

Family & Domestic Violence Strategy **2025-2028**

Healthy, inclusive and harm-free communities

Family & Domestic Violence Strategy

2025-2028



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Endorsed on the 09/12/2025 during the 16 Days in WA campaign.

Cyrenian House supports the courage and dignity of all people who stand up and say no to violence, or who take action to hold perpetrators accountable.

1. BACKGROUND

The Cyrenian House Family and Domestic Violence (FDV) Strategy provides the foundation and guide our approach to addressing and responding to the issue of FDV experienced by our consumers and workers. The aim of this strategy is to ensure we integrate the contemporary understanding of and responses to FDV, with our existing best-practice evidence-based approach to the provision of alcohol and other drug (AOD) treatment.

The significance of the issues around FDV, and its intersection with AOD use, means organisations like Cyrenian House need to adopt comprehensive strategies that support victim-survivors and foster a culture of prevention and holds perpetrators accountable. We have both a responsibility and an opportunity to create safer, more supportive environments for our consumers and workers.

The FDV Strategy was developed by the Cyrenian House FDV Working Group, with input from other key Cyrenian House workers. The development process also included consultation with the Cyrenian House Consumer Advisory Group (CAG).

FAMILY AND DOMESTIC VIOLENCE

Family and Domestic Violence (FDV) encompasses a pattern of abusive behaviors - physical, emotional, psychological, financial, or sexual - used by one person to dominate and control another within an intimate or familial relationship. Often FDV is not an isolated incident, but a sustained pattern of ongoing abuse that may escalate over time. FDV is highly gendered with most victim-survivors being women, and most perpetrators of violence being men.

Coercive control is a central, often hidden, element of FDV. It involves deliberate tactics such as isolation, intimidation, humiliation, monitoring, and manipulation to erode the victim's autonomy and sense of self-worth. Identifying and being aware of coercive control is crucial, as it often precedes and contributes to physical violence and can have long-lasting psychological effects on victims.

Family and domestic violence includes:

- Emotional and psychological abuse
- Physical and/or sexual assault
- Financial abuse
- Other controlling behavior including "coercive control"

In Australia, FDV is alarmingly prevalent, with approximately **41%** of Australians aged 18 years and over having experienced physical and/or sexual violence since the age of 15.

- **23%** of women and **7.3%** of men report **experiencing physical violence**
- **20%** of women and **6.1%** of men report **experiencing sexual violence**
- **23%** of women and **16%** of men report **experiencing emotional abuse, from an intimate partner in their lifetime** (Australian Bureau of Statistics)
- For those identifying with the LGBTQIA+ community, **60%** of people reported having an experience of intimate partner violence (Department of Prime Minister and Cabinet)

The consequences of FDV extend beyond immediate physical harm, and can lead to long-term psychological trauma, economic hardship, and social isolation (Mission Australia). In Australia, FDV contributes to more death, disability and illness in women between the ages of 25 to 44 than any other preventable risk factor, and is the leading cause of homelessness for women and children (Our Watch).



THE INTERSECTION OF ALCOHOL & OTHER DRUG USE AND FAMILY & DOMESTIC VIOLENCE

The intersection of FDV and AOD use presents unique challenges and opportunities for treatment services. AOD treatment providers are uniquely positioned to identify and respond to instances of FDV, given the high prevalence of both issues among their consumer populations.

AOD use and FDV frequently co-occur. Worldwide, between **34-39%** of men receiving treatment for AOD use report recent physical violence toward an intimate partner or ex-partner, compared with **5-21%** of men in the general population.

Research indicates a strong correlation between substance use and the occurrence of FDV. A study by Deakin University found that individuals whose partners engaged in heavy binge drinking were nearly **six times** more likely to report experiencing violence from their partners. Furthermore, alcohol was involved in approximately **34%** of intimate partner violence incidents and **29%** of FDV incidents in Australia (Deakin University).

Women with AOD dependence are exposed to disproportionately high levels of male violence. Women victim-survivors of family and domestic violence who use AOD are at a higher risk of experiencing more frequent and more severe violence. The rate of conviction for perpetrators of violent offences is also lower if the victim-survivor uses AOD.

Organisations providing AOD treatment services are uniquely positioned to identify and respond to instances of FDV. In Australia, approximately 131,500 individuals aged 10 and over received treatment from AOD services in 2022–23, with alcohol being the most common substance of concern. Given the high prevalence of FDV among individuals with substance use issues, AOD services must integrate FDV considerations into their treatment frameworks (Australian Institute of Health & Welfare).

CYRENIAN HOUSE SERVICES AND FAMILY & DOMESTIC VIOLENCE

Cyrenian House operates a range of alcohol and other drug treatment services in the community and the prison system. Services provided generally fall into the following categories:

- **Long-term residential treatment** - Therapeutic Communities
- **Residential low-medical withdrawal units**
- **Non-residential and outreach services**

Consideration has been given in this FDV strategy to the appropriate response to FDV issues in these various service types and service contexts. For example, more intensive case management and safety planning will generally be more feasible and appropriate in our long-term residential services than in a non-residential setting. In non-residential settings there will generally therefore be a heavier reliance on referral to specialist support services. An exception to this is the CHMR service in Broome, where their service model provides for intensive and holistic case management, which then allows for substantial integration of responses to FDV into the supports provided.

Consideration has also been given to the appropriate and feasible role Cyrenian will have in supporting victim-survivors, versus our role in holding perpetrators of FDV to account and addressing their behaviour.

In summary it is noted that the evidence for the efficacy for men's behaviour change programs is weak, even in intensive programs focusing on FDV perpetrator behaviour. It was also noted that there is the potential for us to 'do more harm than good' in this space.

It has been agreed that our approach to men in our services should be on program content and interventions that emphasise “healthy relationships”, and appropriate challenging of problematic attitudes and belief systems particularly around gender roles. Research indicates that men aged between **18-30** who identify with rigid stereotypes of masculinity, are **seventeen times more likely** to disclose physical assault of a partner. These views include that men should be tough, aggressive and in control.

In the context of our Therapeutic Community (TC) services, we consider that the TC model itself, with its focus on pro-social behaviours, honesty and accountability, boundaries, assertive communication, and self-esteem will itself likely have a positive impact on future FDV behaviour by encouraging respectful pro-social behaviours and relationships, as well as recovery from AOD use or dependence.

Cyrenian House’s work in supporting the safety of victim-survivors will be more explicit and multifaceted. Depending on the service type and context, as well as the individual consumers situation, our work in the space will encompass screening, risk assessment, and safety planning. It will also include referral to specialist supports external to Cyrenian House where these are available.

CYRENIAN HOUSE WORKERS AND FAMILY & DOMESTIC VIOLENCE

Given the prevalence of FDV within the general population, it is a near certainty that at any given time there will be both victim-survivors and perpetrators of FDV amongst Cyrenian House workforce.

Continuing paid work plays a critical role in providing financial stability so that workers experiencing FDV can seek safety and recover. Providing support to workers affected by FDV to help maintain the wellbeing, performance, and productivity of not only the affected person, but the whole workplace.

Specifically, Cyrenian House will support affected workers with access to FDV Leave, flexible work arrangements, contributing to safety plans, and access to counselling. In particular, the provision of FDV Leave in the Cyrenian House Enterprise Agreement 2025-2028 brings the organisation in line with best practice in supporting victim-survivors of FDV.

COMPONENTS OF CYRENIAN HOUSE’S FAMILY & DOMESTIC VIOLENCE STRATEGY

An effective strategy for integrating FDV responses into AOD treatment services needs to be multifaceted. The following components comprise the Cyrenian House FDV Strategy:



1. Policy Development



4. Partnerships & Linkages



2. Training & Awareness



5. Our People
(responses for workers experiencing FDV)



3. Integrated Treatment Approaches



6. Implementation, Monitoring & Governance

2. FAMILY AND DOMESTIC VIOLENCE STRATEGY – ACTION AREAS



1. POLICY DEVELOPMENT

Establish clear, accessible policies that define FDV, outline Cyrenian House's commitment to addressing it, and detail procedures for responding to and addressing the issue.

ITEM	DESCRIPTION
1.a	Review existing key clinical policies and related documents (e.g. forms, resources) to ensure that contemporary FDV knowledge and practice is incorporated.
1.b	Review key corporate and human resources policies and related documents to ensure that contemporary FDV knowledge and practice is incorporated.



2. TRAINING & AWARENESS

Provide regular training for all workers to recognise signs of FDV, understand the dynamics of abuse, and be equipped to provide appropriate support and referrals.

ITEM	DESCRIPTION
2.a	All workers undertake FDV awareness training.
2.b	All relevant clinical workers undertake training on FDV screening, risk assessment and safety planning every three years. This training will include culturally safe ways of working with Aboriginal people and FDV concerns.
2.c	Revise the current case note training to reflect clinical record-keeping practices that provide victim-survivors with evidence of FDV incidents and patterns of behaviour by perpetrators.
2.d	Key workers and management personnel (including all Service Managers) are trained in responding to FDV disclosure by workers.



3. INTEGRATED TREATMENT APPROACHES

Develop treatment programs that address both AOD use and FDV, therefore recognising the interplay between these issues and the need for concurrent interventions.

ITEM	DESCRIPTION
3.a	Review and if necessary, modify screening and assessment material already contained on the Pharos system.
3.b	Undertake process to agree an appropriate FDV safety planning tool to be used across Cyrenian House services.
3.c	Screen all consumers at initial assessment for current FDV concerns.
3.d	Undertake FDV risk assessments with consumers identified as having current FDV concerns.
3.e	Undertake FDV safety planning with any consumer that requires one. As required, safety plans will also include the consumers children.
3.f	Develop and/or review program material covering "Healthy Relationships" at all residential treatment sites.
3.g	Identify and appropriately challenge problematic consumer attitudes and beliefs, particularly around gender roles.
3.h	Case notes and other clinical record-keeping practices provide victim-survivors with good evidence of FDV incidents and patterns of behaviour by perpetrators.
3.i	Promote Cyrenian House services as being FDV aware and capable.



4. PARTNERSHIPS & LINKAGES

Implement confidential support mechanisms, such as counselling services, helplines, and partnerships with local FDV services, to assist affected individuals.

ITEM	DESCRIPTION
4.a	Memorandum of Understanding (MOUs) and other formal agreements are made with specialist FDV service provider(s) for the benefit of Cyrenian House consumers and workers.
4.b	Practical referral linkages and pathways are developed by all Cyrenian House services for consumers with identified FDV concerns and needs.
4.c	Cyrenian House promotes the benefits of a contemporary approach to FDV opportunistically to other AOD treatment providers and other stakeholders.
4.d	Recognise and support the participation of workers and consumers, in FDV events and campaigns.



5. OUR PEOPLE (responses for workers experiencing FDV)

Implement a range of supports and processes to support workers who experience FDV. This will include mechanisms for responding to FDV disclosure, access to leave, and other supports.

ITEM	DESCRIPTION
5.a	Cyrenian House contributes to affected workers FDV safety plan with our focus being on maintaining employment and ensuring their safety in the workplace. This may include considering flexible work arrangements.
5.b	The Cyrenian House Enterprise Agreement 2025-2028 provides for FDV Leave.
5.c	All workers are made aware of key people in the organisation who have been trained in responding to FDV disclosure by workers.
5.d	Workers experiencing FDV are supported to connect with specialist FDV services.
5.e	Cyrenian House leadership promotes FDV supports available to workers and the broader FDV Strategy.



6. IMPLEMENTATION, MONITORING & GOVERNANCE

Establish mechanisms to implement the FDV Strategy. Regularly assess the effectiveness of the FDV strategy, gather feedback from stakeholders, and make necessary adjustments to improve outcomes.

ITEM	DESCRIPTION
6.a	Establish a Cyrenian House FDV Strategy Implementation Committee. This committee will drive and oversee implementation of the Strategy.
6.b	Consult with consumers with a lived experience of FDV to help guide implementation of the FDV Strategy.
6.c	Implementation and monitoring of the Cyrenian House FDV Strategy is an ongoing standing item on the Managers Meeting agenda.
6.d	The CEO will regularly report progress on the FDV Strategy to the Cyrenian House Board of Directors.
6.e	Establish and maintain an FDV Capability Assessment Cycle for the organisation.
6.f	Data on the number of consumers reporting FDV concerns, and those with safety plans developed will be collected and routinely reviewed by the Cyrenian House FDV Strategy Implementation Committee.
6.g	The Cyrenian House FDV Strategy will be reviewed every three years. These reviews will include consultation with Cyrenian House consumers and workers.



Acknowledgement of Country

Ngaala kaaditj Noongar moort keyen kaadak nidjar boodjar. We acknowledge Noongar people as the traditional custodians of this land.

Cyrenian House respectfully acknowledges the Traditional Custodians of the land that our services are situated on, Whadjuk Nyoongar Country, Bibbulmun Country and Yaruwu Country. We pay our respects to Elders past and present.

Cyrenian House supports and upholds a robust standard of cultural competence by recognising cultural needs and reviewing programs to ensure they meet the needs of Aboriginal, Torres Strait Islander, CaLD and LGBTQIA+ communities.

DIVERSE



INCLUSIVE



ACCEPTING



WELCOMING



SAFE SPACE



FOR EVERYONE



RESOURCES

- Australian Bureau of Statistics - Personal Safety (2023)
- Department of the Prime Minister and Cabinet - Gender Based Violence at a glance (2024)
- Mission Australia - Domestic and family violence: from fear to freedom (2021)
- Our Watch - Quick facts about violence against women (2025)
- Deakin University - Study shows alcohol and drugs play significant role in domestic violence (2016)
- Australian Institute of Health & Welfare - Alcohol related harms and risks in the NDSHS (2024)