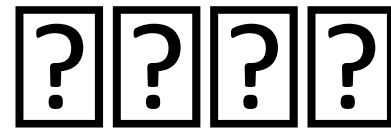


# QUESTIONS

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



# Q&A Written Responses

Q Can we have the link to plans?

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

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

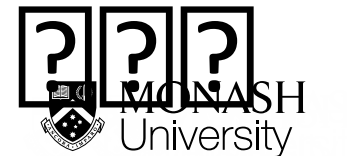
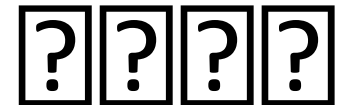
A Yes, you are able to email [vfa@dva.gov.au](mailto:vfa@dva.gov.au) and share your story, and with consent it will become a case study that can be shared with the DVA Policy Team, the Executive Management Board and/or Commissions so that they can understand the unique nature of each individuals experiences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

Q Where can we find the recording of the webinar?

A [Webinar Link](#)

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

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



# Q&A Written Responses

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

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

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

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

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

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



# Q&A Written Responses

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

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

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

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

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

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

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



# Q&A Written Responses

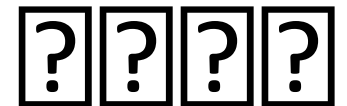
Q If the data was only gathered within Open Arms (a mental health service), how do you think the prevalence compares to the broader veteran population who are not accessing MH services? i.e. is there a correlation between other MH concerns and IPV?

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

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

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

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



# Q&A Written Responses

A <sup>Cont.</sup> 2. Education and Awareness: Increase awareness among veterans, their families, and service providers about the signs and dynamics of IPV/FDV. This can help in early identification and intervention.

3. Collaboration: Foster collaboration between government agencies, community organisations, and veteran support networks to ensure a coordinated response to IPV/FDV cases within the veteran community.

4. Trauma-Informed Care: Provide trauma-informed care that recognises the potential impact of military service-related trauma on family dynamics and interpersonal relationships.

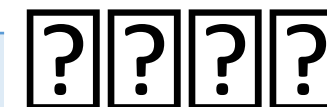
5. Cultural Sensitivity: Develop interventions that are culturally sensitive and acknowledge the unique experiences and backgrounds of veterans and their families, including Indigenous veterans.

6. Prevention: Implement prevention strategies that focus on promoting healthy relationships, communication skills, and conflict resolution within the veteran community.

By implementing these strategies, we can better intervene in cases of IPV/FDV within the Australian veteran community and improve the overall well-being of veterans and their families.

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

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





# Q&A Written Responses

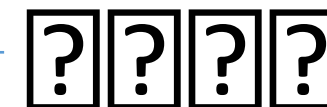
A This approach aims to provide comprehensive support and access to resources that cater to the unique challenges faced by veterans and their families while also leveraging the expertise and infrastructure of broader FDV services.

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

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

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

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



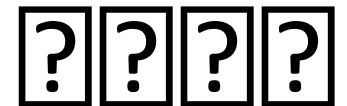
# Q&A Written Responses

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

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

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

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





# Q&A Written Responses

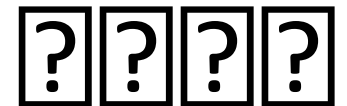
Q Are there any CHILD specific early intervention strategies being considered and recommendations being made? Access to Open Arms is from 5yo and often they have been exposed to coercion and control behaviours from a parent and the damage is already done before they are able to access psych services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

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

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

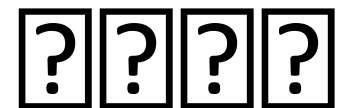
2. Integrated Family Support Services: Implementing programs that provide holistic support to families, addressing the needs of both parents and children. These services often include parenting support, mental health services, and domestic violence interventions, aimed at creating a safe and supportive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

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



# Q&A Written Responses

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



# Q&A Written Responses

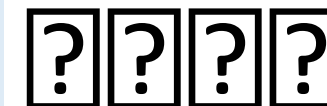
Q Does the training and education that is being planned include training so they are better equipped to recognise clients who are having issues with violence and refer them to the appropriate treaters.

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

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

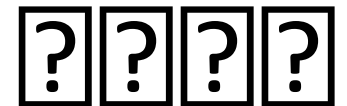
A Research specifically focusing on intimate partner violence (IPV) among Australian veterans, especially within relationships where both partners are current or ex-service members, is relatively limited. However, there are some general findings and studies related to IPV in veteran populations globally,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

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



# Q&A Written Responses

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



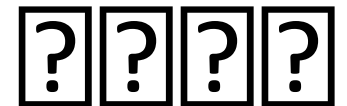
# Q&A Written Responses

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

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

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

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



# Q&A Written Responses

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

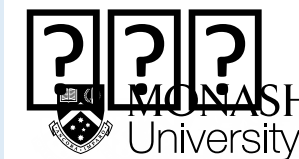
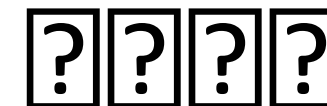
A Update website information, develop and post online trainings, webinars, and links to services for both victims and service providers.

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

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

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

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





# Q&A Written Responses

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

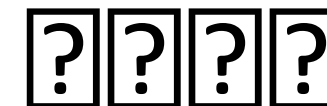
Q Gwen, what are the programs in NSW you were referring etc. Love Bites/The Family Co???  
How can we get to where you are with boundaries and accepting the past?

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

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

To contact these programs in NSW:

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



# Q&A Written Responses

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

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

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

