health care providers, correctional facilities, juvenile justice agencies, diversion programs, law enforcement agencies, welfare to work programs, congregations, civic groups, neighbourhood organisations, homeless shelters, businesses, government agencies, child care providers, parents and families, all levels of school (K-12), charter schools, alternative schools and colleges/universities.

STRIVE

STRIVE is a collaborative group that involves representative from the University of Colorado Denver's Center on Domestic Violence, Project PAVE, The Conflict Center and the Denver Child Advocacy Center. STRIVE stands for Schools Transforming Relationships Through Interpersonal Violence Education.

Mile High STRIVE is a three-year comprehensive child and youth centered project that maximises community-based efforts and evidence-informing practices to more fully address domestic violence, dating violence, sexual assault and stalking that is affecting students.

Fellowship Visit

Through meeting with organisations involved with the STRIVE partnership, I was invited to join them for one of their initial meetings, where their goals and actions for the project were discussed.

The program, which targets middle school students, has set goals around four areas of interest:

Goals:

- Prevention: Develop and implement interpersonal violence prevention strategies to include education for children/youth and parenting classes;
- Intervention: Expand and strengthen intervention services for children and youth victims of and/or exposed to interpersonal violence, including support for non-abusing parents/caregivers;
- Treatment: Develop and expand access to treatment for child and youth victims of and/or exposed to interpersonal violence, including support for non-abusing parents/caregivers;
- Response: Improve the identification, coordination and response to children and youth who are victims of and/or exposed to interpersonal violence by school personnel, victim service providers, law enforcement, parents and others.

The steps taken to achieve these goals will be:

Prevention

- Teaching emotional intelligence and critical decision making skills
- Choose Respect Clubs
- Smart parenting

Intervention

- Coaching primary responders
- Family advocacy services
- Creation of pamphlets on community resources

Treatment

- Individual, group and family therapy
- Access to external resource partners and providers

Response

- Creation of protocols and procedures

- Training staff/teachers
- Education of parents

The exciting thing about this program is that it covers a whole of community approach, prevention education, crisis support, education of community leaders and has evaluation tools in place. The STRIVE collaboration is still in its infancy, and I look forward to keeping in touch with them and following their progress in the future, particularly over the long term.

Smart-Girl

Smart-Girl is a program that empowers girls to make smart choices and become confident, capable, self-reliant young women. It helps provide them with the tools they need to successfully deal with the serious issues they face daily, such as sex and drugs, bullying and violence, inappropriate media imagery and the pressure to succeed in school and extracurricular activities.

The Smart-Girl program nurtures girls' social-emotional intelligence and critical thinking skills, qualities proven to lead to success in life. The program gives girls the tools to develop confidence and self worth, self awareness and empathy, critical thinking and problem solving skills, leadership ability, group/social skills and attitudes and values that lead to resilience and success in life.

Smart-Girl uses a near peer model, is research based and tested and mentors of high school and college age can obtain college credit for their work. A minimum of 16 sessions deal with relevant issues, including bullying, peer pressure, mood management, refusal skills, body image, leadership, popularity, respect and ethics.

Fellowship Visit

I was able to spend time with Program Manager Katie and one of the long term guides, Viola, during my time with Smart-Girl.

The program works with pre-teen and teen girls over a 12 week period, and is operational in 32 sites across Denver. Depending on each school and their needs, the program is either run in school with identified students, or as an extra curricular activities. The program served 1,137 girls in 2011-12 and 6,137 since its implementation.

High school and college students are trained as guides, and facilitate the program with a ratio of approximately 2 guides to every 12 girls. The guides are mentored and debriefed by an adult coach, (usually a school counsellor), providing a 3-tiered mentoring system. The training of guides and coaches is provided in an active learning environment, the Smart-Girl Leadership Institute, with fun through learning as the major focus.

Guides are trained in the Smart-Girl curriculum, which I had the opportunity to look through and ask questions on, and are taught skills in communication, leadership, group facilitation and program management. Smart-Girl has a heavy focus on making sure their volunteers are looked after and provided with opportunities to ensure they remain with the organisation. Volunteer hours, continuing education, undergraduate and graduate credits are available to them as part of their college degrees.

Guide Viola described her Smart-Girl experience, and pointed out the benefits to not only the program participants, but the leaders as well. She took me through the program and a typical session, as well as some of the challenges she faced as a leader, including the challenge of gaining the trust of the children she works with, and ensuring the sessions are engaging.

The organisation is putting time into creating and working with alumni, to keep them engaged from the time they complete the program as a pre-teen to the time that they are eligible to themselves be trained as

a guide. One of the ways they are implementing the alumni process is through a Smart-Girl Leadership Summer Camp for girls entering 6th – 10th Grades.

The Smart-Girl program is designed to fit Denver's multicultural setting, with 18% of participants from African American descent, 34% Mexican and 36% Caucasian.

One of the major issues the organisation faces is maintaining ongoing funding. They have feedback and results to prove the program works, however as a relatively small organisation they don't have the funding or the staff time required to run the professional evaluation they need to ensure further funding. The other challenge faced with evaluation is that the measure of success is different for each participant.

One small evaluation that has been conducted of the program was by students from the University of Colorado Denver. They compared 8th Grade Smart-Girl participants at Kepner Middle School in Denver to girls without Smart-Girl at a similar school. The findings were as follows:

- Kepner Smart-Girls had a significant decline in disciplinary incidents during the year, while at the comparison school, girls had a significant increase;
- Kepner Smart-Girls significantly improved their science grades and overall GPA;
- 75% of Kepner girls reported that Smart-Girl strongly influenced their belief that they now want to and can graduate from high school. This is important because the community high school most Kepner girls will attend has a 50% drop out rate;
- Smart-Girls were significantly less likely to act without thinking, and more able to calm themselves down when upset;
- 93% of Kepner Smart-Girls gave their high school mentors an "excellent" rating and 83% gave their adult mentors an "excellent" rating.

Healing from the Heart

Healing from the Heart is a Colorado based not for profit organisation that provides mental health services to youth and families who seek help in healing from traumatic incidents, victimisation, violence and other adverse life experiences. They are dedicated to providing treatment plans that focus on youth needs and difficulties. All programs are gender specific and are facilitated with regards to relational, developmental and cultural concerns.

The program works with children and adolescents who grew up in homes with domestic violence, alcohol and drug use, who live through traumatic events and who endure conditions of neglect and abuse.

Fellowship Visit

I met with Lesly, the founder and director of Healing from the Heart while in Denver. This amazing lady has dedicated her whole life towards forming her organisation, which works with a number of children, many who won't participate in any other intervention programs.

Children who have been through traumatic experiences often live in continual states of inertia, depression, anger and hopelessness, until they learn different choices. Healing from the Heart is all about teaching those choices and working one on one with each young person to deal with their individual needs.

Clients who have completed the Healing from the Heart programs report feeling less angry, more in touch with their emotions, increased confidence, better family communication and reduction of disruptive incidents at home, school and the community.

Lesly has achieved results with children that others have been able to reach previously. Her biggest challenge as a small organisation is funding. Some of the counselling services she offers are covered by

Medicaid, however she sees the need for group programs and additional programs to complement the services the organisation currently offers.

CHICAGO

Dr Paul Schewe

Dr Schewe is the Director of the University of Illinois Chicago's Interdisciplinary Center for Research on Violence. He is a clinical/community psychologist with extensive experience in developing and evaluating violence prevention programs and community-based interventions.

His work ranges from basic research identifying factors associated to with sexual assault victimisation and perpetration, to developing preventative interventions, to using evaluation and dissemination strategies to further develop existing interpersonal violence prevention programs for agencies, community and statewide networks of service providers.

The focus of his research includes sexual assault, teen dating violence, domestic violence and early childhood interventions to promote positive social-economic development.

Fellowship Visit

As part of my fellowship, I was able to spend time with Dr Schewe and his staff at the Interdisciplinary Center for Research on Violence. The Center was created to gain a better understanding of and address the problems that violence creates for individuals, families and communities.

Whilst visiting UIC, I had the opportunity to speak to a number of PHD students and Academic Staff about the research they are currently conducting. I presented at a Violence Center meeting, and was able to meet representatives from not-for-profit organisations in the Chicago area who work with those affected by domestic violence.

I was also able to speak to Dr Schewe and his staff about a range of issues, including varying evaluation tools, best practice approaches and the goals they have for the Center in the future.

The Center has a number of priority areas for the coming years, these being addressing:

- Child Abuse
- Bullying, harassment and teen dating violence
- Increasing access to services
- Intimate partner violence
- Sexual assault
- Children exposed to violence
- Gang and Youth Violence

Of most interest to me was the work being done in regards to children exposed to violence. A growing trend in research has shown that a child being exposed to violence can lead to life long impacts later in life, including physical, social and mental health problems. Children who live in families with domestic violence frequently show symptoms of post traumatic stress disorder, aggressive behaviour, depression, reduced social skills, anxiety, sleep problems and poor academic performance.

PHILADELPHIA

Institute for Safe Families (ISF)

About

ISF is a Philadelphia not-for-profit organisation whose mission is to prevent family violence and child abuse by strengthening families to create nurturing, healthy environments that promote children's positive development. For over 20 years, ISF has been an incubator for new ideas, developed innovative programming and convened forums for cross-systems dialogue and collaboration aimed at building capacity for more effective prevention and response to all forms of interpersonal violence.

ISF's goals are

- To implement among child-serving setting evidence based child abuse/intimate partner violence prevention programs for children, their caregivers and parents;
- Advance public policy and advocacy for child abuse and intimate partner violence prevention;
- Raise public awareness about the devastating consequences of exposure to family violence and other toxic stressors;
- Promote protective factors and reduce risk factors to strengthen the ability of families to promote optimal development for their children.

ISF has developed and piloted successful programs that address child abuse and family violence. They are a leader in the Philadelphia community and across the country in the prevention of interpersonal violence and its consequences for children. ISF has an established and highly respected record for initiating and nourishing collaborations, providing high quality training, and creating resource based programs and clinical materials.

ISF's four program areas are:

- Paediatric initiatives
- Training and Consultation with the Philadelphia Department of Public Health
- The Philadelphia Adverse Childhood Experiences (ACEs) Project
- Promoting Education and Public Awareness

Fellowship Visit

I had the opportunity to witness firsthand how ISF links relevant organisations and facilitates collaboration through my visits with Co-Director Martha Davis and Administrative Director Carolyn Smith-Brown. As well as briefing me about their organisation and its role in the community, they also arranged for me to visit a number of sites and other organisations they have collaborated with so I could see the rollout and success of the programs, as well as the implementation of their resources firsthand.

The ISF program areas that I had the chance to look at elements of were paediatric initiatives (see St Christopher's Hospital), The Philadelphia ACEs Project (see collaborations) and promoting education and public awareness (see Lutheran Settlement House)

ISF also has a large focus on ensuring that the effects of violence involving children are well publicised, and have managed to do this in a non-confronting way. Those working with domestic violence, sexual assault and child abuse/neglect are aware of the difficulty in raising public awareness of the topic due to the perceived stigma involved. ISF's marketing materials, books and information packs are widely distributed

throughout hospitals, schools and community groups in Philadelphia, and are printed in two different languages.

ISF has taken a leadership role within the Philadelphia community, and is the driving force behind much of the work that is happening in the City regarding ACEs. It co-ordinates the ACEs Taskforce meetings, as well as running the first national conference on the topic, enabling industry leaders from across the country to come together to discuss a way forward. More information about ISF is contained in other parts of this report, as their collaborative efforts have reached many other organisations.



- ABOVE: Example of the Institute for Safe Families' Promotional Material being used to demonstrate the impact of adverse childhood experiences on children.

Lutheran Settlement House Bilingual Domestic Violence Program

Established in 1902, the Lutheran Settlement House provides services to seniors, families and the community in general. One of their major programs is the Bilingual Domestic Violence Program. The program is free, and provides services in both English and Spanish.

The program consists of:

- A hotline that provides crisis intervention counselling, safety planning and referrals to domestic violence abuse services. The hotline is a toll free number, is manned 24 hours a day and provides services in multiple languages.
- Individual Counselling, crisis intervention and advocacy, support groups onsite and throughout the city, as well as specialised groups for incarcerated women;
- Medical Advocacy – working in conjunction with local hospitals to provide onsite domestic violence and dating abuse services for patients and their families, as well as the training of health care providers;
- Legal Advocacy – BDVP provides court, accompaniment and advocacy at both the Criminal Justice Center and the Family Court;

- Education and Training – offering education on domestic violence and dating abuse for youth, community members, workplaces, congregations and professions in both English and Spanish.
- Transitional Housing – the Sheila Brown Women’s Center serves homeless women and their children who are survivors of domestic and dating abuse

Volunteers play an integral part in the services that are offered by BDVP, and volunteers take part in an intensive training period that enables them to provide hotline counselling, education & outreach, individual and group counselling and clerical support.

Fellowship Visit

While at Lutheran Settlement House (LSH), I was given an overview of the programs by Assistant Director Damien Frierson, followed by one on one meetings with the staff members running each of the main LSF departments. LSH BDVP deals with everyone regardless of race, culture or sexual orientation, and is one of the few organisations who specialise in working with LGBT clients. I was incredibly impressed with the range of services provided by the organisation, which comprehensively cover all aspects of dealing with domestic violence, and a way forward to ensure that clients have the best chance possible to break the cycles. Each staff member I met with was incredibly passionate about the work they were doing, and keen to inform me about their respective areas. These areas are:

Philadelphia 24 Hour Domestic Violence Hotline

LSH BDVP works with three other member agencies of the Philadelphia Domestic Violence Collaborative to operate the city’s domestic violence hotline. The hotline assisted over 3,000 people in the past year who were seeking domestic violence services. Hotline counsellors provide immediate assistance to victims who are in crisis situations, and are able to refer clients to access emergency and long term shelter stays in Philadelphia and surrounding areas. Clients are provided with a range of services dependant on their needs, including supportive counselling, domestic violence education, safety planning, resources and referrals. Clients are also encouraged to meet in person with a BDVP counsellor, and appointments can be made over the phone. The hotline service is provided in a number of different languages.

Family Advocacy Program

This is a highly successful program which covers three important elements – Pre Care, Transitional Housing and After Care. I was particularly interested to find out more about this program, as many of the organisations I had worked with in Australia provide only crisis care, without the transitional housing and long term support.

BDVP recognises that every family has different life experiences and strengths to build on. The Family Advocacy Program assists homeless women and children who are survivors of domestic violence to establish stability, increase skills and income, and increase self-sufficiency and self-determination. This is done via the Sheila Brown Women’s Centre, which has nine transitional housing units owned by the Housing Development Corporation.

The Family Advocacy Program provides the following:

- Advocacy and Case Management: Each family is assigned a family advocate on arrival. The advocate assists residents with housing, goals, referrals to community services/resources, advocacy, crisis intervention and support as needed.
- Community meetings: All residents are required to attend community meetings. The meetings address the concerns of the community, provide group support and build relationships between clients.

- Life skills classes: Offering clients the opportunity to develop skills that they can use in their family life, work life and in the community. The skills taught include money management, household management, parenting, integration into community activities/groups, time management, stress management, social skills, job skills and creative expression.
- Parenting After Violence Classes: This program, developed in conjunction with ISF, teaches parents how to help their child deal with and grow after living in a violent home. It offers information, education, resources and support to overcome the difficulties involved.
- Domestic Violence Counselling: An optional service for all adults on the program.

One of the major factors I was particularly impressed with when looking at the Family Advocacy Program is the requirements the client must meet.

Pre Care (6-8 weeks)

- Application and intake completed
- Complete 3 domestic violence counselling sessions
- Client needs assessment completed
- Client signs lease agreement

Transitional Housing (2 years)

- Client is provided with \$125 to go towards basic essentials
- Client must stay compliant with the program by: contributing 10% of income to savings; pay utilities; meet with case manager on a weekly basis; attend community meetings; participate in at least 25 hours of programming that leads to self sufficiency (eg: volunteer work, school, work, etc)

Aftercare (Lifetime support)

- Client is moved into one of 3 permanent housing options.
- Client must maintain case management for up to one year, depending on the category of support needed.

Students Talking About Relationships (STAR)

The STAR program is based on the premise that teenagers are more likely to discuss violence with their peers than with adults. It is running in select schools in Philadelphia, and student ambassadors have also gone on to provide the program to the community as well.

Students participate in a 10 week interactive curriculum that involves activities, videos and guest speakers to address key issues such as healthy and unhealthy relationships. At the completion of the program, students are able to understand the warning signs and dynamics of teen relationship abuse and are able to apply healthy decision making.

Counselling Program

The counselling program run by LSH BDVP is based on the Empowerment Approach, which assists clients in understanding the dynamics of domestic violence, how it affects their well being, and enables them to make informed choices.

The program runs over a 3 month period, and is a trauma informed model consisting of weekly or bi-weekly individual sessions. Clients also have the opportunity to participate in ten week group programs, including the Healing Group, Parenting After Violence (an ISF curriculum) and/or the Sister Circle.

Counsellors also provide education on the dynamics of domestic violence, educate clients about the impact of trauma on their lives, discuss the impact of violence on children, inform clients about community resources that are available to them and can organise court accompaniment and individualised goal plans. All services are provided in both English and Spanish.

Domestic Violence Training Program for Professionals

This one day training session trains medical providers, social workers, law enforcement officers and professionals involved in direct service work to learn about the dynamics of abuse, empowerment counselling and how to safety plan with clients. Over 1000 service providers throughout the Philadelphia area are now able to correctly identify the signs of domestic violence, and deal with clients effectively. They are able to understand the impact of abuse on victims and children, the barriers to safety for victims and have an introduction to effective intervention strategies.

Participants are also informed of the local services available for those affected by violence, and are able to provide referrals to them, as well as effectively intervene and provide support to clients or co-workers who are experiencing abuse.

Medical Advocacy Program

In 2005, LSH BDVP in conjunction with St Christopher's Hospital for Children began a project in collaboration with the ISF program CAMP (Children's and Mom's Project), which was the first paediatric hospital based domestic violence intervention in the state of Pennsylvania. Since the success of the initial St Christopher's Pilot, the program now runs in two other children's hospitals in the State.

Since the program started

- Counsellors have trained over 5,050 health care providers
- Onsite counsellors have seen 997 victims of domestic violence
- Due to the presence of IPV counsellors in local hospitals, there has been an increase in requests for training throughout the medical community
- The program has received national recognition through publications and conference participation.

See below (Dr Maria McColgan) for more information about the logistics of the Medical Advocacy Program.

[Dr Maria McColgan MD, FAAP](#)

Dr McColgan is a paediatrician and medical director of the Child Protection Program at St Christopher's Hospital for Children. She is one of Philadelphia's first board certified child abuse paediatricians. Dr McColgan is also an assistant professor of paediatrics and emergency medicine at Drexel University College of Children, with a special interest in medical student and resident education. Her clinical interests include child neglect and psychological abuse, child safety, paediatric emergency medicine and paediatrics.

Fellowship Visit

I was invited to spend the day with Dr McColgan, whose passion and determination to stop children being exposed to violence was amazing. Early in the morning, she came to pick me up from my accommodation, and took me with her to court, where she was the expert witness in a child sexual assault case. I was given an inside look into the workings of the Philadelphia Court System, and access to the District Attorneys and team involved with the case.

While waiting for the court case to start, I was able to discuss the programs Dr McColgan runs at St Christopher's Hospital. Of particular interest was the medical advocacy program, which runs in conjunction with the LSH BDVP and ISF.

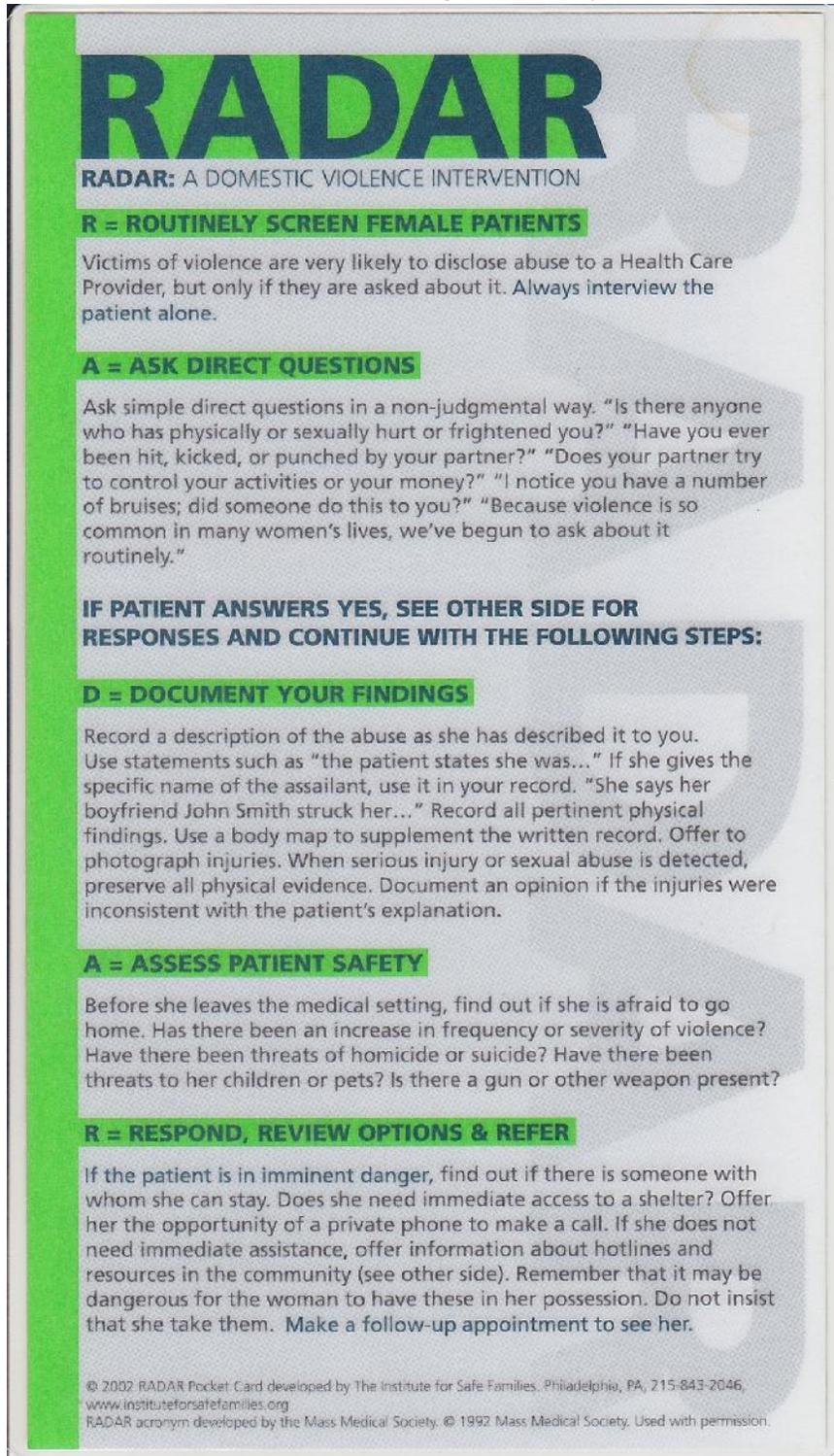
The program involves the screening of every female who comes into the hospital using a special system called RADAR, designed by ISF to identify situations of domestic violence. Just as patients are routinely screened for heart conditions, medical history and a number of other factors when they are admitted to hospital, staff are trained to ask questions and recognise the signs of violence in the home in a non-confronting way.

If a client does disclose information, they are able to receive access to confidential support through LSH BDVP counsellors, assistance in developing a safety plan or any other assistance required. By screening every family entering the hospital, it also raises awareness of domestic violence within the community.

The success of using this kind of screening and referral system has been extensive, with many cases identified. It was noted that many of those who screened positive were from families where generational violence was present, and those affected had previously accepted the violence they were experiencing as the norm.

Following the court case I attended and some discussion time with Dr McColgan, she arranged for me to be invited to attend the Child Fatality Review that was being held at the Medical Examiner's Office. This was a rare look into a review team that is held behind closed doors. The review brings together representatives from all departments across Philadelphia, ranging from the Coroner to Department of Human Services, Department for Child Protection, Hospital Chiefs of Staff, Shelter Services and other relevant organisations. Due to the confidentiality agreement I was required to sign, I am unable to report any further on this meeting, however it was positive to see these organisations actively involved with each other and discussing how they can offer increased support to families they are working with in the future.

The method used to screen those coming into the hospital is as follows:

A poster titled "RADAR: A DOMESTIC VIOLENCE INTERVENTION" with a green and blue color scheme. The acronym "RADAR" is prominently displayed at the top in large, bold letters. Below it, the full name of the intervention is written. The poster is divided into sections for each letter of the acronym: R (Routinely Screen Female Patients), A (Ask Direct Questions), D (Document Your Findings), A (Assess Patient Safety), and R (Respond, Review Options & Refer). Each section contains specific instructions for healthcare providers. At the bottom, there is a small copyright notice.

RADAR

RADAR: A DOMESTIC VIOLENCE INTERVENTION

R = ROUTINELY SCREEN FEMALE PATIENTS

Victims of violence are very likely to disclose abuse to a Health Care Provider, but only if they are asked about it. Always interview the patient alone.

A = ASK DIRECT QUESTIONS

Ask simple direct questions in a non-judgmental way. "Is there anyone who has physically or sexually hurt or frightened you?" "Have you ever been hit, kicked, or punched by your partner?" "Does your partner try to control your activities or your money?" "I notice you have a number of bruises; did someone do this to you?" "Because violence is so common in many women's lives, we've begun to ask about it routinely."

IF PATIENT ANSWERS YES, SEE OTHER SIDE FOR RESPONSES AND CONTINUE WITH THE FOLLOWING STEPS:

D = DOCUMENT YOUR FINDINGS

Record a description of the abuse as she has described it to you. Use statements such as "the patient states she was..." If she gives the specific name of the assailant, use it in your record. "She says her boyfriend John Smith struck her..." Record all pertinent physical findings. Use a body map to supplement the written record. Offer to photograph injuries. When serious injury or sexual abuse is detected, preserve all physical evidence. Document an opinion if the injuries were inconsistent with the patient's explanation.

A = ASSESS PATIENT SAFETY

Before she leaves the medical setting, find out if she is afraid to go home. Has there been an increase in frequency or severity of violence? Have there been threats of homicide or suicide? Have there been threats to her children or pets? Is there a gun or other weapon present?

R = RESPOND, REVIEW OPTIONS & REFER

If the patient is in imminent danger, find out if there is someone with whom she can stay. Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call. If she does not need immediate assistance, offer information about hotlines and resources in the community (see other side). Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them. Make a follow-up appointment to see her.

© 2002 RADAR Pocket Card developed by The Institute for Safe Families, Philadelphia, PA, 215-843-2046, www.instituteforsafefamilies.org
RADAR acronym developed by the Mass Medical Society. © 1992 Mass Medical Society. Used with permission.

Above: RADAR screening for all female patients, as developed by ISF and used by St Christopher's Hospital for Children and other hospitals in the Philadelphia area.

IF THE PATIENT ANSWERS "YES":

Encourage her to talk about it.

"Would you like to talk about what has happened to you" or "Would you like help?"

Listen non-judgmentally.

This serves both to begin the healing process for the woman and to give you an idea of what kind of referrals she may need.

Validate her experience.

"You are not alone." "You do not deserve to be treated this way."

"You are not to blame." "What happened to you is a crime." "Help is available to you." "The violence is likely to get worse, and I am worried about you." "If you are not safe, your children may not be safe."

IF THE PATIENT ANSWERS NO, OR WILL NOT DISCUSS THE TOPIC:

Be aware of any clinical signs that may indicate abuse:

Injury to the head, neck, torso, breasts, abdomen, or genitals; bilateral or multiple injuries; delay between onset of injury and seeking treatment; explanation by the patient which is inconsistent with the type of injury; any injury during pregnancy; prior history of trauma; chronic pain symptoms for which no etiology is apparent; psychological distress such as depression, suicidal ideation, anxiety, sleeping or eating disorders; a partner who seems overly protective or who will not leave the woman's side; frequent health care visits; substance abuse.

If any of these clinical signs are present, ask more specific questions. Make sure she is alone:

"I am worried about you. It looks as though someone may have hurt you. Can you tell me how it happened?" "Sometimes when people feel the way you do, it may be because they are being hurt at home. Is this happening to you?" If the patient denies abuse, but you strongly suspect it, document your opinion, and let her know there are resources available to her should she choose to pursue such options in the future. Make a follow-up appointment to see her.

RESOURCES

866 .SAFE .014 (866 .723 .3014)	Philadelphia Domestic Violence Hotline
215 .686 .7082	Women Against Abuse Legal Center
215 .985 .3333	Women Organized Against Rape
215 .242 .2235	Menergy – For men who are abusive
267 .625 .6135	Menergy en Español – For men who are abusive
215 .564 .0488	Men's Resource Center – For men who are abusive
215 .496 .0707	Children's Crisis Treatment Center Trauma focused therapy for children
215 .438 .9070	Anti-Violence Partnership Trauma focused therapy for children

Above: RADAR screening for all female patients, as developed by ISF and used by St Christopher's Hospital for Children and other hospitals in the Philadelphia area.

[Stoneleigh Foundation](#)

The Stoneleigh Foundation improves the life outcomes of vulnerable and underserved children and youth. They target young people impacted by violence as well as those in the child welfare and juvenile justice systems, or at risk of involvement with these systems. They meet their mission through fellowship awards that support accomplished individuals working to improve these systems through research, policy change or practical involvement.

The Stoneleigh Foundations goals are:

- To nurture new approaches and ideas that lead to wide-spread policy and practice change;
- To change how the public and private systems work together to meet the needs of the whole child;
- To develop new knowledge through research and its translation to policy and practice;
- To support individuals and a community of fellows who can make a difference in the lives of vulnerable children.

Fellowship Visit

Whilst in Philadelphia I had the opportunity to spend time with Stoneleigh Fellow Emily Wilson, who was based at the Institute for Safe Families. More information about Emily's fellowship is detailed in other parts of this report. I was also invited to the annual Stoneleigh Foundation luncheon, where I was able to hear presentations from emerging leaders, and meet with former Stoneleigh Fellows to discuss their research.

[Hazel Haven](#)

Hazel Haven hopes to provide women and children experiencing domestic violence with housing, individual and family biblical counselling, support groups, safety planning, legal aid, education, employment assistance and referrals to resources in the community.

Fellowship Visit

I met with Hazel Haven founder Jenny Delacruz, some of her board members and volunteers. Still in its infancy stages, Hazel Haven is currently raising money to begin its pilot project, which will house families affected by violence for up to six months and provide whole of family support before assisting them to transition to independent living.

Volunteers have been providing the community with an educational program surrounding domestic violence called "What you don't know can hurt you". The program is presented in two three part sessions, and covers human trafficking and dating violence, and comprises of a presentation, interactive discussion period, coaching tips and take away resources for all participants.

NEW YORK CITY

[Mayor's Office to Combat Domestic Violence](#)

Run by the City of New York, these family justice centers are operational in Brooklyn, the Bronx and Queens. Due to their success, the centers are about to be duplicated into all the burroughs in New York.

The Centers provide a free and multi-lingual service that can be accessed by all people.

On the first visit to the Center, the client meets with a client specialist, who consults with them on the services they may require. The client specialist then refers the client to a case manager, who guides them through all processes from here. The big advantage to this type of system is that:

- all the services are accessible under one roof

- the client only needs to go through their story once, then this information is passed on
- The Centers are easily accessible by public transport

Services available at the Family Justice Centers include:

- Case management;
- Counselling – both one on one counselling and support groups are available for adults and children;
- Legal information – lawyers and paralegals are available to speak with clients about legal issues such as custody, visitation and immigration;
- Police – Domestic Violence Prevention Officers from the New York City Police Department assist with reporting crimes or giving information about how the police can help the client to stay safe;
- Probation – Probation Officers are available to assist if the person hurting the client is currently on probation;
- Prosecution – The Domestic Violence Bureau of the District Attorney’s Office is located within the Center and works with the clients. Prosecutors can also answer any questions the client has about the criminal justice system;
- Children’s room – children aged 3 years or older can play in the children’s room while the client is being assisted;
- Self sufficiency services – helps with public assistance information, job training and educational programs;
- Spiritual support – faith leaders volunteer at the Center to provide support if requested.

The Family Justice Centers work in collaboration with a number of partners who are all located on site, again preventing the requirement to travel for off site services. These partners include various support service organisations for those from different ethnic backgrounds, financial advisors, support services such as Safe Horizon, education support programs, religious services, legal aid agencies, refuge referral services and more.

Fellowship Visit

The New York City Mayor’s Office is committed to ending domestic violence in the community. After initial contact with the program co-ordinators, I was invited to visit the Family Justice Center they run in Queens. While there, I was given the opportunity to have a guided tour of the entire facility, as well as meet one on one with a number of staff from different departments.

The first thing that struck me as I entered the Center was that it was a friendly, inviting environment. Each section of the building was colour coded into the different services on offer. I was taken to meet a number of the not-for-profit organisations whose services are based at the Center. These ranged from counselling and basic support services to religious services, financial counselling and services teaching life skills.

This was followed by a visit to the children’s room, and a discussion with the children’s program manager. All children over the age of three entering the Center with their parent are able to stay in the children’s room while that parent is receiving the assistance and support they require. While in the room, children take place in structured art and play therapy activities. Regular support and counselling services are provided to older children, with one on one and group sessions available.

I met with the Director of the District Attorney’s Office for a discussion on the processes they go through in conjunction with the New York Police Department (NYPD) to ensure the victim has the best chance for a

conviction. His staff work very closely with the victim to ensure that the best interests of her and her children are looked after. One of the most interesting things I found during this visit was the procedure used by the NYPD in regard to restraining orders.

When officers enter a domestic violence situation involving a child, the State immediately issues a restraining order against the violent parent on behalf of the child. I was given a copy of a sample order to look over. The order is handwritten (on carbon copy special forms) by the attending officer on the spot. The District Attorney was extremely surprised that this system wasn't operational in Australia, as it has proved highly successful in his district. He listed a number of benefits, including the pressure being taken off the victim to issue charges (and avoidance of later repercussions for doing so), ensuring all instances of violence are recorded, and ensuring the short term safety of the child/children living in the household.

I was able to spend time with the Domestic Violence Unit of the NYPD, who further explained the procedures they go through when attending a case. Legal interns took me through advocacy services they provide and sample court orders and procedures they go through to help ensure a conviction for the perpetrator.

I met with the front line support staff and a number of case workers, who outlined many benefits in having services co-located in one facility, and the victim not having to tell their story to multiple people multiple times. They also cited the bond and trust formed between client and case worker as another advantage to the system they used.

I was extremely impressed with the service model being provided at the Family Justice Center, as well as the results being achieved via the work of all departments involved. The Centers have been so successful that the New York Municipality is opening more locations in other parts of the City.

[Safe Horizon](#)

Safe Horizon provides support, prevents violence and promotes justice for victims of crime and abuse, their families and communities. They support and advocate for more than 250,000 children, youth and adults affected by violence and abuse each year. They are the nation's leading provider of services and programs for victims of domestic violence, child abuse, human trafficking, rape and sexual assault, stalking, homeless youth and families of homicide victims. They offer life saving and life changing services to help victims who need to heal and rebuild their lives after crisis.

Their major goals are to:

- Stop and prevent child abuse: teams in their child advocacy centers work hard to help young child victims of violence to receive comprehensive services to help them heal from trauma. Their national child abuse awareness campaign Hope Shining helps adults recognise the signs of child abuse and take action.
- Rescue homeless youth off the streets: The Streetway program provides hot meals, emergency shelter, health services and counselling that can make a critical difference in the lives of the 18,000 youth in New York City living on the streets, where they face violence and crime each day.
- Help victims of domestic violence to survive and thrive: Safe Horizon's domestic violence shelters provide relief at secure residences where clients receive clothing, food, child care, transportation, counselling and assistance to provide permanent housing. Their national program SafeWork helps businesses address domestic violence and provide support to victims in the workplace.
- Combat modern day slavery in the US: Safe Horizon's anti trafficking program is the largest on the East Coast, working to help victims of domestic servitude, forced labour and the illegal sex trade in the greater New York City area. Survivors of human trafficking receive emotional, legal and material

support from staff, and law enforcement officials and community organisations are trained to help them assist victims.

- Help victims in the court: this program helps victims understand the court process, get orders of protection and provide safe places where they can wait during their trials.
- Promote healing after a crisis: Safe Horizon's state licensed counselling center and counselling services are available at their shelters and community centers.
- Provide an emergency lifeline for victims of violence via a 24 hour immediate assistance hotline, which receives an average of 137,000 calls each year, responding to victims of domestic violence, rape, sexual assault and other crimes.
- Break the cycle of violence and abuse: The four community program offices run by Safe Horizon give more than 4,000 victims of crime and abuse in person support each year, providing crisis intervention, practical assistance, referrals, education and individual/group counselling.

Fellowship Visit

While at Safe Horizon, I met with Carolyn Conybeare (Program Office Director), Ana Rodriguez (Clinical Director Counselling Centers) and Cindy Coulter (Vice President, Shelter Division).

Safe Horizon run a number of programs which are heavily accessed by people in the City of New York, to the point where there is often a waitlist for their services.

Crisis care is in place, with Safe Horizon being the largest provider of domestic violence shelter residencies in New York City. 730 beds are available in 9 shelters across 5 boroughs of the city. Within the shelters, clients are provided with safety planning tools, housing information and financial support and assessment. All staff at the shelters are trained in trauma response. The average length of stay for a client is 69 days, the first 45 days which is considered the crisis period.

Safe Horizon provide transitional housing, with 10 months the average time period a client spends in this phase, although up to two years is common. The housing provides the victim with the chance to live in an apartment/independent living facility, whilst still providing them with access to transition services. The wait for public housing in New York City is currently between 5-10 years, so these transitional programs are crucial. Counselling Centers also provide support via trauma focused, evidence based treatment.

A number of community programs run in Manhattan-Bronx, Queens, Brooklyn and Staten Island. Legal services are available to assist with court representation, immigration issues, protection orders, divorce settlement and child custody issues.

Child Advocacy Centers assist children who are severely physically abused or sexually abused, and full case team, including representatives from Safe Horizon, NYPD, District Attorney's Office, Physicians and Children's Services work together to achieve the best long term outcome for the child.

Two of the innovative programs Safe Horizon has introduced is called Project Safe, which provides installation of locks on houses to victims of crime, and the alternative to incarceration program, which is a one year program working in conjunction with referrals from shelters.

Safe Horizon have recently joined forces with the Yale Child Study Center, forming a partnership that addresses the need of children traumatised by abuse. The Child and Family Traumatic Stress Intervention will be implemented in four Child Advocacy Centers across New York, working with children aged 7-18 years who have either recently witnessed or recently disclosed information about traumatic events.

Some interesting statistics on child abuse and neglect were given in the Yale Study Document, including:

- In 2010, an estimated 3.3 million allegations of child maltreatment were reported to child protective services, involving approximately 6 million children.
- As of September 30 2010, there were 408,425 children in the foster care system.

A 2009 national survey by David Finkelhor, also listed in the Yale Document found that:

- 60% of children and adolescents suffered at least one victimisation
- 46.3% experienced physical assault
- 25.3% witnessed violence
- 9.8% witnessed intra family assault
- 10.2% were subject to child maltreatment
- 10.2% experienced a victimisation-related injury
- 6.1% experienced sexual victimisation

NEW HAMPSHIRE

Copper Cannon Camp

Copper Cannon is the only completely tuition free summer camp for children living in New Hampshire. The camp is celebrating its 50th birthday in 2013, and has worked with over 20,000 campers since it was founded.

Campers come from all over the state, and are accepted regardless of race, ethnicity, gender, orientation or handicap. The only requirements to attend camp are that the camper falls within the correct age range, and that they meet the financial income requirements.

Copper Cannon's mission is to not only provide a camp experience to New Hampshire youth, but also to provide a high quality camp experience. It is the belief of the camp that even children who wouldn't normally be able to afford a high quality traditional camp experience still receive a week at camp that is every bit as good as a camp they would normally pay a large amount of money for.

Campers have the opportunity to take part in life changing activities that may not otherwise be experienced, learnt or realised at home or at school. Activities are designed to expose children to new things and new ways of thinking, to gain confidence in themselves, to learn new skills and to get out of their comfort zone. It is a good chance for them to escape the pressures of school and society, and have fun.

Fellowship Visit

In 2003 – 2005, I worked at Copper Cannon Camp, first as a camp counsellor, then as the Program Co-ordinator. I have experienced first hand the impact the camp has on not only the campers, but the camp counsellors as well.

While I worked at camp, I dealt with 8-12 year olds, many whom had experienced things that children their age shouldn't have to experience, including sexual assault, neglect, child abuse, alcohol and drugs. The change in the children during their week at camp was extraordinary – you could see their confidence improve, increased self esteem, positive changes in behaviour, improved communication skills, and the growth in them as they were able to escape their circumstances and be a child, for many for the first time in their lives.

Since leaving camp in 2005, I kept in touch with a number of the campers I had worked with. I had always wondered what the long term impact of the activities we did was, and whether the children would succeed

in becoming the first in their families to break what for many was a cycle of adverse experiences that had spanned generations.

While in America for my fellowship, I was invited to return to camp to visit. The Camp Director I had worked with in 2005, Peter Christnacht, and his family were still running the camp, and five of my former campers were working for the summer as camp counsellors – four on the regular program and one running the day camp. As previously mentioned, while at camp I was able to have discussions with these former campers, as well as a number of others who made the trip to visit me or spoke to me on the phone about their experiences as child, and how they were able to break the cycle of violence and related factors in the long term due to their time at camp ten years ago. It was an interesting and rare insight into the program.

I was also able to spend some time with current campers, look at program and facility changes that had happened since I was last there, and gain lots of new ideas for activities that can be incorporated into the Camp Kulin programs I run in Australia.

Two former campers, now camp counsellors at Copper Cannon themselves (and hoping to come to Australia to become camp counsellors at Camp Kulin) are Shyanne and Devin, who had this to say about their time at camp:

SHYANNE

Shyanne worked her way up through the Copper Cannon program over the years. She was an overnight camper, a teen camper, a counsellor in training, junior counsellor and regular camp counsellor. She now runs Copper Cannon's summer day camp program.

Shyanne is a first generation college student in her family, has been offered college scholarships and graduated fourth in her class at high school. She will graduate in May 2014 with a teacher certification, and plans to become a teacher for the deaf, as well as hoping to own and run her own camp one day.

"Being at camp made me learn who I am. Doing low and high ropes activities especially has shown me my strengths and weaknesses. I have grown so much as a person and I continue to each year I am at camp. I was a shy child, and at camp I was able to be a kid!

Camp changed my life in so many ways. As a camper, I was able to be a kid and live stress free for at least a week. Now, as a staff member, I continue to grow into the person I want to be. I am no longer a shy, sit back type of girl. I love to get involved and better the people I know. I have times in my life when I need to remember that I am still growing up, and camp helps me with this. I am able to be a teen, now a young adult, in appropriate ways, and work with those my age and younger. I was never a follower, but I did not lead either – now I am a leader and I have set many goals for myself.

Without camp, I am not sure I would know who I am. I have always learnt to see the cup as half full, because there is not time to dwell on what is not there. I was safest at camp, and I believe this for anyone. Copper Cannon helped me get into college and appreciate life. If you can give a child just a week's break from home, you are doing them a service many families cannot do."

DEVIN

"The opportunity to go to summer camp came at a tumultuous time in my adolescence, a period in which I was experiencing hardships I could have never imagined in my life. When you are a young person caught in troubles at home, I discovered that your parents' problems become your inescapable reality. Suddenly, the pain and trials of adults seep into your daily life.

The normalcy of teen events, soccer matches, birthday parties, school and chores become wrought with tension, stress and needless feelings of guilt. Thankfully, I was fortunate enough to have people who cared

about me, a positive school environment and resources available to cope. But trust me, nothing compares to one week away.

I assure that it takes but one week away to meet people who will inspire you, care about you and push you to succeed. It takes one week to have experiences you will remember for your entire life, to do things you thought you would never have the chance to do. It takes one week to spark interest in fields you've never before heard of. It takes one week to throw you onto new paths and new ways of thinking. It takes one week to have the seven most days of fun you've ever had.

I speak for myself, and for all the friends I made in my years at camp when I attest that a week at camp burns brightly in the back of our minds for the entire school year. A week at camp provided endless inside jokes, laughs and conversation for me and my siblings who had attended. We remember our friends, we remember our counsellors, we remember a place where we fully belonged. A week at camp, for us, is hope."

Speaking to former campers about their experiences at camp, and the things they felt most impacted change in their lives reinforced the importance of ensuring children who have been impacted by adverse childhood experiences are provided with and taught adequate life skills. These skills play a crucial role in breaking the cycle of violence.

CONCLUSIONS AND RECOMMENDATIONS

Having the opportunity to take part in a Churchill Fellowship was a once in a lifetime experience that opened so many doors and taught me so much that I will be able to implement into my day to day programs, as well as share with others.

Some of the major conclusions I have come to as part of my fellowship include:

- Early intervention is the key – we need to work with children at an early age and take a preventative approach, rather than waiting until the cycle is already repeating itself and being reactive to it. The cost savings of a prevention approach, while more expensive in the long term, are larger in the long term.
- It's not enough to just provide clinical services to those who have been affected by violence and related factors. Just as important is providing them with the life skills they need to actually be able to break the cycle and make responsible decisions, both in the short term and long term.
- Collaboration is vital. It not only has benefits to each organisation, but staff working in the field gain skills and experience, and the client receives a more impactful experience.
- Co-location of services is going to play an important role in breaking the cycle.
- With the ever growing rates of domestic violence in our society, it is crucial that we are talking about the topic and educating our community that it doesn't need to be something that is tabu. We need to work to make it something that is as regularly spoken about as the impact of cigarettes and alcohol on our lives.
- In order for the cycle to be broken, funding needs to be allocated towards the cause. This needs to be done with the opportunity for longer term funding so that programs can truly show what they are capable of delivering and present results, a fair allocation system so that smaller grassroots organisations have equal access to funding, and evaluation processes to match the amount of funding given. Where a program is proven successful, we should be supporting that program, rather than cutting the funding and giving it to somebody else starting from scratch again.

The steps that I think are crucial in breaking the cycle of domestic violence are:

- Specialised medical advocacy and screening programs running in all hospitals;

- Whole of family crisis support for those in or leaving situations of domestic violence;
- Life skills training for adults and children who have experienced violence or related factors, including activities designed to work on trust, self confidence, self esteem, communication, leadership, self empowerment, critical thinking, assertiveness & refusal skills and conflict resolution;
- Compulsory interactive early prevention education in schools, run by trained facilitators;
- Early intervention programs for children aged 6-12;
- Public (non-confronting) education campaign;
- Introduction of Family Advocacy 'one stop shop' centres across Australia;
- Funding allocation to support the process.

My recommendations as a result of my fellowship are:

- That life skills training for adults and children who have experienced violence or related factors be implemented as part of a long term transition program following crisis intervention, and that the Government make funding available for this purpose. This training would include activities designed to work on trust, self confidence, self esteem, communication, leadership, self empowerment, critical thinking, assertiveness, refusal skills and conflict resolution;
- That Government reassess its funding priorities and ensure that as well as crisis care, adequate funding is allocated to early prevention education, long term support and programs for children aged 6-12 years of age.
- That an evaluation be conducted of the way funding is distributed in Australia, in particular the introduction of long term funding for programs demonstrating success, and ensuring small grassroots organisations have the same opportunities to access funding as larger organisations;
- That all tiers of government investigate the benefits of family advocacy models and co-location of services, and where possible implement them as a standard practice in Australia;
- That trials of specialised medical advocacy and screening programs directly relating to domestic violence be run in hospitals;
- That compulsory interactive early prevention education in schools be implemented into schools, run by trained facilitators;
- Introduction of a public (non-confronting) education campaign targeted at domestic violence awareness.

How I will implement the findings of my fellowship in Australia:

The fellowship has opened many opportunities to impact change on the generational cycle of violence in Australia. I have gained access to some amazing resources and activities which will be implemented into the programs I run. I have also witnessed approaches and models I had never before seen that have potential to work and be implemented in Australia. I have been a long time advocate for early prevention and long term support, primarily for children aged 6-12 years of age, and funding to be made available to make that happen. The knowledge I have gained overseas will enable me to continue to lobby and meet with key members of parliament aimed with more facts and more proof that this is a crucial part to breaking the cycle, and that more time and funding needs to be put into it. I also speak at approximately 50 events, conferences and groups each year, and will be sharing the knowledge I have gained during those presentations.

I would once again like to thank the Winston Churchill Memorial Trust, the WA Department for Child Protection and the many organisations and individuals who so willingly shared their experiences with me during my trip.

WHY IS BREAKING THE CYCLE SO IMPORTANT?

The importance of programs aimed at targeting the next generation and breaking the cycles is ever growing. While on my fellowship, I was presented with a summary of research done by Child Trends, a nonprofit, non partisan research center on child and youth issues. Child Trends examined a range of available statistics to put together a portrait of the high school class of 2013.

They found that out 100 members of a class of high school seniors:

- 71 have experienced physical assault; 28 have been victimised sexually; 32 have experienced some form of child maltreatment.
- 51 used no alcohol, cigarettes or illicit drugs in the past 30 days.
- 48 are sexually active. 27 of them used a condom and 25 were on birth control pills the last time they had sex.
- 45 get the recommended amount of physical activity.
- 39 have been bullied, physically or emotionally. 16 have been bullied in the past year.
- 38 have a reading test score that puts them in the 'proficient or above' category.
- 29 felt 'sad and hopeless' continuously for at least two weeks during the past year.
- 28 rode in a car during the past year with a driver who had been drinking.
- 26 have a mathematics achievement test score that puts them in the proficient or above category.
- 24 were binge drinking in the past two weeks.
- 23 smoked marijuana in the past 30 days.
- 22 are living in poverty. 10 are living in deep poverty.
- 21 had a sexually transmitted infection in the past year.
- 18 have special health care needs.
- 16 carried a weapon in the past year.
- 14 thought seriously about attempting suicide in the past year; 6 went through with the attempt; 2 required medical attention.
- 12 had unintentional injuries in the past year that required attention in a hospital emergency room.
- 10 report they were victims of dating violence in the past year.
- 10 report they have been raped.
- 8 used an illicit drug other than marijuana in the past 30 days.
- 4 have an eating disorder where they've vomited or taken laxatives to lose weight.
- 3 were victims of violent crime in the past year.
- Of the females, 3 or 4 have been, or are, pregnant. One has had an abortion.
- 1 or 2 are in foster care.