

COMMUNICARE BREATHING SPACE

An Innovative Therapeutic Community
Model for Family and Domestic Violence

DEFINATION OF FAMILY AND DOMESTIC VIOLENCE

Family and Domestic Violence is pattern of behaviours intended to **coerce, control** and **create fear** within an intimate or familial relationships.

Western Australia Department of Child Protection and Family Support (2015)

TACTICS AND BEHAVIOURS OF FDV

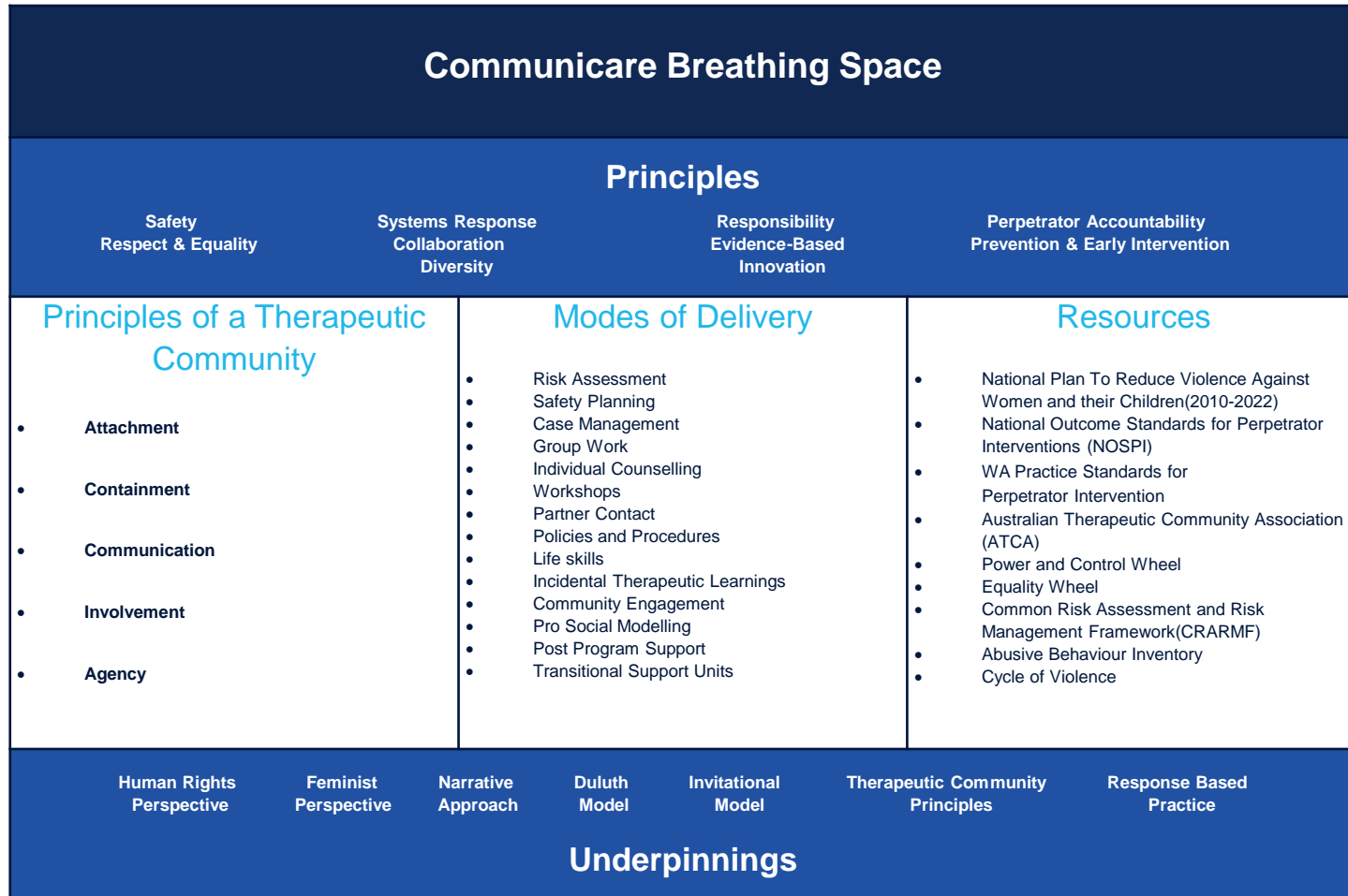
- Physical
- Psychological
- Sexual
- Social Isolation
- Financial Abuse
- Technology Facilitated Abuse
- Neglect

COMMUNICARE BREATHING SPACE

A Therapeutic Community for Men's Behaviour Change



COMMUNICARE BREATHING SPACE MODEL



GROUP WORK AND COUNSELLING

Men Relating Safely

Dadworx

Understanding Emotions

Understanding Anger & Aggression

DV/AOD

DV Counselling & AOD Counselling

PRINCIPLES

SAFETY

Communicare Breathing Space core focus is the safety of women and children at the center of family and domestic violence interventions and responses.

Safety considerations for women and children affected by violence informs all interventions and decision making protocols.

Engaging with men who have chosen to use violence within their relationship provides opportunities to monitor safety for the family and the wider community.

PRINCIPLES

PERPETRATOR ACCOUNTABILITY

Communicare Breathing Space holds men who use violence firmly in view of systems so that the appropriate people can intervene at the right time to hold them accountable, and ensure they face consequences for their violence.

PRINCIPLES

SYSTEMS RESPONSE

Systems and services must empower women and children who experience violence to feel confident they will be believed, responded to, supported and protected when they speak up against and report violence.

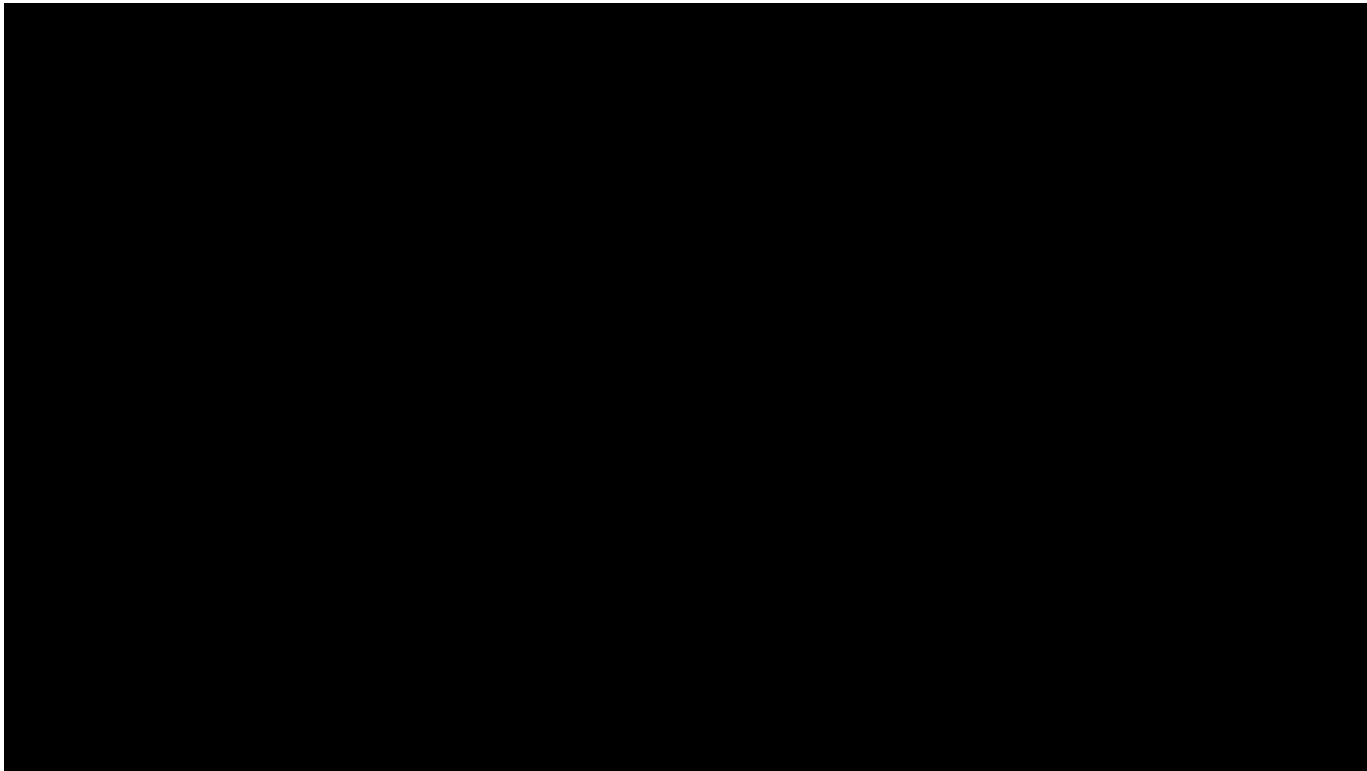
Communicare Breathing Space removes the burden from women and children to protect themselves and places the responsibility for their safety firmly back onto our systems and services.

PRINCIPLES

RESPONSIBILITY:

Communicare Breathing Space provides opportunities that enable perpetrators to take responsibility for their violence, change their violent attitudes and behaviours and address any factors that may be amplifying their risk of violence and safety towards their family.

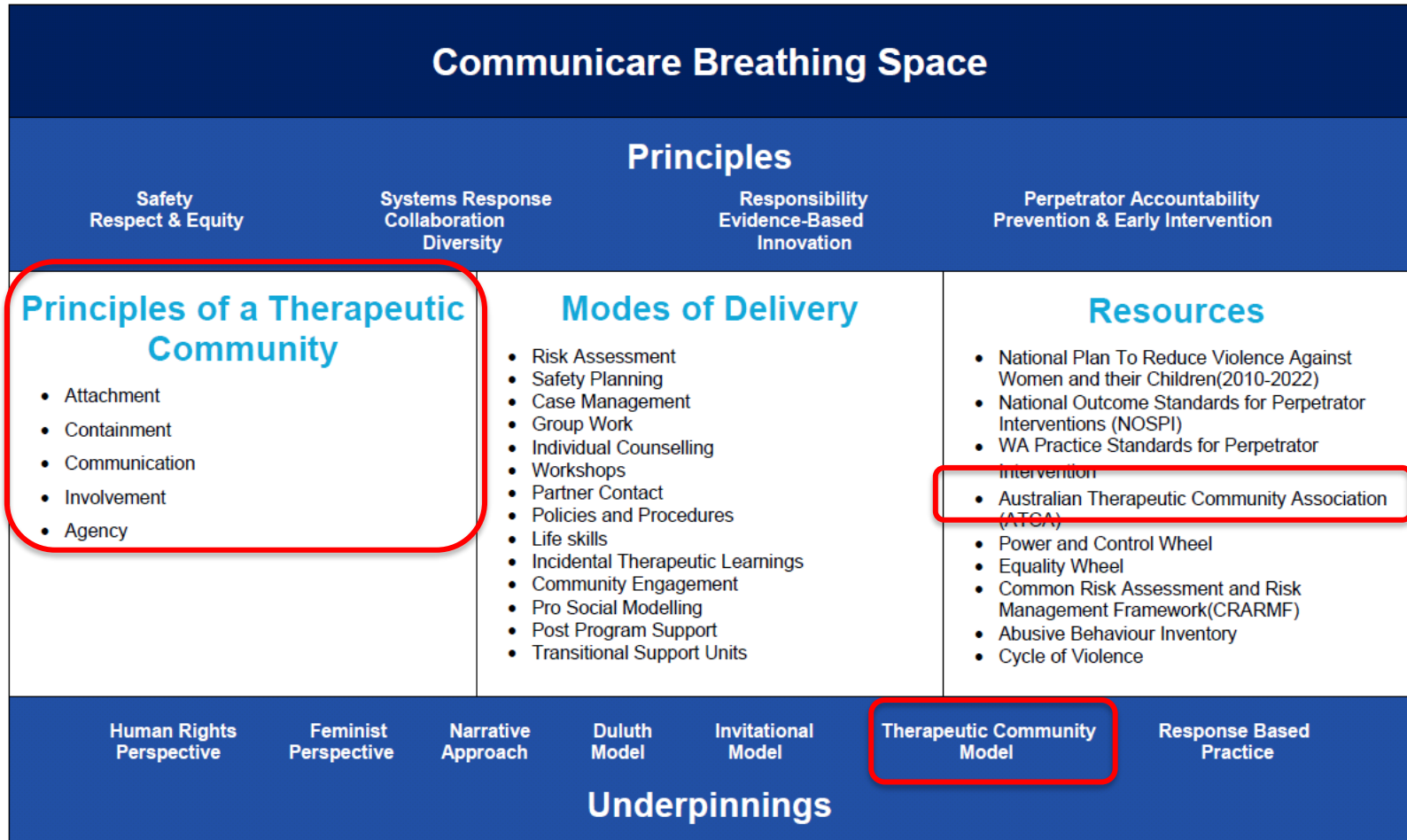
CLIENT EXPERIENCE



THERAPEUTIC COMMUNITY

- Therapeutic communities aim to provide a safe and supportive environment where behavior change can occur.
- Addressing FDV within this environment allows the community to explore and challenge the values, beliefs, attitudes and behaviours that perpetuate violence against women.
- The model allows for a rich, lived exploration of the social factors known to precipitate and perpetuate male violence against women while recognising that behavior change occurs in a much wider context than the individual themselves.

THERAPEUTIC COMMUNITY INTERWOVEN INTO COMMUNICARE BREATHING SPACE MODEL



THERAPEUTIC COMMUNITY PRINCIPLES

ATTACHMENT

CONTAINMENT

COMMUNICATION

INVOLVEMENT

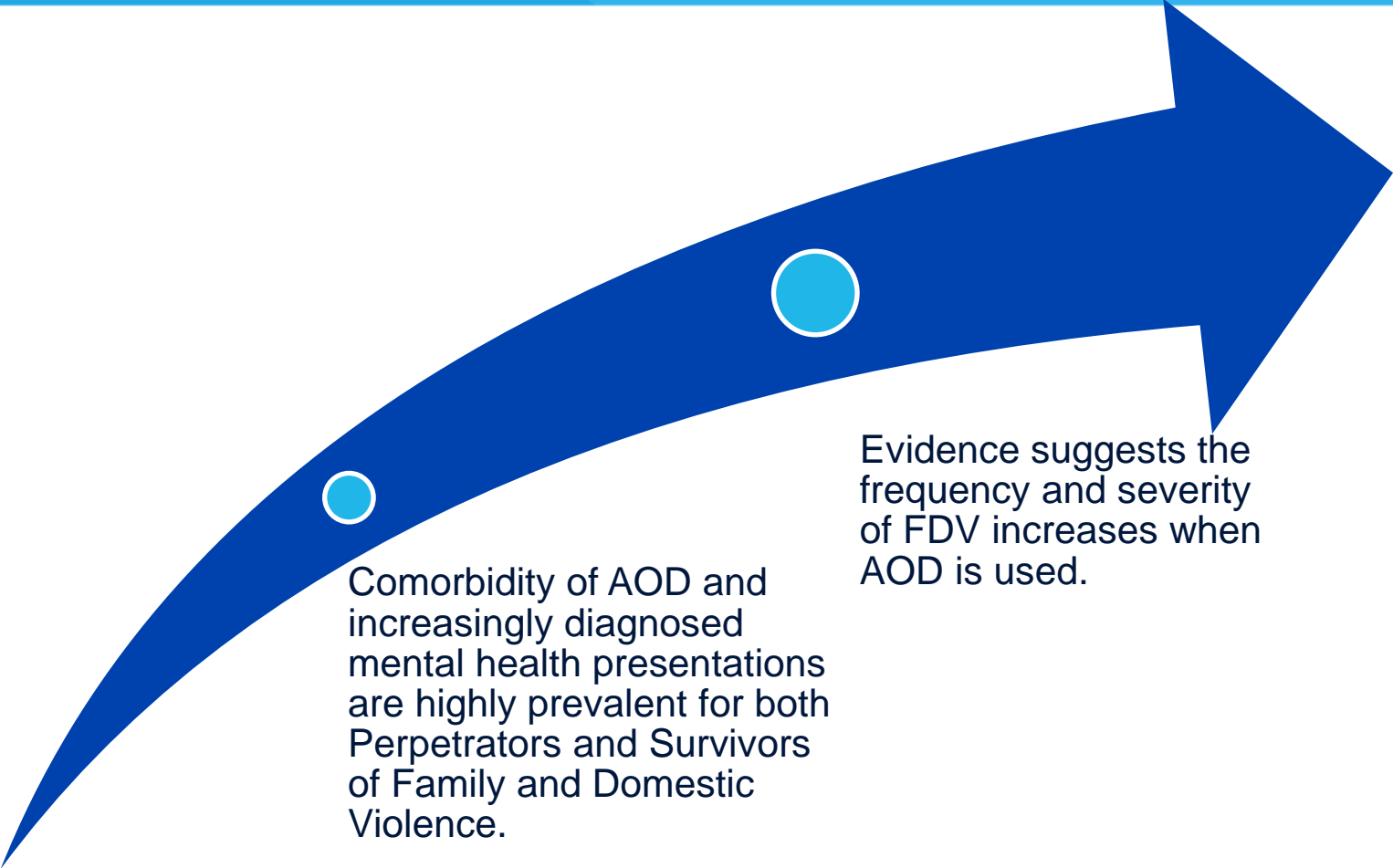
AGENCY

TRANSITIONAL HOUSING AND POST PROGRAM SUPPORT

- Allows up to 9-12 months to transition back into community and reduce risks of returning to family due to homelessness.
- Increases regular contact with the program through weekly contact and fortnightly case management



Family and Domestic Violence and Alcohol and Other Drugs



Comorbidity of AOD and increasingly diagnosed mental health presentations are highly prevalent for both Perpetrators and Survivors of Family and Domestic Violence.

Evidence suggests the frequency and severity of FDV increases when AOD is used.

FDV and AOD CORRELATIONS

- Many women increase their use of AOD after they start their relationship.
- Perpetrators may use AOD as a tactic to gain control within the relationship by coercing their partner or family members to use AOD.
- Survivors may try to stop AOD use as a form of resistance, however Perpetrators often predict this and may force drugs on their partner to gain control.
- Perpetrators may use the Mothers dependence on AOD to undermine her parenting.
- Survivors may become dependent on AOD to cope with psychological impacts of their experience of violence.

VICTIM SUPPORT SERVICES

Refuge and Outreach Services

- Over past 12 months, 75-90% of women using our services may present with complex needs including the use of licit or illicit drugs.
- Increasingly noticeable use of AOD as a coping strategy for mental health e.g. anxiety, which leads to breaches of stay within the Refuge.
- Common use of drugs are alcohol, marijuana and methamphetamines, poly-users becoming more common.
- Dual diagnosis for FDV, AOD and MH is very difficult for external support, impacting on the survivors and children goals and overall wellbeing.

PERPETRATOR SERVICES

- 100% residents report problematic AOD use in the Communicare Breathing Space (CBS) and Indigenous Family Violence (IFV) programs, with 85% in Families Without Fear.
- At Communicare Breathing Space, 20% of men report high alcohol consumption; 80% report drug use
- Increase in perpetrators using amphetamine and methamphetamine.
- All clients in Communicare Breathing Space reported use prior to applying for programs.

LEARNINGS

- Gaining the right balance between safety and accountability vs the therapeutic community model to gain optimal outcomes.
- FDV workers need to know about AOD intervention, just as AOD workers will benefit from understanding the dynamics of family and domestic violence – we often have mutual clients.
- Consider partnerships between the two sectors to best support mutual clients.

FURTHER INFORMATION

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Communicare Breathing Space

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YouTube: <https://www.youtube.com/watch?v=RcLB1DUZ17M>

Presenter: Kate Jeffries

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FUTURE INNOVATIONS

- Further developing our employment and training initiatives for residents
- Co-located AOD workers on site
- Increase Post-Program Support (Transitional Housing and maintenance group work)
- Rolling out more Communicare Breathing Space models across the country.