

RJ Conferencing of DFSV offences

Restorative Justice Unit, Canberra, Ngunnawal country

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An RJ Conference develops a shared narrative

A structured Group Narrative supports the PH, PR, and their supporters to be active agents in 'diagnosis' & 'treatment' as they:

1. identify what will be most helpful to share with others
2. recount their experiences
3. gain a better understanding of damaging dynamics & their traumatic effects;
4. recast roles and commit to setting relations right; &
5. craft constructive responses to address the situation.

Communities of care

Significant community members & professionals can provide:

- **INSIGHT** – into the *social and cultural causes* of harm/trauma;
- **INSIGHT** – into *patterns* of behaviour;
- **INSIGHT** – into the *impact* on those affected;
- **SUPPORT** – with practical outcome strategies; &
- **OVERSIGHT** – follow-up, linking-in with services...

Dynamics of violence

- Collusion
- Expectations of reduced justice outcome
- Coercion to participate
- Minimising the level of impact
- Perpetrating systems abuse
- Expectations of reconciliation
- Increases in risk of further harm
- Sexual or family violence can be misunderstood, tolerated or even condoned

Some victims are incredibly isolated.

Convenors need to be skilled to adequately identify **power imbalance**, understand **trauma impacts**, and respond appropriately to **vulnerable people** (women, children, adolescents, elderly, CALD & LGBTIQ people, those with disabilities, mental illness).

Rebalancing power

Privilege the person harmed's narrative

Track the history of violence

Manage expectations – not an avenue to reconcile; not going to gain a legal benefit

Privilege the person harmed's justice needs

Person harmed is contacted first to have the opportunity to veto the referral without fear of repercussions.

Information is protected. Unless the person harmed gives permission the referring agency is not told why a referral doesn't progress.

Including the community of care includes family or friends who may have been complicit in the violence. They contribute to the narrative developed in conference and become part of the solution.

- Two convenors in a power sharing relationship.
- Include specialist supporters to promote insight and recovery.
- Case reviewer to track progression, offer feedback, ensure quality assurance standards are met.
- Monthly clinical supervision
- Risk assessment tools are used where available.
- Ongoing risk assessment with participants and external agencies to verify information where possible.
- Many matters don't have risk assessment tools available – convening teams will always have a discussion to identify static and dynamic risk factors.
- Safety planning with participants throughout the referral.



Staying safe



Case Features:

AFP Diversionary referral for Non-Consensual Distribution of Intimate Images

Participants:

"Cate" - Person Harmed, 16yo

"Brent" - Person Responsible, 15yo

"Taryn" - Adult Supporter for Person Harmed

"Charmaine" - Adult Supporter for Person Responsible

Hurdles

- Systems distrust
- Cultural stigma
- Shame around offence
 - Age/maturity
 - Victim-blaming
- School response
- The conference day

Case Study- Young Person Sexual Violence

Reflections and Lessons

1. Hindsight is 20/20 but you can account and plan for most outcomes through utilisation of co-convenors, case reviewing and negotiation. Then what you can't account for you can more confidently respond to.
2. Trust the process- and your processes: when you have well-defined processes and shared practices/communication it is easier to prioritise participant needs. It also provides the safety needed for people to expose their vulnerabilities to their communities of care for collective accountability and more meaningful exchanges.

Case Study - Adult IPV

Features of the referral

- Serious assault by a male partner against his female partner.
- Charges were dismissed by Magistrates Court.
- AOD dependence indicated for both person responsible and the person harmed.
- DVO non-contact order in place except for the purpose of restorative justice.
- The person responsible accepted responsibility for the offences and had a small awareness of the harm they had caused but was willing to hear from their ex-partner about her experiences.

Outcome

- The person responsible entered residential rehabilitation and decided he needed to complete this program before he could reconsider participating in a conference.
- The person harmed decided they no longer needed a conference. She expressed satisfaction that she understood her experience enough to put it behind her.

