24th & 25th November 2016

It’s No Secret
Sexual Assault, Sexual Abuse & Domestic Violence

NATIONAL CONFERENCE
Bunbury Regional Entertainment Centre
Western Australia
Master of Ceremonies

Steve Jodrell

Steve commenced his career as an actor and director in theatre and went on to direct many of Australia’s most popular television series, including A Country Practice, The Man From Snowy River, Halifax fp, Good Guys Bad Guys, Sea Change, Something In The Air, Stingers, McLeod’s Daughters, Satisfaction, The Circuit, City Homicide, Winners and Losers, Packed to the Rafters and most recently Wentworth. His work in television has received over twenty industry nominations and awards.

He directed the critically acclaimed feature Shame in 1988, considered by many to be the most seminal study of sexual assault in Australian cinema.

Steve lectured with the School of English at the West Australian Institute of Technology (now Curtin University) and is a regular guest lecturer with acting schools.

Welcome to Country

Mr Dennis Jetta

Dennis is a well-known Noongar Elder in the south west of Western Australia and we are proud that he has agreed to provide the Welcome to Country for this conference.

Dennis has been a long-time supporter of Waratah and the work done in the south west for families broken by abuse and violence.

For many years at White Ribbon Day rallies Dennis has provided presentations that show great wisdom and supported his people and the Noongar culture which is an integral part of the identity and society in the region.

The traditional owners and Noongar peoples of this region are recognised as the owners and guardians of the aboriginal cultural and intellectual property.

We are pleased to have Dennis open the “It’s No Secret” – Sexual Assault, Sexual Abuse and Domestic Violence National Conference.

White Ribbon Day Tribute

Colin Kaeser

Magistrate Family Court of Western Australia

Colin Kaeser is a White Ribbon Ambassador and a proud member of the Board of the Waratah Support Centre.

Colin started off his tertiary education with an Honours degree in Psychology. He was admitted to practice law in 1994, and has practised almost exclusively in family law ever since. He is an experienced mediator and arbitrator. He joined the Family Court in 2005 as a Registrar; was appointed an acting Magistrate in 2010, and received a permanent appointment as a Family Law Magistrate in 2014.

Colin is passionate about building respect, managing conflict and resolving disputes.
Keynote Speaker
Dr Ann O’Neill
Patron of Waratah Support Centre
Finalist, WA Australian of the Year 2011 and Chairperson & Founder, Angelhands.

Dr O’Neill has a PhD in International Health and is an accredited member of the Australian Association of Social Workers. She also has a Bachelor Degree in Social Work, with first class Honours.

Dr Ann O’Neill is an award winning humanitarian, victimologist, educator, activist, volunteer and researcher. Ann’s interests lie in social justice and victims of serious interpersonal crimes, such as homicide and family and domestic violence. She has a unique and innovative approach to educating and assisting government, organisations and people to deal with trauma, stress and change in their lives and their work places. Her pursuits are recognised internationally as she has presented in England, Croatia and the United States.

To put it simply, Ann is an inspiration. Her story of triumph over severe hardship and her commitment to improving the lives of others is one that should be shared. However it goes much further than that, Ann is able to deliver funny, engaging and well-structured presentations that will not only inspire your team, but equip them with tools to overcome and thrive personally and professionally.

Meeting the needs of victims - what works and why from 3 perspectives - Victim, Practitioner and Researcher

The audience will be asked to journey with her using their heads, hearts and hands, as experiences of criminal victimisation are deconstructed and analysed from all three of these perspectives.

As a survivor of crime, an experienced practitioner and a researcher, Ann will explore what can work for victims of violent crime when seeking to master their trauma symptoms and negotiate the criminal justice system. This will be juxtaposed with what may not work for victims of crime and why.

Peter Senge said, 'We lead by being human, not corporate, professional and institutional' and Ann will share why this is especially true when dealing with victims of violent crime.

CATEGORY: The Future of Our Work
Keynote Speaker

Dr Joe Tucci

Chief Executive Officer of the Australian Childhood Foundation.

Joe is a registered psychologist and social worker with significant experience in child protection and working therapeutically with children. He has worked in the field of child abuse intervention and education for over 20 years.

Joe graduated with Honours in Psychology (1986) and Honours in Social Work (1988) from Monash University. His experience includes child protection work, family counselling within community health services, and child abuse research with the Department of Social Work at Monash University.

Joe has been a guest lecturer in child abuse and family therapy at Monash, La Trobe and Deakin Universities. He is an Adjunct Senior Research Fellow with Child Abuse Prevention Research Australia (CAPRA) at Monash University.

Joe has been awarded a Creswick Foundation Fellowship in Child and Family Relationships to work with the National Society for the Prevention of Cruelty to Children (NSPCC) in the United Kingdom.

Joe is well known for his training and writing about the neurobiology of trauma and the effects of violation on the development of children and young people.

He has acted as consultant to a range of State Government Departments on child protection, family violence, youth justice and child welfare evaluative projects. He has demonstrated experience in developing and implementing child focused therapeutic programs and child abuse prevention campaigns. He has also served on a number of advisory bodies including the Australian Council for Children and Parenting.

Joe completed his Doctorate into emotional child abuse at Monash University in 2005. He has presented at national and international conferences on family therapy and child abuse. His writing has been published in both Australian and international academic journals and the broader media. He is a strong advocate for the rights and needs of all children, particularly children who have suffered the trauma of abuse and neglect.

The neuroscience of relationships – healing trauma from the inside out

Increasingly, neuroscience has turned its attention to the dynamics of relationships.

It is becoming increasingly more sensitive in describing the nuances of healing that occurs as part of the interactions of everyday life for children and adults.

This presentation will explore the new insights from the research that opens up a deeper appreciation of how relationships work to activate internalised experiences of safety and, ultimately, transformation.

CATEGORY: The Future of Our Work
Keynote Speaker
Dr Andrew Harkin MD
Medical doctor (University College Dublin 1990) and psychotherapist.

From 1997 to 1998 Andrew completed a two year postgraduate training with the Sensorimotor Psychotherapy Institute in Colorado, U.S.A.

For more than 5 years Andrew was a lead trainer with this organisation, teaching psychiatrists, psychologists and psychotherapists in the fields of trauma and attachment across the United Kingdom, Europe, North America and Australia.

Andrew has also trained in other trauma related models such as EMDR, Brainspotting and Comprehensive Resource Model (CRM). Additionally he is a teacher in Mindfulness Based Cognitive Therapy (MBCT).

Self-Care, burnout and vicarious traumatisation
A live issue for those working at the coalface in the trauma field is managing their own well-being in the face of daily exposure to their clients’ current and historical traumatic symptoms.

This talk will initially take a neurobiological perspective in attempting to explain the mechanisms by which we might be impacted by our clients communications; both verbal and non-verbal.

This impact can lead to a range of symptoms developing in practitioners that may eventually lead to burnout and/or vicarious traumatisation (VR).

Limiting the development of practitioners symptoms through applying particular practices before, during and after sessions will be considered, particularly from a body centred psychotherapy perspective.

The role of empathy in establishing VR will be discussed as will the idea that compassion practices are more protective than empathy in maintaining practitioner well-being.

Finally, we will present a rationale that highlights the importance of establishing preventative self-care practices when working with traumatised populations. i.e. why its human nature but not a good idea to wait until you become symptomatic before minding yourself.

CATEGORY: The Way We Work
Keynote Speaker

Dr Cathy Kezelman AM

President of Blue Knot Foundation

Medical practitioner, by training, and President of ASCA, the leading national organisation for the five million Australian adults impacted by childhood trauma, member of the Mental Health Community Advisory Council (NSW).

Under her stewardship Blue Knot Foundation, previously known as ASCA has grown from a peer support organisation to a leading national organisation combining a prominent consumer voice with that of researchers, academics and clinicians advocating for socio-political change and informed responsiveness to complex trauma.

The name change reflects the evolution of our work within the childhood trauma arena and follows a successful resolution at the Annual General Meeting in November 2015. This change to Blue Knot Foundation signals not only the maturing of community awareness around trauma but also the organisation’s significant leadership and growth.

The organisation now provides a comprehensive range of specialist services including its Blue Knot Helpline, diverse education and training workshops, supervision and organisational consultancy. The change in name also reflects our expanded core mission, which is to support the recovery of adult survivors of all forms of childhood trauma, not only childhood abuse.

Cathy is a prominent voice in the media and at conferences, as well as author of a memoir chronicling her journey of recovery from child sexual abuse: Innocence Revisited- a tale in parts. She is co-author of the ASCA document - Practice Guidelines for Treatment of Complex trauma and Trauma Informed Care and Service Deliver and co-author of the 2015 Economic Report into the Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia.

Embedding trauma-informed practice within and across services and sectors

As the Royal Commission into Institutional Responses to Child Sexual Abuse and the prominence of Domestic and Family Violence drive socio-political change, we as, practitioners, service providers and policy makers have a unique opportunity to drive systemic attitudinal and practice change. Understanding of the psychosocial determinants of health and well-being and of the neurobiology of attachment means that organisation and individual practice must not only reflect trauma-informed principles but embed them within and across systems. This presentation will review the elements needed for the paradigm shift required for us all to work together to deliver the coordinated care optimal for recovery from diverse and complex traumas.

CATEGORY: The Way We Work
Keynote Speaker
Antonia Quadara
Australian Institute of Family Studies

Dr Antonia Quadara is a Research Fellow at the Institute where she manages the Institute’s sexual violence research program. This program examines issues related to: child sexual abuse; child and adolescent problem sexual behaviours; adult sexual assault; public health approaches to prevention; and perpetration and sexual offending.

Areas of research interest include: the dynamics and intersections between different types of sexual violence, service and systems responses to victim/survivors; criminal justice responses to sexual offences; feminist frameworks sexuality and sexual violence; and prevention and public policy.

Antonia has a strong background in qualitative research methods, stakeholder engagement and consultation, and extensive experience in the writing, development and production of publications and resources for policy and service sectors involved in responding to sexual violence. Before beginning at AIFS she was a lecturer and researcher in the Department of Criminology (University of Melbourne).

“The light in my heart... it went out”: The impact of disclosures of institutional child sexual abuse on family relationships

This project, funded by the Royal Commission into Institutional Responses to Child Sexual Abuse explored how victims of institutional child sexual abuse came to tell family members about the abuse, the factors that influenced this and what the effects were for family relationships. A key area of focus was on different trajectories for those that disclosed in childhood and those that disclosed in adulthood.

We undertook fifty in-depth interviews with people who had disclosed ICSA and family members who were recipients of disclosure. This presentation shares the findings in relation to how disclosures occurred, how families responded, and what the ripple effects have been across the family ecology. These findings have implications for how we think about the disclosures at different life stages and for how services and systems can support survivors of child sexual abuse and their families.

CATEGORY: The Future of Our Work
Keynote Speaker

Linda Valenta
Principal Therapist and founder of SAIFF

Linda Valenta is a Social Worker (MSW, Couple & Family Therapy) who has specialised in the assessment and treatment of children & young people with problematic sexual behaviour since 1994.

Linda is a Clinical member of ANZATSA, an Accredited Social Worker (AASW) and she is one of the longstanding professionals in this field in Australia. In her two decades of working in this field, Linda's contribution has been significant.

In 2007, Linda expanded her clinical services and created SAIFF – Support, Assessment, & Intervention For Families - a service for families with children who engage in problematic sexual behaviour. By working in a family & community context, SAIFF aims to help children and their families to:

1. Stop problematic and abusive sexual behaviour & create relationships and create homes that are supportive, safe and abuse free, and
2. Minimise the harm to children and families that results from abusive behaviour.

In addition to her direct clinical work, Linda also provides training and consultation to professionals and agencies across Australia around sexual abuse prevention and the assessment and management of children and youth who engage in problematic sexual behaviour.

Walking the Talk - Helping children change problematic sexual behaviour

For many years the emphasis of intervention with children engaging in problematic sexual behaviour has been on what happens inside the therapy room...

BUT WHAT ABOUT THE OTHER 23 hours, 6 DAYS OF THE WEEK?

Attention is now rightly being shifted to the role that parents, caregivers, teachers and other community supports play in helping children to stop problematic sexual behaviour and establish and maintain healthy and safe relationships.

This presentation will look at the developments in our understanding of problem sexual behaviour and how this has impacted on our interventions with a particular emphasis on a risk management and risk reduction approach to intervening in problem sexual behaviour.

CATEGORY: The Way We Work
Karen Willis OAM

Executive Officer of the Rape & Domestic Violence Services Australia.

In 2011 Karen was awarded an OAM (Medal of the Order of Australia) for her work on violence against women.

In 2013, she was formally acknowledged by the NSW Sex Crimes Squad in appreciation of her support for their work.

Karen has worked against violence against women for over 30 years, commencing her role with Rape & Domestic Violence Services Australia in 2002.

Karen is a fearless advocate for women’s rights, and particularly for the rights for those who have experienced sexual, domestic or family violence to receive the highest standard of professional assistance in their recovery, and full redress for the crimes through the criminal justice system.

Karen is a NSW representative to the National Association of Services Against Sexual Violence, a member of the NSW Domestic and Family Violence and Sexual Assault Council and a Board member of Women’s Health NSW.

Karen also delivers training on responding to sexual, domestic and family violence and sex and ethics training in collaboration with the University of Western Sydney.

Sex & Ethics – a primary prevention of sexual assault program

The six week Sex & Ethics program resulted from a 2005-2008 Australian Research Council funded study by Professor Moira Carmody of Western Sydney University.

Sex & Ethics is a primary prevention program targeting young people aged 16 to 25 years. It offers young people the opportunity to develop and practice knowledge and skills in being ethical in their relationships. This includes negotiating consent and engagement in ethical intimacy. The program challenges participants to reflect on the gendered expectations of sex in casual and ongoing relationships, and to actively resist dominant beliefs that promote and condone sexual and other forms of intimate violence.

Over 600 people from community, sporting and education environments have participated in the program since 2007. Evaluation found that six months after the program was completed, 88 percent of young people reported using the ideas and 87 percent reported using the skills they had learnt in the program.

The presentation will give an overview of the program, its adherence to the ‘National Standards for the Prevention of Primary Prevention through Education’ and will engage participants in a program activity.

Acknowledgements:

Professor Moira Carmody of the Western Sydney University

References:

Sex & Ethics: a primary prevention of sexual assault through education program for young people.

CATEGORY: The Future of our Work
Dr Carol Kaplanian

Female Genital Mutilation and Family Domestic Violence (CaLD) Research Project Officer, Education and Training, Women’s Health Clinical Support Perth WA

Carol moved to Australia in 2001 from Jordan in the Middle East. She is Arabic speaking and has extensive experience across cultural family and domestic violence, specialising in honour-based violence.

Through her academic studies and work with the WA Police, WA Department of Health and Middle Eastern refugee camps, she has an extensive research background, plus strong training, education and casework experience.

Carol has completed a PhD on ‘Honour-based Violence in Jordan’ and has a Bachelor’s Degree in social work and social policy, plus a Masters in social work.

Carol specialises in clinical counselling and working with victims of torture and trauma, the latter of which involved spending an extensive amount of time working in Jordanian refugee camps offering counselling and education to refugees.

Today, she is the State Coordinator for Female Genital Mutilation (training and education) at the Department of Health. She is also responsible for developing training on Family and Domestic Violence (CaLD communities) for the Department of Health. She also works at ISHAR as a therapist in a clinical setting providing therapy to refugees and migrants, mostly around domestic violence, and teaches counselling at the University of Notre Dame.

Prior to that, Carol worked within WA Police’s Aboriginal and Cultural Diversity Unit as the Senior Community Diversity Officer Her role encompassed providing high-level advice and consultation on complex matters pertaining to the CaLD community, writing training packages for WA Police on cultural diversity and honour-based violence, and managing, counselling and negotiating with families in at-risk situations. She has also worked in refugee camps overseas.

Carol is in the process of publishing her PhD into a book, and publication of several journal articles are on their way. Her research area interest lies in the topic of trauma, gender based violence, domestic violence, refugee and asylum seeker issues and sexual violence.

The Intersection of Domestic Violence & Sexual Assault in the CaLD Community

This presentation will delve into highlighting the complexities around domestic violence and sexual abuse in the migrant community. Furthermore, there is a strong overlap when sexual assault is within a domestically violent relationship. These issues and complexities will be de-constructed and participants will be provided with tools to understand some of the issues around CaLD issues and how to work with CaLD clients.

CATEGORY: The Future Of Our Work
Katrina Dee
Manager of five services in South Australia that make up the Youth and Women’s Safety Service a unit of the Women’s and Children’s Health Network.

Katrina has a Bachelor of Social Work and 25 years social work experience in the field of interpersonal violence, in particular sexual violence against women, youth and children.

Katrina is the state member on the Board of the National Association of Services Against Sexual Violence and an Honorary Member of the Victim Support Service.

Angela Powell
Accredited Mental Health, Social Worker and the Training Coordinator for Yarrow Place Rape & Sexual Assault Service in South Australia, part of the Youth and Women’s Safety Service of the Women’s and Children’s Health Network.

Angela possesses over 22 years of social work practice experience where she has been professionally employed primarily in the area of interpersonal and sexual violence both internationally, in the United States and in Australia.

Angela lectures at the University of South Australia in the School of Psychology, Social Work and Social Policy and is internationally certified as a Compassion Fatigue Counsellor & Educator.

“The Little Engine That Could: Building a resilient workforce - Leading cultural change within organisations”

Katrina and Angela have combined their leadership, change management and workplace resilience skills to enable Yarrow Place Rape & Sexual Assault Service to take the lead in building a resilient workforce within the Youth and Women’s Safety Service.

Through embedding trauma informed care principles, compassion fatigue management and practical workplace resilience strategies into the workplace and daily workload structure, staff are enabled to reduce the impact of vicarious trauma and build their individual and team resilience overall. Resilience enables staff to stay productive in workplaces that are increasingly turbulent, complex and pressurised. They need ways to assist employees and teams to:

- Stay productive despite increasing demands to do more with less
- Adapt to and thrive in constant change and periods of uncertainty
- Master the stress of everyday job pressures
- Ensure physical and emotional well-being is not compromised – making performance sustainable over the longer term.

Through the use of Yarrow Place Rape & Sexual Assault Service as a case study, Katrina and Angela will share how this small trauma informed agency is leading cultural change within a large government health system.

CATEGORY: The Way We Work
Joanne Sheehan-Paterson

Chief Executive Officer for Mallee Sexual Assault Unit and Mallee Domestic Violence Services, Victoria

Joanne is also the Chairperson for the National Association of Services Against Sexual Violence (NASASV).

Joanne has worked in the sector of sexual assault and family violence for over two decades. Joanne worked at La Trobe University, Victoria in the Sociology Program as a lecturer from 2001 – 2008.

Joanne has a Bachelor of Psychology extended Major, Major in international relations; Diploma of Business; Diploma of Management; Graduate Certificate in Workplace Assessment & Training and Certificate in Conflict management by Conferencing.

The Victorian Multidisciplinary Centres Model

The aims of the Victorian Multidisciplinary Centre’s (MDCs) is to respond to child and adult victim/survivors of sexual assault in an integrated, multi-disciplinary context and environment which provides safety, support and access to the criminal justice system.

MDCs have been developed to improve responses to sexual offences and child sexual abuse.

The Centres co-locate sexual assault counsellor/advocates with specialist police investigators, and child protection practitioners, as well as forensic medical professionals.

These specialist professionals work collaboratively to provide a victim/survivor centered, specialist, integrated and holistic response to victims of sexual abuse from a single location.

Improved integration and co-location of the key agencies has the capacity to significantly improve the response to victim/survivors and significant others.

MDCs provide services to any person who has experienced sexual assault or any child who is at risk of sexual abuse. In some of these Centre’s family violence specialist practitioners are also co-located in order to improve the response for victims of family violence.

CATEGORY: The Future Of Our Work
Victoria (Tori) Cooke
Family & Domestic Violence Consultant for Anglicare WA

Tori has a social work background in working with women who have experienced family and domestic violence and more recently has a focus on working with men using violence and abuse.

She has worked with and provides consultation about specialist risk assessment and management of high risk and has worked in teams managing perpetrators in the court and justice environments.

Tori has extensive experience in working with women’s refuges, magistrates and family court, police, child protection, advocacy, counselling, group work and contributes to state and federal social policy platforms. She has designed and developed specialist training for government and non-government organisations and is highly regarded as a training facilitator in Western Australia.

**Acting to Interrupt Violence and Abuse:**
*Innovative ideas to inspire change in inter-agency collaboration.*

Inter-agency collaboration in family and domestic violence is critical to responding to immediate risk as well as pathways for long term healing and recovery for women and children affected by abuse and violence. In order to recover however, women and children need to be and feel safe from future harm. Those working at the pointy end work in intensive ways in multiple systems that are organic and evolving. Phrases like ‘inter-agency collaboration’ are embedded in our language and our service agreements. But how do we work together; what works, what doesn’t and how can we do this better?

This presentation will begin by exploring inter-agency collaboration and work through ways of working differently using the Acting to Interrupt Violence and Abuse framework (AIVA).

Evidence continues to show that our service system at times struggles with fragmented responses to men perpetrating family violence (Law Reform Commission, 2013). In this unfortunate background, victims are forced to negotiate complex systems whilst experiencing post separation abuse and violence. Perpetrators become skilled at negotiating systems (formal and informal) in avoiding responsibility (Jenkins, 1990). Work undertaken in national perception surveys indicates that there continues to be ongoing challenges in terms of violence supportive attitudes, victim blaming and denial of the deliberate nature of the perpetrator patterns of behaviour.

Acting to Interrupt Violence and Abuse (AIVA) is a framework that works alongside inter-agency responses and broadens the scope of inter-agency collaboration into community engagement, community and family awareness raising, workforce development and ultimately the goal of social change.

**CATEGORY: The Future Of Our Work**
Kate Heaslip
M.A.HONS,BA.,Grad Dip ED/EC
Photographer, author, artist, teacher, mentor & Founder/Creative Director of The Book Incubator.

Kate Heaslip captures and records authentic life moments that recognize and celebrate the uniqueness of the people in her focus. Her award winning photography invites the viewer to connect with each subject and share a moment in time.

Passionate about the human need to tell and share stories, Kate founded the Book Incubator - an initiative with far reaching mental health benefits for children and adults alike. The Book Incubator offers safe, nurturing opportunities for people of all ages to tell their stories of everyday life in print.

**The Power of Storytelling**

There is an intrinsic human need to share stories. To be heard. To be valued. To have a voice. By telling our stories we connect to each other, to ourselves and to our communities. Kate Heaslip, Founder and Creative Director of the Book Incubator, has developed an innovative suite of adaptable, safe, nurturing and inclusive creative therapy workshops for people to tell, write and publish their stories. These empowering workshops are particularly well suited to children and adults who have experienced trauma in their lives.

In today’s product driven world Kate consciously created an arts program that focuses on the process of storytelling. In doing so she created a series of therapeutic, fun, challenging and achievable workshops and the Book Incubator’s signature program, From Storyboard to Print, was born. This exceptionally powerful therapeutic tool provides a framework to engage with, listen to, hear and value participants as they tell their stories in words and pictures.

At the end of the program, each participant becomes a published author/illustrator and is celebrated at an official book launch. Whether the book launch is a private or public event, there is magic in the air! Imagine the joy as each participant is presented with their book and sees their name in print for the first time. The Herstory project (conducted with the Waratah Support Centre), saw participants craft their stories in a deeply meaningful and authentic manner. Tears, laughter, Tim Tams, silence and another step towards healing took place as the stories were told and the books created. The pride of the participants and therapists was palpable at the private book launch. One of the women who took part in the Herstory project will be in attendance at the conference and provide her voice to the From Storyboard to Print experience.

**CATEGORY: The Way We Work**
Clare Wood

Occupational Therapist with a Master's Degree in Narrative Therapy and Community Work from Melbourne University

Clare has significant experience in the area of community Child and Adolescent Mental Health with a strong interest in Indigenous and remote mental health care.

Clare works alongside the Tramalla Strong Womens group in Kalumburu in a variety of roles; in 2015 she coordinated the Telling Story project using digital storytelling and narrative therapy to respond to mental health concerns and recently embarked on a social enterprise project for ELP with Kalumburu community. Clare, works part time for the Child and Adolescent Mental Health Service in the south west of WA.

"The Stories we need to Tell" Kalumburu Community - Utilising narrative therapy and digital storytelling to respond to trauma and mental health concerns in a remote Indigenous Community.

This presentation outlines an innovative narrative therapy project in the remote Aboriginal community of Kalumburu, in the Kimberley region in the far north of Western Australia. The project was a collaboration between the Tramalla Strong Women's group from Kalumburu community, ABC Open and myself as a narrative and community practitioner.

The Tramalla Strong Women's group regularly meets to yarn about issues and problems in the community such as caring for children, parenting, abuse, neglect and violence and how to assist people with mental health problems and suicidal ideation. These meetings serve as a forum to plan collective action. The women are courageous, yarning about abuse and violence and how to respond to these issues in the community and how best to support families.

The project incorporated digital storytelling in combination with narrative therapy practices to document and reclaim stories of survival and resilience and enable people to speak of future hopes and dreams. This presentation will explore the collaborative partnerships and how narrative therapy practices and digital storytelling practices were adapted in a rural and remote context. It will also include examples of how continuation of cultural legacy is preventative of mental health concerns.

CATEGORY: Family Violence among Aboriginal and Torres Strait Islander People
Dr Debbie Smith

Fellow of the Faculty of Clinical Forensic Medicine of the Royal College of Pathologists Australasia and has been employed as a Senior Medical Practitioner at SARC Perth for two decades.

Debbie has provided extensive clinical services to adolescents and adults presenting after recent sexual assault, many relating to intimate partner violence.

Debbie has been involved in research at SARC, is the principal author of the SARC medical forensic manual, has provided under-graduate and post-graduate education and regularly appears as an expert witness in court.

Dr Debbie Smith will present the paper which provides quantitative data on the associations with non-fatal strangulation and intimate partner violence, making recommendations for service providers.

The paper is based on our original research and has been submitted for publication.

The attitudes challenged in this paper are those of both lay and professional communities.

Non-fatal strangulation in sexual assault: a study of clinical and assault characteristics highlighting the role of intimate partner violence.

To describe the prevalence, risk factors and signs and symptoms of non-fatal strangulation (NFS) in women following recent sexual assault.

A total of 1064 women were included; 79 (7.4%) alleged NFS during the sexual assault. The prevalence of NFS varied significantly by age-group and assailant type. Of women aged 30-39 years 15.1% reported NFS compared to less than 8.2% in all other age groups. Of women assaulted by an intimate partner, 22.5% gave a history of NFS compared to less than 6% of women assaulted by other assailant types.

Of all sexual assaults with NFS, intimate partners were the assailant in 58.2% of cases, whereas in sexual assault cases without NFS intimate partners were the assailant in 15.9% of cases. Odds of NFS were 8.4 times higher in women sexually assaulted by an intimate partner compared to women assaulted by an acquaintance/friend and 4.9 times higher compared to women assaulted by a stranger. When considering both age and assailant type the highest proportion of NFS (33.9%) was in women aged 30-39 years sexually assaulted by an intimate partner. Other factors were associated with NFS during sexual assault. External physical signs of NFS were absent in 49.4% of all NFS sexual assault cases.

This study identifies and quantifies NFS risk factors in female sexual assault and highlights the strong association with intimate partner sexual assault. Greater awareness of NFS in sexual assault should lead to improvement in medical screening, forensic and risk assessment by sexual assault and domestic violence services, emergency departments and the police.

Authors: Renate R Zilkens a, Maureen Phillips a,b, Maire Kelly c, Aqif Mukhtar a, James B Semmens a, Debbie Smith b

a Centre for Population Health Research, Curtin University, Perth, Western Australia.

b Sexual Assault Resource Centre, Women and Newborn Health Service, Subiaco, Western Australia.

CATEGORY: Heart of the Issue – Community Attitudes
Dr Maire Kelly
Trained in Obstetrics and Gynaecology in the UK.
Maire came to Perth just over 10 years ago working at King Edward Memorial Hospital and has worked at SARC since 2005, seeing over 450 clients who allege recent sexual assault.
Maire has completed a Masters in Clinical Forensic Medicine and is a Founding Fellow of the Faculty of Clinical Forensic Medicine and a Fellow of the Australian College of Legal Medicine.
Maire has initiated and written a forensic nurse training course in WA and has provided extensive education and training to professionals throughout the state.

Dr Maureen Phillips
Clinical Lead of the Medical Forensic Service at SARC WA since 2003.
Maureen has a background of 12 years in women’s health and general practice. She is a Fellow of the Faculty of Clinical Forensic Medicine RCPA, Fellow of the ACLM and Member of the FFLM UK.
In addition to her work at SARC, Maureen has been the Medical Coordinator at the Darwin SARC and provided consultancy to AusAID in the Pacific and Cambodia. She has been involved in research in collaboration with the School Of Population Health at Curtin University where she is an Adjunct Associate Professor.

Early Evidence Kits and Beyond
Together Dr Maire Kelly and Dr Maureen Phillips will present this paper which looks at original research into the usefulness of early evidence kits (EEK) in preventing loss of evidence following recent sexual assault.
The Sexual Assault Resource Centre, Perth, W. Australia, developed, piloted and evaluated Early Evidence Kits between 2008 and 2012. Our 2014 study, Early evidence kits in sexual assault: an observational study of spermatozoa detection in urine and other forensic specimens (Smith D. et al, 2014), highlighted the success of the kits in detecting spermatozoa in both first void urine and vulval gauze wipe specimens collected at initial presentation following recent penile-vaginal sexual assault. Subsequent to this study, a WA-wide poster-campaign was developed to educate police and emergency department staff on the use and collection of early evidence. EEK use has become standard practice by WA hospital emergency departments and first police respondents to reports of recent sexual assault.
This paper addresses the issue of translating research into practice. It explores the steps taken to ensure EEK best practice, including compliance with Australian Standards on Minimizing the risk of contamination in products used to collect and analyse biological material for forensic DNA purposes. (AS5483-2012) Other issues include obtaining consent for EEK specimen collection, ‘just-in-case’ EEKs and ensuring tamper-proof transport of specimens to maintain chain of evidence. The development of practice has involved close collaboration with WA Police, a forensic kit supplier ‘SANAX’ and the forensic biology laboratory.

CATEGORY: The Way We Work
Dr Brenda Downing
Feminist researcher and writer with specific interests in sexual trauma and embodied memory, autoethnography, and arts-based inquiry.

Brenda is especially interested in exploring the material conditions of the traumatised female body by engaging with forms of inquiry that move beyond abstract theorising into rigorous methodological investigation and theoretical insight.

Brenda’s PhD thesis, Feeling the fleshed body: The aftermath of childhood rape, won the Edith Cowan University Faculty Research Medal, 2014 and, jointly won the Magdalena Prize in Feminist Research, 2014.

In 2016, her thesis was published by Peter Lang, Bern.

The somatic aftermath of childhood rape: Implications for care and treatment

There is a large and well-established body of research concerning the impact of rape and other forms of gendered sexual violence. Much of the literature, however, maintains a focus on the psychological disturbances that can often manifest in the aftermath of a rape experience and persist for long periods. Far less is known about the long-term bodily, or somatic impacts of rape. This presentation will contest dominant discursive understandings of rape trauma that continue to privilege the psychological presentation of symptoms over those that present somatically.

To support this contestation, I will draw on the findings that emerged from my award-winning doctoral research, Feeling the fleshed body: The aftermath of childhood rape, a qualitative study that primarily examined my long-term somatic responses to the rape I experienced in childhood. The research additionally examined the responses of nine other women also raped in childhood. Underpinning my discussion is the provocation that the trauma of rape begins, in the first instance, with the sensing and feeling body.

I will argue that the sensory elements of a rape event can, if left unaddressed, remain frozen in the cellular tissue of the body, manifesting in the aftermath as a range of bodily disturbances not readily recognised as being associated with the event itself. I will focus my attention on this aspect of sexual trauma, as well as the range of bodily disturbances possible in the long-term aftermath; the outcome of the body-based therapeutic practice I engaged in as part of my research; and the health care implications of this engagement for the treatment and ongoing care of victims in the future.

CATEGORY: The Future Of Our Work
Jay Anderson
Psychologist, Child Counsellor and Registered Play Therapist/Supervisor.

Jay is the Manager and Clinician with My Child My Family, a private mental health service in south-west WA. Jay has over 20 years of human services experience. Jay is a registered Single Expert Witness with the Family Court of WA and has worked with complex families.

Her background is in child protection - where she was trained as a Specialist Child Interviewer and she carried out forensic interviews of children (predominantly regarding sexual abuse) for over ten years in conjunction with the WA police.

Johnny said... “Daddy did it”

Reflections on how parents, the community and professionals respond to a child disclosure of sexual abuse.

At times in our community a child makes a statement that shocks and stuns their parent and family. When a child shares a secret... then “It’s no Secret”... anymore. But the “allegation of abuse” has wide reaching ramifications. This presentation will highlight how a range of professionals respond to this situation and how a range of values and attitudes are involved. This presentation may also engage the audience with several clinical examples to assist in realising the significance of the issues. The presentation highlights how a common response to this situation...may be to disbelieve or challenge a child’s disclosure. Why is there an assumption that a child’s parent has “coached the child”.

Should the child’s disclosure be taken as truth? What else needs to be considered?? Perhaps also, the consideration of children’s capacity and issues such as suggestibility may need to be reflected on. Someone said “children lie” – so why believe them? Do children lie about sexual abuse? How often? Does it matter? And then understanding how children “get though” this situation and how child therapy may assist them. But more than anything, reflecting on our own values, and the values of our community as a whole, will assist us to make progress and to better support the children involved.

CATEGORY: Heart of the Issue – Community Attitudes
Katrina Boterhoven de Haan
PhD candidate at Murdoch University investigating treatment of childhood trauma.

Katrina Boterhoven de Haan is a PhD candidate at Murdoch University investigating treatment of childhood trauma. She has completed an undergraduate Psychology degree with honours and will be finishing her Masters of Applied Psychology (Clinical) this year. Katrina is currently based at SARC as a research coordinator and study therapist for a large international study. Her work experience has predominately been in community mental health and she has worked in positions in both Perth and overseas. More recently she has been working as a researcher at WA Health department and the Telethon Kids Institute including been involved in Young Minds Matter: The Second National Survey of Child and Adolescent Mental Health and Wellbeing. She has published research investigating differences in psychotherapy treatment processes, psychological assessment measures, and methods for engaging the community in research.

Investigating Ways of Treating Childhood Trauma

In general, trauma experienced in childhood involves multiple events, over a prolonged period of time, and is interpersonal in nature. Due to the nature of childhood abuse, these traumatic experiences can have a lasting impact on individuals and affect all areas of their lives.

While there are evidence-based recommendations for treating post-traumatic stress disorder (PTSD) caused by adult trauma experiences, the interventions for PTSD related to childhood trauma experience are varied and subject to ongoing debate regarding the best approach to treatment.

Many problems have been identified with treating clients with PTSD related to childhood experiences including issues with co-morbid diagnoses and client instability. As a result of complex presentations, treatments are often longer-term and in some cases fail to address the underlying trauma.

As demands on services grow there is a need to identify effective treatments that target PTSD and other disturbances associated with childhood trauma experiences. The Sexual Assault Resource Centre (SARC) in Perth is collaborating with international researchers in a large international randomised control trial involving 3 countries across 5 sites, to investigate two effective short-term trauma-focused treatments for childhood trauma-related PTSD. This is the first study to compare Eye-Movement Desensitisation and Reprocessing (EMDR) with Imagery Rescripting treatments. These treatments are considered effective because they are less distressing for individuals. The primary aim of the project is to reduce PTSD symptoms. However we are also investigating other issues associated with trauma experienced in childhood such as disturbances in mood, sense of self and behaviour. This presentation will discuss the issues with treating individuals with childhood trauma-related PTSD, provide an overview of the research project that is being conducted at SARC and present some preliminary findings from the participants that have been treated at the Perth site.

Acknowledgements: Sexual Assault Resource Centre (SARC) Dr Felice Watt – Womens Health Clinical Care Unit / Dr Chris Lee – Murdoch University / Professor Arnoud Arntz – University of Amsterdam, The Netherlands / Assistant Professor Marisol Voncken – Maastricht University, The Netherlands / Dr Eva Fassbinder – Lübeck University. Germany.

CATEGORY: The Way We Work
Maggie Woodhead
Senior policy officer at the statewide protection of Children Coordination Unit in WA Health, a position she has held for the last 7 and a half years.
Maggie has spent all of her professional life working in the child abuse and trauma field; including seven years at the WA Health Sexual Assault Resource Centre and four years as the FDV consultant for Corrective Services.
Maggie has worked therapeutically with child victims of abuse and trauma over many years, as well as with adult perpetrators and adult victims of abuse and trauma. She holds passionately to the view that systems designed to protect child victims of abuse need to mould themselves to the child and their experience – rather than the other way around.

A CALL TO ARMS: Systems responses to children who have been sexually abused: a travesty which needs addressing

“Two 4- and 5- year-old sisters disclosed incest to a number of people. These were the police, their mother and maternal grandmother, as well as to 12 other people, including contact supervisors and a psychologist... The court accepted the evidence provided by the two professionals, making the decision to place the children with the male parent (the alleged abuser), restricting the mother to supervised access”. (Schultz, P 2014)

“Leila” 3 years and her half-sister “Emily” 7 years and their mother were clients of mine who suffered a similar fate. This presentation attempts to honour them by sharing their story and, through this, challenging us all to do things differently.

I will also present information on:
- The most common trajectory for children in Western Australia where ‘alleged’ sexual abuse by a father has been disclosed;
- The consequences when such children are unable to mould their experience to fit the template that systems demand of them.

Finally I will offer some thoughts on how systems need to change to become protective and supportive of abused children and their non-abusing parent, rather than their ‘falsely accused’ fathers.

CATEGORY: Heart of the Issue – Community Attitudes
Tania Towers

M.Psych (Clinical/Health)

Is a clinical psychologist who has worked in the addictions and trauma field for over 25 years. She has worked as a clinician, educator, consultant and manager. She was the Manager of Next Step Drug and Alcohol Service and the Sexual Assault Resource Centre (SARC) and currently works as Senior Clinical Psychologist at the Eating Disorders Programme at PMH. Tania also works as a clinical psychologist in private practice.

Tania have contributed to the literature on AOD use and trauma issues, and along with another colleague, Dr Ali Marsh, have written a guide for clinicians titled ‘Trauma-Informed Treatment Guide for Working with people who have experienced Complex Trauma and have Alcohol and Other Drug Issues’. The guide is now in its 3rd Edition, having been updated in 2016.

Claire Webster

Although retired now, I spent my professional years in the counselling field working with children as young as four, to World War II Veterans as old as 90. More recently, I have been a ‘supporter’ (or what I actually preferred to be labelled, a ‘Sherpa’) to someone I call a sister, who is a Consumer of Services with complex trauma. In conferences such as these, I would most likely be categorised with a Tick in that box, at the end of the long list, on the standard registration form that states ‘Interested Other’ - neither professional staff nor consumer of services. Until taking on this role, I only ever interpreted this mountain of a journey as a sideline for the Sherpa. Never truly understanding the complexities and extreme experiential differences between the professional role and the Sherpa.

More importantly missed, was the potential dangers and complications of lasting vicarious trauma and compassion fatigue that follows.

Julia Della Franca

My name is Julia Della Franca. I am a social worker and a cabinet maker by trade. I have just started a small business and I feel like life has just begun for me. I have been a consumer of services available for people with complex trauma. My childhood trauma experiences were so overwhelming words could not express them. So I illustrated my way through therapy. Its focus is a recovery model.

Do No Further Harm: Adopting Trauma Informed Practice Principles

Many of the people that present to our sexual assault and domestic violence services have been exposed to traumatic events from a young age, including abuse or neglect and exposure to violence. These events impact on a person’s psychological, physical, emotional and behavioural development and subsequently profoundly influence how they function in childhood and into adulthood. Survivors who have experienced complex trauma face additional ordeals when they come in contact with systems and individuals that are not sensitive to the impact of trauma and hence can, unwittingly, cause further harm.

A system that applies Trauma Informed Practice Principles (TIPP) recognises the impact of psychological trauma on individuals and takes this into account when working with them.

This presentation will examine TIPP from a clinician, consumer and support person’s perspective. It will examine what worked and did not work for a consumer who as a adult made the very difficult decision to pursue the legal path to have her perpetrator convicted of childhood abuse. It will examine TIPP across the police, legal, therapy and support services.

The intent of this presentation is to encourage the important conversations in the sexual assault and domestic violence sectors, reflecting on policies and practices that may be helpful and harmful to traumatised clients, instigating change to reduce the risk of doing further harm and promoting safe therapeutic environments.

CATEGORY: The Future Of Our Work
Nicole Lambert
Manager of Allambee Counselling WA
Nicole is a Counselling Psychologist with 15 years of clinical experience working in trauma specific services, Child Protection, Alcohol and other Drug, and Tertiary Education sectors. Nicole is a registered supervisor and provides supervision for provisional psychologists and counselling endorsement.

Felicity Scott
Psychologist for Allambee
Prior to this Felicity worked support and case management roles in domestic violence services and providing crisis counselling services. Felicity is also a Foster Carer. Her professional interests include child and adolescent counselling support and advocacy and working with children responsible for sexual abuse.

Kelly Wrightstone
Counselling Psychologist Registrar
Having completed a Masters of Counselling Psychology in 2014 and has worked for Allambee for 2 years. Prior to this, Kelly spent 5 years working for the Department for Child Protection. Her interest areas include child and adolescent counselling, complex trauma and PTSD, attachment and anxiety disorders.

Sibling Sexual Abuse: Unravelling the complexities
Sibling sexual abuse is widely understood to be the most common form of intrafamilial sexual abuse and yet is often under reported (Stathopoulos, 2012; Caffaro & Con-Caffaro, 2005). There are many reasons why children may be reluctant to disclose abuse from a sibling. Some may be concerned about upsetting their parents, placing more stress on the family or damaging relationships. Some may be fearful of not being believed, may not want to get their sibling in trouble, or fear that they may be blamed for not stopping the abuse. Parents often report an overwhelming sense of shame that prevents them from seeking help from their usual support systems or professionals. Parents also often report fears about the consequences for the child responsible for abuse and the impact this will have on the family.

Disclosures of sibling abuse can place severe strain on the family system and present a myriad of complexities for the therapeutic process. This presentation will provide an overview of the nature of sibling sexual abuse and its impact on families. Drawing on case examples, the presenters will explore Allambee’s approach to working with families who have experienced sibling sexual abuse, highlighting important considerations and challenges in the therapeutic journey.

References:

CATEGORY: The Way We Work
Christa Bartjen-Westermann
Manager, Sexual Assault Referral Centre, Central Australia

Christa was born and educated in Germany, migrating to Australia in 1984 and studied social work in Adelaide. Christa worked in Child Protection in South Australia for several years before she returned to Germany. In Germany she worked in a Women’s Shelter and completed a Masters in Intercultural communication and European studies in Germany.

Christa returned to Australia in 2004, moving to Alice Springs, where she has been working for the Non-Government and Government sector and has been on the Board of the local Women’s Shelter and other boards. She has been working with Alice Springs Sexual Assault Referral Centre (SARC) since December 2015.

Prudence Boylan
Manager, Sexual Assault Referral Centre, Darwin

Prue holds a Graduate Certificate in the Medical and Forensic Management of Adult Sexual Assault and has worked as a Sexual Assault Nurse for the last five years, undertaking over 150 cases. Prue is passionate about advocating for the rights of victims, striving to ensure a culturally safe service that is client focused, trauma informed and accessible. Prue believes in an interagency, collaborative approach and sits on many domestic and sexual violence committees, including being an active member of the International Association of Forensic Nurses (IAFN) and Forensic and Medical Sexual Assault Clinicians Australia (FAMSACA).

Research and evidence based best practice are high on Prue’s agenda and the most current project titled “Chlamydia trachomatis genotypes in a cross-sectional study of urogenital samples from remote Northern and Central Australia” has recently been published in the British Medical Journal.

“Journey from the Red Centre to Darwin- Sexual Assault Services within the NT”

The title highlights the vast difference which exists within the very unique Northern Territory. The NT consists of approximately 20 strong language groups and 73 remote communities, two main urban centers and borders onto related communities in SA, Queensland and WA.

Considering this unique geographic are the presenting issues in relation to sexual assault in the NT require place based service responses driven by the local context and demand. This is an ever changing process as external factors impact on presenting issues such as the intervention, internet availability, introduction of the Family Safety Framework and shifting perceptions of relationships. Service provision needs to adjust to these changes and be flexible, fluid, collaborative, culturally competent and well resourced.

CATEGORY: The Way We Work
**Tessa Grimshaw**

Is a Bardi Woman from One Arm Point, north of Broome in WA.

Tessa has lived most of her life in Perth and the south west and is a part of the Stolen Generation. She has worked in numerous human services areas including child protection, health, adult education and community development.

Currently Tessa works for the WA Country Health Service within the Statewide Specialist Aboriginal Mental Health Service as the coordinator for the south west. Tessa is passionate about Aboriginal health, education, culture and wellbeing.

**Nadia Adams**

Is the Senior Program Officer for Southwest Mental Health Services and is working to establish the specialist youth mental health services in Southwest WA. Nadia has worked to lead the establishment of specialist Aboriginal Mental Health Services across Country WA and guided service reform for culturally inclusive practice including the recruitment of 32 Aboriginal staff. In this time Nadia authored the WACHS Aboriginal Mental Health Model of Care and established the WACHS Aboriginal Mental Health Leadership Group. Born in Fremantle WA, Nadia was raised by a parent with a mental illness and was a carer of a partner with a disability for many years.

**Aboriginal Mental Health - Where Do I Stand?**

The Aboriginal Mental Health Leaders in Western Australia Country Health Servicer (WACHS) have developed a Model of Care (the Model) that defines and supports WACHS’s provision of services to achieve improved health outcomes for Aboriginal people. The model works on three foundational values that must be embedded in services, organisational structure and systems in order to adapt to Aboriginal community needs. Initially this session explores these core values in the context of mental health care and the social and emotional wellbeing of Aboriginal people.

The participants will then be encouraged to participate in an activity called “Where do I stand?” an interactive and reflective activity that evidences the different experiences of privilege and disadvantage experienced by members in the community. This exercise will inform an open discussion on our own experiences of privilege, our personal value systems and the importance of knowing where we stand in order to effectively comprehend and empathise with the care needs of others.

**CATEGORY: Aboriginal and Torres Strait Islander People**
Tania Whitelaw
Senior Clinical Co-ordinator Relationships
Australia's Domestic Violence Services. Tania is passionate about positive social responses and justice for women and children.

*Women Repositioned - From passive recipients of abuse to active resister*

Historically women who are victims of Domestic Violence have often been positioned as ‘not doing anything about it’. This being attributed to low self-esteem, poor boundaries and lacking assertiveness. And maybe being asked ‘Why don’t you just leave?’

These attributions have often come from well-intentioned friends, professionals or self-help books. Then this limits a woman’s ability to notice thoughts and actions that do not fit with these ideas. For example a woman told us she never did anything for herself and in the next breath said she had stopped at coffee shop. There is a valuable story in her stopping at the coffee shop.

This presentation will demonstrate the use of ‘expansive conversations’ that enable women to ‘reposition’ themselves by recognising their resistance to abuse, their skills of living and their efforts to keep themselves and their children safe.

It is like looking at life from a different mountain top. After a group programme a woman said these simple yet profound words ‘I have learned two things from this group. I am not stupid and I do not cause him to do what he does’.

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**References:**

Jenkins A. Becoming Ethical Russell House Publishing, 2009


Robert Andrew

Rob Andrew manages the Domestic Violence Programme of Relationships Australia in W.A. He has worked in the field of Domestic Violence for more than twenty years.

How we talk about it matters

Perpetrators of abuse are expected to be responsible for their actions and accountable to those whom they abuse. Unfortunately there is much common and unhelpful rhetoric that implies diminished responsibility of the perpetrator and blaming of the victim. For example the man explains his actions in terms of a ‘short fuse’ and then blames his partner for ‘setting him off’. But when asked his intention in what he did he immediately said ‘To get her to shut up’. This presentation will expose the unhelpful rhetoric and offer alternative ways to talk about the problem of Domestic Violence.

References:

Jenkins A. Invitations to Responsibility, Dulwich Centre Publications, Adelaide, 1990

Jenkins A. Becoming Ethical, Russell House Publishing, United Kingdom, 2009

CATEGORY: The Way We Work
### Day One

**Thursday 24th November 2016**

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<thead>
<tr>
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<td>Karen Willis OAM – Sex and Ethics – a primary prevention of sexual assault program</td>
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<td>Joanne Sheehan-Patterson, Chairperson NASASV – The Victorian Multidisciplinary Model</td>
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<td>Nicole Lambert, Felicity Scott &amp; Kelly Wrightstone Sibling Sexual Abuse: unravelling the complexities</td>
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<td>Katrina Dee and Angela Powell – The little engine that could: building a resilient workforce</td>
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**Friday 25th November 2016**
‘It’s No Secret’ Sexual Assault, Sexual Abuse & Domestic Violence

Bunbury Regional Entertainment Centre, Bunbury WA

This form will become a Tax Invoice upon payment. Waratah ABN 84028425014

Please complete one registration form for each participant. Registrations will be confirmed via email to the applicant upon payment. Forms are to be posted with payment to Waratah P.O. Box 644, BUNBURY WA 6231 or email to conference@waratah.asn.au with direct deposit payment made to account name Waratah, Westpac Bank BSB 036134, account number 193594, reference shall be the participants name in full (as stated below).

Personal Details (please complete a separate registration form for each participant):

Name of Participant

Organisation

Address

City

State

Post Code

Telephone

Email

* Registration confirmation will be sent to this email

Special Requirements (dietary, wheelchair access)

Registration Fees (inclusive of GST)

Early Bird: Full Registration:

$420.00 $490.00

(payment received no later than 30th September 2016)

Payment Method

I have enclosed cheque/money order made payable to Waratah or

I have sent payment via Electronic Funds Transfer to: Account Name: Waratah
Westpac Bank, BSB 036134 Account No. 193594 – reference is the name of participant.

Cancellation Policy

By 4 weeks before conference date (27/10/2016)

Less than 4 weeks before conference date

Upon registration the Participant understands and accepts the conditions of the cancellation policy.

Refund

A full refund less a cancellation fee of $50.00

No refund will be provided

Signature Date of registration