

Demonstrating Hope, Compassion, and Justice: Supervision of Family Violence Counsellors in Australia

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Supervision of Family Violence Counsellors a nuanced and complex process involving agreed practice principles, adherence to ethical standards, monitoring and managing complex client presentations. Family Violence Counselling supervisors have a challenging and difficult task to ensure that the family violence counsellor works within their scope of practice, maintains effective client engagement, meets rapidly changing legislative requirements and maintains a demonstrated commitment to professional development. Delivery of responsive and effective Family Violence counselling requires the supervisor to ensure the promotion of safety for both the client and the counsellor, the avoidance of bias, and ensuring that all clients receive a professional service based on hope, compassion, and justice.

Keywords: *Family Violence, Counselling, Supervision.*

Family Violence in Australia

The true incidence of Family Violence and sexual assault in Australia is unknown. Incidence can only be estimated because of under reporting and the observed differences between personal safety and crime victim surveys, with official crime statistics. Nevertheless, because of many factors relating to societal changes, tougher legislation in a number of Australian jurisdictions, greater community awareness and public reporting, and Royal Commissions in a number of states – is that now more than ever counsellors are being exposed to clients with Family Violence presentations.

Family Violence can affect anyone in the community regardless of age, location, gender, socio-economic or health status, culture, ethnicity, ability, sexual identity, or religion. Violence can be perpetrated by any member of a family or society against another, however the available data shows it is more likely to be perpetrated by men against women and children.

With this emphasis being placed on Family Violence, Counsellors are not immune. Counselling Supervisors need to develop a set of Family Violence principles and practices to assist Counsellors to effectively respond to such matters. Counselling

supervisors need to adopt a caring and nurturing response to family violence counsellors, but at the same time challenge and help define (and refine) the emerging family violence counselling practice of counsellors.

Principles of Family Violence Counselling Practice

The principles that counselling supervisors need to encourage in all counsellors engaged in family violence practice are:

- All clients involved in any family violence system who present to a counsellor deserve a professional service delivered without judgement.
- All clients who present for family violence counselling deserve and are entitled to be treated with hope, compassion, and justice.
- In a civil society, the rule of law is pre-eminent, and the role of the family violence counselling supervisor is to challenge the practise of counsellors to ensure that they are not involved in questions of guilt or innocence (which is a matter for the courts) or engaging in moralising behaviour towards clients.
- Counsellors must meet all statutory obligations (which will vary between jurisdictions), including mandatory reporting obligations, adherence to child safe practices and the sharing of appropriate information to meet statutory reporting obligations.

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- Client and counsellor safety are paramount.
- In areas of uncertainty that the Australian Counselling Association (ACA) Code of Practice and associated guidelines must be followed and any instances of required clarification of standards must be referred to the ACA Ethics Committee.
- Counselling supervisors must ensure that counsellors have and maintain a comprehensive understanding of family violence practice and do not engage in any conduct which may involve collusion in condoning behaviours which involve violence, threats, coercive conduct, or control of one person over another.
- Counselling supervisors must ensure that Counsellors understand current approaches and contemporary practices relating to Family Violence Risk Assessment.
- Family violence counsellors have a strong understanding of the factors leading to psychological distress in their clients and engage in trauma informed practice in the conduct of their work.
- Family Violence Counselling supervisors must regularly challenge any underlying stereotypes used by counsellors in their family violence counselling practice (e.g., that all men are violent; that all women are nurturers).
- Family violence Counselling supervisors ensure that family violence counsellors are aware of the effects of vicarious trauma and have an adequate and effective regime in place to practice self-care.
- Family Violence Counsellors have access to established and up to date resources that relates to their local geographical area, to enable secondary referrals to take place where required (e.g., mental health services, homelessness services, alcohol & drug detoxification, and rehabilitation services).
- Any public advocacy on behalf of clients must be consistent with ACA guidelines and the individual family violence counsellor's scope of practice.

Comprehensive Assessment in Family Violence Counselling Practice

It is important that in our counselling work, particularly in the context of family violence presentations, that counsellors treat all clients or potential clients in a non-judgemental way. This presents counselling supervisors with an obligation to ensure that family violence counsellors practice their craft in a way which is effective, knowledgeable, respectful, and without harm. It is also important to relieve the psychological distress of clients by acknowledging their lived experience and, further, to encourage them to maintain some ongoing contact with established health and welfare systems. Whilst an understanding of gender is an important component of family violence practise it is not the only component. Practitioners have a duty of care to all clients to ensure that they are safe and are left with a sense of hope. To adopt a lesser standard of practice would only lead to a greater propensity for the client to engage in harmful behaviours.

Traditionally, because of paradigms that are in some cases rigidly gender based, some counselling clients of family violence systems feel disenfranchised, and may become less engaged and less visible as a result. In court systems currently, those groups who tend to receive less services and less available public resources include:

- Female perpetrators of Family Violence.
- Male victims of Family Violence.
- Elderly members of the community who are abused by younger family members.
- Members of the Lesbian, Gay, Bisexual, Transgender, Intersex, & Queer Communities who are subjected to threats of outing.

All Family Violence Counsellors have an obligation in their practice to ensure that clients are provided with a professional service which provides hope, compassion, and justice for that particular client. This can provide a considerable challenge for many family violence counsellors. Counselling supervisors have a particular obligation to note instances of transference and countertransference in their practice. This should be openly discussed in supervision.

In order for family violence clients to be effectively engaged and listened to by counsellors, supervisors must have explicit conversations with Family Violence Counsellors about the differences between sympathy and empathy. Sympathy involves revealing to the client that you are aware of their distress and that you have compassion for them. Empathy, however, involves not only the expression of compassion but demonstrating a deeper understanding by entering into the other person's lived experience. In many family violence client presentations, the expression of sympathy alone may leave the client feeling that people have taken pity on them, or feel sorry for them, which can create a sense of inferiority and disempowerment. The nuanced response required in family violence cases, however, is that this deeper level of engagement be done without colluding with any violent or controlling behaviours exhibited by the client. If such counselling approaches are practised effectively, it provides the opportunity to get to the circumstances leading to the violence.

In employing such counselling approaches, the following issues have typically been revealed:

- Behaviours that resulted in family violence were intergenerational and were modelled on that provided by one or both parents, or the absence of parents.
- There were poor communication practices and fractured relationships in the person's family of origin.
- Basic life skills are often missing (e.g., basic literacy where the client has no reading or writing abilities or comprehension).
- The tone or language of the sessions can be focussed on the past incidences of violence exclusively, or oriented towards resilience and hope for the future, acknowledging the client's inner strengths. Indeed, it may be appropriate to do elements of both within sessions, when openly discussed with the client.

Counselling supervisors must make sure that counsellors expand the narrative and develop a deep understanding of the client's circumstances at the early stages of client engagement. In undertaking initial assessments of the family violence client, whether the client has committed family violence or has been subjected to it, a comprehensive assessment of the client is needed. This would typically include:

- Client income sources (e.g., employed/unemployed or Centrelink recipient).
- Family structure (e.g., birth order, only child, adopted, step-family, orphan).
- Current Accommodation or Homelessness status (e.g., couch surfing).
- Mental health issues (current or past).
- Use of drugs and/or alcohol (current or past)

- Circles of support (e.g., family/friends).
- Language and communication skills.
- Nationality or visa status.
- Legal issues (e.g., current fines, criminal & civil matters, litigation).
- Physical health status (e.g., attends GP or Psychiatrist, current medication, history of injury).
- Education levels (literacy, capacity to understand directions/ documentation).
- Any intervention Orders (current or past).
- Prior counselling history (if any).
- Any other community service agency or service providers (e.g., community transport; National Disability Support).
- Current suicide ideation, previous actions, psychiatric admission).

Criminogenic Focus Versus Health Focus

Counsellors practising in family violence should discuss with their supervisor how they are able to maintain a client focus offering hope, compassion, and justice in the context of their current working environment. In some jurisdictions family violence counselling may be associated with understanding how intervention orders or other criminal proceedings work and may immediately affect the client. This may mean that a client may not be able to see his or her children for an extended period of time as determined by a Court. It is particularly important that the client feels supported by the Family Violence Counsellor regardless of decisions made by Courts or Child protection agencies. It is important that some ongoing level of engagement is maintained, as if the client doesn't access counselling or secondary referrals then they can't be assisted.

It may be that the client is unable to fully access counselling at the time of initial presentation. They may be experiencing the immediate effects of family violence (e.g., anxiety, hypervigilance) and require a more immediate crisis response from the Family Violence Counsellor. In other cases they may have recently experienced a relationship breakdown but have the desire to have longer term counselling support to engage in Family Dispute Resolution procedures (e.g. developing a parenting plan for their children).

It is important that by engaging in supervision the Family Violence Counsellor is able to develop understanding of the differences between a crisis response to family violence presentations and practising a series of more structured responses over time, the Impact of immediate legal proceedings, the current feelings that the client has about current safety and security, and their most immediate needs (e.g., homelessness, food, medical issues). This well developed and nuanced understanding of the client is what is needed to increase effectiveness in Family Violence Counselling.

Family Violence Counselling and Stereotyping

Counsellors need to be aware of where there is a social context to support stereotyping. Family Violence counsellors in particular, need to be aware of factors such as gender-based discrimination and age discrimination to ensure that they make a conscious effort to deactivate such bias and ensure they are fully present for all clients (Stangor 2009).

In the Queensland Royal Commission into Family Violence (trends are mirrored in all Australian jurisdictions) they

outline that:

Domestic and family violence awareness and prevention messages have been a prominent theme in our national discourse ... The majority of people who experience domestic and family violence in Queensland are women. This is not to say that women cannot be the perpetrators of fear and violence upon male victims. Men can be and are victims of violence and coercive control and are victims of domestic and family violence homicides. Any domestic and family violence, regardless of who the victim and perpetrator are, is unacceptable..... The Taskforce also recognises that there are particular groups more vulnerable and at risk of being abused in a domestic or family situation, than others in the community. These vulnerable groups face challenges unique to them. Aboriginal and Torres Strait Island Australians, people from culturally and linguistically diverse backgrounds, the elderly, people with a disability, people in rural and remote communities, people who identify as lesbian, gay, bisexual, transgender and intersex, and children, are all at significantly higher risk from the incidences and impacts of domestic and family violence (Queensland, 2017).

Avoidance of Bias in Reporting – Community Standards

The mainstream media significantly influences the perceptions of all those affected by or involved with family violence practice, including clinicians. Whilst family violence is a serious cause of public concern, there is now much more public reporting than has been in the past. Society viewing Family Violence as an essentially private matter is no longer compatible with mainstream reporting. The Australian Press Council has now issued an advisory framework to assist editors and journalists to carefully exercise judgement in reporting. In part the Guidelines advise:

The relationship between the alleged offender and the victim is the key. Violence inflicted by a stranger would rarely be conceptualised as family violence. The coverage of a breaking story may need to respond adeptly to subsequent information from police or other sources when what first appeared to be an ordinary crime or a tragic accident might now be viewed through the lens of family violence (Victoria Police, 2004).

Reporting of family violence is currently impacted by more than 40 often inconsistent Commonwealth as well as State and Territory laws to ensure that reporting does not interfere with Court proceedings or pre-empt the findings (Australian Press Council 2018).

Family Violence and the Law

Family Violence Counselling Supervisors need to ensure that they are able to provide support to Family Violence Counsellors. Counsellors may need assistance in:

- Understanding how legal protections for those subjected to family violence work in the jurisdiction within which their counselling takes place.
- Providing broad guidance about accessing legal and court processes (as opposed to legal advice)
- Understanding legal and protection orders and variations, and also orders made under the Commonwealth Family Law Act 1975.
- Organising a pre-court visit or orientation session or

participate in one organised by various courts in their local jurisdiction

- Understanding what Safety Planning means in a Family Violence context.
- Consider accessing targeted training in giving evidence, referral, advocacy, and applicable documentation/case note writing relevant to their jurisdictions.

In Victoria, since August 2004 there has been a Code of Practice for the Investigation of Family Violence. Whilst this is not counselling information per se, it does help in the understanding of, and provide some context for what some presenting clients may have experienced prior to attending counselling. It includes processes such as:

- Police will respond to the needs of children individually
- Police will treat every report of family violence as genuine and respond and act on all reports, regardless of where the reports have originated
- Police will assess the immediate risks and threats to victims and manage each incident
- Police will assess the level of future protection required for victims
- Stronger emphasis will be placed on police recognition that diverse communities and some incidents may require a different approach
- All reported incidents of family violence must be recorded to allow identification of recidivist offenders, monitoring of trends and identification of persons at risk
- Referral will be a mandatory component of any police response (Victoria Police 2004)

Given the background in which the Law and Family Violence interact, counsellors need to provide their family violence clients with a psychologically safe place and prioritise what they say and believe. This does not mean that they act on everything a client says, as often perpetrators of family violence can play the role of victim or deflect or minimise their role in the violence. This is part of the skill counsellors need in being able to provide a nuanced response, including being skilled in the application of their clinical intuition.

Self-violence and threats

Professionals are responsible for the care and safety of consumers at elevated risk for suicidal behaviours in all settings and across the age span. This applies to Family Violence Counsellors also.

As part of the Counselling supervision process it is an important competency requirement that Family Violence Counsellors possess the necessary skills to reduce mental health consumer morbidity and mortality by standardising the detection, assessment, and management of all clients at elevated risk for self-directed violence, in all settings and across the age span. Many counsellors have undertaken Applied Suicide Intervention Skills Training (ASIST) or similar and should be able to clearly identify those participants in the Family Violence process who are at elevated risk of suicide. The Family Violence Counselling Supervisor needs to ensure that the Counsellor has the core competencies required of professionals responsible for the care and safety of consumers detected to be at elevated risk for suicidal self-directed violence. Their microcounselling skills need to reflect the ability to be comfortable conducting an interview designed to elicit perceived burdensomeness, suicidal ideation, intent, capability and buffers against suicide. Based on the quality

of the therapeutic relationship, the difficulty of the interview, and the reliability of any data collected, Family Violence Counsellors learn to make informed risk stratification decisions to determine the level of care recommended or required and implement risk mitigation strategies. This typically involves making sure that the Family Violence Counsellor has left the client with collaborative crisis safety planning, and input to managing/monitoring risk over time and documentation.

In some Family Violence cases, threats of ongoing violence can be used as a form of coercion in relation to the other party, and should always be taken seriously by the Counsellor until determined otherwise.

As part of their regular practice, Family Violence counsellors are likely to encounter presentations with clients before, during, and after violence is identified, and may receive client referrals in a variety of contexts. Therefore, the Cycle of Violence needs to be well understood in order for effective counselling interventions to occur. The supervision of Family Violence Counsellors must therefore be designed in ways that support practitioners to work (depending on the participants) in both a child focussed and a relationally reparative context with individuals, parents, and children following experiences of Family Violence.

Family Violence and Culturally and Linguistically Diverse (CALD) Communities

Family Violence Counsellors who work with CALD, Migrant, and Refugee communities require significant support by supervisors. Intimate Partner violence takes place in Australia across all cultures and faith groups. In addition to sexual and physical violence, women from refugee backgrounds are particularly vulnerable to reproductive coercion, financial abuse, and immigration related violence (Australian Human Rights Commission 2017). They are often subjected to pre-arrival traumatic experiences, as well as social isolation, and the stresses associated with adapting to a new culture and way of life. In recent years there has been a greater emphasis on involving men in violence prevention, the rationale being that while the majority of men are not physically violent, gendered violence is perpetuated overwhelmingly by men against women. What is not well understood is the ways in which gender and culture intersect and the potential role of men from immigrant and refugee communities might have in Family Violence prevention (El-Murr 2019).

A study of community attitudes demonstrated that people from countries in which the main language is not English were more likely to have low levels of understanding of what constitutes violence against women, to have a low level of support for gender equality, and were least likely to reject attitudes explicitly supportive of violence. (VicHealth 2014) What is still being developed is knowledge about the diversity of views regarding men and women's lived experiences, culturally bound experience, place of birth migration experiences, and religious beliefs.

Effects on Children

Children experience loss as a result of Family Violence. It often disconnects them from their place in the world, their family, and their community. They sometimes have to leave their

home, their room, their neighbourhood, their school, or their childcare. They miss their teachers and they miss their friends. Part of the Family Violence supervision process of counsellors is to ensure that they have the necessary skills and experience to bring the voice of the child into the room. It may be that formal training in Child Inclusive practice and trauma informed practice forms a necessary discussion with the counsellor about practical considerations in their ongoing professional development.

An important supervision question that needs to be discussed with Family Violence Counsellors for their work with children and young people, is their understanding and construction of: What does the idea of home mean for the child? Family Violence can affect issues such as the young person's sense of self. Home may be associated with family, ease, relaxation, sense of belonging, security, oppression, marginalisation, kinship/culture, fear, or indeed feeling connected or not to the world. (VicHealth 2014)

Effects on Mothers

Finding the courage to leave a violent relationship and rebuild the life of their family requires a mother to meet many complex challenges. It may impact the ways in which the mother and child interact in an ongoing way. It may be that the child did not feel protected or safe. It can affect the confidence of mothers to understand and meet the developmental needs of their children. As a part of this there will also be a need to understand whether and how to involve the parent who has acted violently. This is nuanced work through which the Family Violence Counsellor needs to be supported by their supervisor and also not be afraid about raising such complexities in an ongoing way as part of supervision. Family Violence Counsellors need to be aware that violence against women in Australia is disturbingly high and can take many forms. (VicHealth 2014). These forms include domestic violence, sexual assault, online violence and harassment (including social media), intimate partner violence. Other forms include violence against women experiencing: social inequality, disability, refugee and migrant status; or who are of Aboriginal or Torres Strait descent.

Effects on Fathers

Men who present to counsellors for Family Violence may present as lost, not in control, remorseful, angry, disrespected, sad, lacking skills in parenting, and grieving. Family Violence Counsellors need to be in a position to respond effectively to any or all of such presentations. (Ashfield 2011)

There has been and continues to be considerable debate in the counselling and psychotherapy profession about whether there has been a feminization of psychotherapy and whether counsellors have adopted standard approaches to Family Violence that only involve the consideration of Gender to the exclusion of developing a deeper understanding of men and their needs. Indeed, as far back as 2011 it was highlighted that men had been abandoning the field of psychotherapy for decades and that, for example, women outnumbered men enrolled in United States doctoral psychology programs by a ratio of at least 3 to 1. (Carey 2011).

This is not to say that females or males make better Family Violence counsellors or psychotherapists, but that a male counsellor may be more effective for some clients than others, as

female counsellors may have more success with certain clients than their male counterparts.

Supervisors of Family Violence Counsellors should not shy away from discussion of these important nuanced issues. Personality style, extraversion, introversion, and self-confidence are inevitably linked to gender and may impact how the client's story is heard. This forms part of the discussions of countertransference and biases about which we all need to be aware in counselling work. (Diamond 2012)

Situational Couple Violence and Family Violence

Counselling supervisors need to educate Family violence counsellors in the differences between situational couple violence and family violence. Not only are they different in a practical sense, but the counselling treatment offered by the counsellor needs to take into account the nuances associated with these differences.

To be clear, no violent or abusive relationship is acceptable. Having said that, the distinguishing feature of what is commonly understood, regardless of jurisdiction, as family violence is that it is a pattern of behaviour. This abusive behaviour has been ongoing in some way for a consistent period of time and may present in the form of psychological abuse, financial abuse, physical abuse, sexual abuse, or emotional abuse.

By contrast, situational violence does not necessarily form a pattern of behaviour. It differs from family violence in that it is generally minor in nature and specific to the situation. It does not escalate over time and while one partner or the other (or both) may use violence to gain control during a fight, there is generally not an ongoing effort to exert power and control over the other between fights.

Both men and women engage in situational couple violence. (Kelly & Johnson 2008). Often those who engage in this type of violence do so because they are poor communicators who do not know how to argue without resorting to verbal or physical aggression. This does not excuse the behaviours described above, nor does it suggest that assaulting someone isn't a crime, because it is. Any use of violence to solve a problem is wrong. There are many examples that Family Violence counsellors regularly see that involve verbal aggression and insults that turn physical.

Part of effective Family Violence counselling involves understanding the client, the type of problem-solving models they adopt, where they learned this model from, and how they might change this model in order to be better or more effective communicators into the future. For example, one model adopted by perpetrators of violence is the EITHER /OR model. The basis of this model is a win/lose posture. It is either my way or your way and one is determined to win and make it their way. An alternative that the client can be introduced to is the BOTH/AND model. The basis of this model is a shared modality. How can "we" ensure that it is both my way AND your way. This facilitates forward joint decision making. During Family Violence counselling it is useful to explore the decision-making model that existed in the client's family of origin and how they learned their current behaviours.

It is also a useful counselling strategy to explore the differences in communication between men and women and the tools and techniques used by each party to get their messages across to the other. This includes issues such as the number of ideas to be communicated, the length of the message, the frequency of communication, the timing of communications

to maximise effectiveness, effective listening, communication spoilers and the history of communication between the parties.

Taking the time to understand and explore interactions are critical in understanding situational couple violence and family violence. This assists with determining what interventions are appropriate and at what times. (McCarthy & McCarthy 2015)

Often presentations resulting from childhood trauma influence how effective communications and escalation between parties occur into adulthood. A significantly under explored variable in men, and to a lesser extent in women, is literacy. Often poor communication, disrespect, hurt, and embarrassment occur in the first instance as one or both of the parties lack the basic skills to read and write, and even speak with one another respectfully. (Golden 2000) It's sad to think this is the case in a modern society like Australia, however this is a reality. It doesn't excuse the use of violence, but it is helpful in understanding what contributing factors have led to this occurring.

The family violence counsellor and the family violence counselling supervisor need to discuss the significant contribution that psychoeducation can make to the client. It would be most appropriate in sessions that the use of specific psychoeducation materials is discussed and retained in an ongoing resource kit developed for this purpose.

Compassion Fatigue, Burnout, and Vicarious Trauma

One of the most difficult issues to deal with in Counselling supervision in general, but with FV counsellors in particular, is the acknowledgement and ongoing monitoring of counsellor fatigue & vicarious trauma and burnout. This is difficult and challenging work. There needs to be a regular system put in place to protect Family Violence Counsellors. In cases where Family Violence Counsellors are sole practitioners, they need to seek external supervision and to regularly practice self-care.

Some strategies that should be discussed in supervision regularly include:

- Decreasing the frequency and duration of caregiving.
- Arranging work cycles to allow for brief breaks between sessions to allow time to refocus, recharge, and to stop patterns of compassion fatigue.
- Monitor and reduce feelings of pressure and encourage informal conversations with colleagues which support and allow the spread of emotionally demanding or time-consuming tasks.
- Encouraging professional development activities or group work to vary counselling routines.
- Promote the autonomy of Family Violence Counsellor self-care strategies such as walking, mindfulness and meditation.
- Encouraging the regular taking of annual leave and leisure time.

Fortunately, the counselling profession is starting to provide more focus on Family Violence Counsellors having their personal needs and mental health attended to on a more regular basis (Australian Childhood Foundation 2015). This in turn promotes recovery, practitioners becoming less stressed, and having more confidence in their own ability to cope. It is essential that Family Violence Counsellor wellbeing is the primary focus of every supervision session, because if the Family Violence counsellor is not functioning well then their ability to help their clients effectively is also diminished.

Concluding remarks

The underlying philosophy of Family Violence counselling practice is that all clients must be treated with hope, compassion and justice. There is an obligation for Counselling Supervisors to ensure that all Family Violence counsellors operate within their current scope of practice, conform to Australian Counselling Association standards and code of ethics, and meet all legislative requirements applicable to the jurisdictions in which they practice. There is often uncertainty about what issues (see Appendix A) need to be brought by Family Violence Counsellors to their clinical counselling supervision sessions.

Counselling supervisors must ensure that all Family Violence Counsellors do no harm. By the very nature of being involved in the family violence process clients have already been harmed in some way. Counsellors have an obligation to ensure that processes are in place to ensure the safety of both the Family Violence counsellor and the Family Violence client and that these aspects are regularly reviewed in supervision sessions with their Supervisor.

Because of the nature of all Family Violence Counselling presentations, there is a requirement to engage in trauma informed practice. Consideration should be given to increasing the frequency of counselling supervision sessions to provide more regular Family Violence Counsellor support as a result. It is essential in the Family Violence domain that Family Violence Counsellors actively seek out supervision as they are particularly and frequently exposed to people who are in or who have witnessed family and personal crises.

This is challenging, difficult professional work. In this context Family Violence Supervisors are a major resource which needs to be utilised by the counsellor. The Family Violence domain in Australia and in the entire western world is rapidly changing as societal norms shift. In various jurisdictions mandatory reporting regimes are being created and implemented by governments. New accountability guidelines are being implemented and gender roles are becoming less certain than in the past.

It is of concern that in this rapidly changing environment that Family Violence Counsellors may forget that they are not there to judge clients, to usurp the role of Courts and Magistrates, or to impose their own values or beliefs on clients. They for example should not assume that all men are violent, or all women are nurturers, or that all children are not affected by Family Violence. Whether the client is a sex offender or a victim of a violent crime, everyone deserves to receive a professional service.

Family Violence Counsellors need to demonstrate hope, compassion, and justice for all clients. Anyone who works in this difficult area of professional counselling practice can experience ethical conflict, transference, trauma, and doubt. It is tough work. And that is the reason why Family Violence Supervision is so essential. Effective Counselling supervision is a mandatory professional requirement. Family Violence Supervisors are there to ensure that Family Violence Counsellors are mindful of their own competence and standards of ethical practice.

Bio

Dr Stephen O'Kane is a specialist Family Violence Counsellor at the EACH Family Relationship Centre and a Counselling Supervisor in private practice with experience in working with clients who have experienced trauma, violence,

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Appendix: Engagement with your Family Violence Supervisor for Support and Guidance

Family Violence (FV) Counsellors should engage with their Supervisor when:

1. The client misses two sessions with the FV Counsellor without notifying reasons for the cancellation. Has the FV Counsellor investigated? Is this usual or a pattern?
2. The client expresses dissatisfaction with the FV Counsellor/or with the counselling strategies being offered.
3. A case conference needs to be called or the FV Counsellor has been invited to a case conference.
4. Is Trauma Informed Practice being used effectively by the FV Counsellor? Does the FV Counsellor have a good understanding of trauma and how to respond?
5. Child Inclusive Practice – is this being employed by the FV Counsellor? Who is the "Child's Voice" in the room? What is the current effect of Family Violence on the Child?
6. Are children and/or adults exposed to Family Violence in danger of being abused emotionally, sexually, physically – is their conduct that needs to be reported to regulators?
7. Is it necessary for FV Counsellors to approach Police or other agencies to undertake a current welfare check on their client (e.g., Poverty, Homelessness, no social connectedness)?
8. Has the FV Counsellor noticed an unexpected change for the worst in the FV Client's physical wellbeing? Does the client see a Doctor or a Dentist? Take medication?
9. Has the FV Counsellor observed a significant change in the client's mood (e.g., Increased anxiety, increased depression, rumination, "black & white" thinking)?
10. How often is the FV Counsellor checking with the client regarding expressions of suicidal ideation? Threats to harm others? Threats to harm self?
11. Has the FV Counsellor completed a Family Violence Risk Assessment with the client? Do they understand the triggers for escalation of Family Violence?
12. Has the FV Counsellor gathered data or made observations that may suggest risk escalation towards others (e.g., Purchasing guns; intervention order

breaches; increased substance use- even if the client denies these things)?

13. Does the FV Counsellor feel “stuck” in the session? What is the counselling plan or strategy moving forward?
14. Are there any suspected psychotic symptoms evident in the client (e.g., hallucinations, delusions)?. Is there any evidence that this might be drug induced?
15. Are there any noticeable changes in the alertness or moods of the client? Is there an observable pattern or trigger to these changes?
16. Is the client disengaging from the FV Counsellor? Or have they sought to access another service or agency?
17. If the FV Counsellor is closing with the client, has there been a review of the Family Violence Risks and Mitigating Strategies in Place?
18. Has the FV Counsellor offered the client a Resilience Plan and discussed what to do if desperate (e.g., suicidal) or feeling unsafe?
19. Does the client have a Safety Plan in place? (i.e., what to do, where to go, what to take, who to notify, what to do if in immediate danger)?
20. Does the FV Counsellor keep an up-to-date resource folder to enable secondary consultations or referrals to be effective? This can be jointly reviewed with the FV Counselling Supervisor
21. The FV Counsellor has a tense/taxing session with a client and needs to debrief.
22. Is the FV Counsellor practicing and regularly reviewing their own self-care? What strategies are in place to refresh and renew?
23. Is the FV Counsellor regularly demonstrating an ongoing commitment to professional development?
24. Does the FV Counsellor regularly test out their theories, modalities, hypotheses and ethical concerns with their FV Counselling Supervisor?
25. Does the FV Counsellor model and practice hope, compassion and justice with all clients regardless of whether they are recipients of, witnesses to, or perpetrators of Family Violence?
26. Does the FV Counsellor regularly check in with their supervisor about offering a professional service to all clients regardless of their own feelings about the client's attitudes and behaviours?
27. Does the FV Counsellor and their Supervisor discuss how many services are currently being received by the client and whether they need to withdraw from service provision?
28. Does the FV Counsellor have a clear understanding of the differences between a therapeutic response and a criminogenic response? Do they understand the role of Courts and the Justice system?
29. Even within a difficult Family Violence context, can the FV Counsellor develop a therapeutic alliance where clients feel safe to freely express feelings and emotions without judgement?
30. Does the FV Counsellor clearly understand the cultural dynamics of diverse groups and the impact on Family Violence (e.g., arranged marriages, sexual orientation, elder abuse, cultural norms, defined gender roles)?