



**Royal Commission**  
into Family Violence

**WITNESS STATEMENT OF DR RICHARD JOHN FLETCHER**

I, Richard John Fletcher, Senior Lecturer, of University Drive, Callaghan in the State of New South Wales, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

**Current role**

2. I lead the Fathers and Families Research Program at the University of Newcastle.
3. I am currently the Project Leader (working with a range of researchers and, in some cases, clinicians) on the following projects:
  - (a) Developing a User-guided Website for Young Aboriginal Fathers;
  - (b) Paternal Perinatal Depression Initiative;
  - (c) Fathers views of disability services; and
  - (d) Father-child Rough and Tumble Play.
4. As a lecturer in the University's Family Action Centre, I have been responsible for designing and delivering courses and seminars to teachers, nurses, occupational therapists and medical students. I am also responsible for coordinating undergraduate and postgraduate online and blended courses.

**Background and qualifications**

5. I obtained a Master of Medical Science from the Centre for Clinical Epidemiology and Biostatistics at the University of Newcastle in 1995 and I was awarded a PhD (Medicine and Public Health) from the University of Newcastle in 2008. I also hold a:
  - (a) Bachelor of Science (1969) and a Graduate Diploma of Education (1971) from the University of Sydney; and
  - (b) Graduate Diploma of Infant Mental Health from the New South Wales Institute of Psychiatry (2004).

6. In the 1990s I established the study of men's health and boys' health and founded the community-based group, Fathers Against Rape, to conduct workshops with teenage boys in schools.
7. I developed the Engaging Fathers Project at the University of Newcastle and worked to have it implemented in communities nationally.
8. The question of how to involve fathers with their children, for the benefit of everyone in the family has been the central question in my work at the Family Action Centre at the University of Newcastle for more than 20 years.
9. During that time I have worked with fathers across the social spectrum and with services from health, welfare, education and the community sector.
10. My research has focused on three areas:
  - (a) father-infant connection and fathers' mental health in the period around the birth;
  - (b) father-child rough and tumble play; and
  - (c) Aboriginal and Torres Strait Islander men's fathering and father-inclusive practice for mainstream and Indigenous family services.
11. My research in these key areas has been published widely. Attached to this statement and marked 'RF 1' is a copy of my curriculum vitae, which includes my publication record.

### **Family violence**

12. Aspects of my work relating most directly to addressing family violence include:
  - (a) initiating media campaigns on men's intimate partner violence in Health Promotion;
  - (b) serving as a Technical and Further Education representative on the local Domestic Violence committee;
  - (c) running anger workshops with men who had been violent;
  - (d) supporting the developing of boys' programs such as *Rock and Water* to address boys' aggressive behaviour in schools;
  - (e) developing the *Nuts and Bolts of Kids* courses for fathers living in high-conflict areas;
  - (f) interviewing men who used violence as part of a freelance reporter role;
  - (g) initiating and leading the *Fathers Against Rape* program; and

(h) implementing Fathers' Anger and Shaken Baby Syndrome as a topic to be covered in neonatal intensive care units.

13. A list of the key references which, together with the body of work set out above, that have informed the content of my statement is attached to this statement and marked '**RF 2**'.

## **Engaging fathers**

### *Generalist family services*

14. Historically, services for families have focused on mothers, not fathers. The obvious legacy of this approach is evident in the fact that we still have 'maternity' services and not 'family' services at all our hospitals.
15. Our community sends a strong message through a host of policies and procedures that it is mothers who are central to childrearing. For example, fathers are typically only entitled to two weeks' paid parental leave whereas mothers receive 18-weeks.
16. Research on everything from child psychopathology to parent-child attachment is overwhelmingly mother-focused. As a result, we know relatively little about fathering compared to mothering.
17. There is also a lack of training in working with fathers for staff in health, education and welfare services and consequently most professionals are more competent at engaging mothers than fathers.
18. Over many years, in many thousands of discussions with family service staff, who are almost all female, it is rare to find anyone who wants less father involvement. On the contrary, for many years our unit at the Family Action Centre has supported itself by providing training to professionals on how to engage with boys, men and fathers. There has been a steady demand for workshops, seminars and 'how to' resources and publications on this issue.
19. Our postgraduate courses on father-infant attachment, working with vulnerable fathers and engaging with men and fathers in human services have been developed from this legacy of work with practitioners.
20. Overall, staff across the family service sector want to see fathers more involved but there are structural, procedural and competence factors that make this difficult to achieve.

*Specialist family violence services*

21. Historically, health and welfare services denied the importance of violence affecting women. In the face of widespread denial, the women's grassroots movement to establish refuges have led the way in both:
  - (a) supporting women (mothers) who have been victims of family violence; and
  - (b) raising the public awareness of the problem of violence
22. Men have often minimised their behaviour when challenged about violence towards women.
23. More recently the effect of family violence (in so far as it involves men's violence to their partners) on children has been highlighted.
24. Since the 1970s the women's movement has achieved recognition of family violence through academic, policy and service delivery areas (something we should congratulate them on).
25. Punitive models for addressing men's violence, such as the Duluth approach that uses the threat of jail to enforce re-education of perpetrators, were heavily promoted across Australia
26. There is now a set of mutually reinforcing ideas that are promoted in policy and academia. Specifically that:
  - (a) men's violence is all about power;
  - (b) women are clearly less powerful and cannot be perpetrators of violence; and
  - (c) men including fathers, are motivated above all by their wish to dominate and abuse women
27. This history has left a legacy of fear that women's needs might again be ignored and a systemic belief that fathers will only change their behaviour if compelled by force. In this climate any suggestion that might deviate from the focus on women's plight can be seen as a threat to addressing the violence that women continue to suffer. For example funding to address men's violence has been seen as a diversion of resources away from women's services. When the obvious connection between alcohol use and family violence is raised, this is seen as a way to excuse the violence. When the occurrence of female-to-male violence is raised, this too is seen as deviating from the single message of men's violence as the problem.
28. In this context the potential to address family violence by engaging with fathers risks being ignored. The idea that some fathers may be motivated to address their

own violence by the hope that they have to be close to their children is seen simply as a ploy to continue to abuse their partner.

29. While the approach of key academic and service delivery staff in the family violence sector continues to reflect this historically-based, reactive approach, there are signs of an alternative, more holistic approach emerging.
30. The National Forum on Men and Family Relationships in 1998 signalled a willingness to invest resources into prevention of violence by improving services to men, including fathers. Unfortunately this emphasis has waned and been lost in subsequent reorganization of the relevant government departments.
31. Among Aboriginal communities the centrality of healing rather than punishing has meant that models such as Duluth have had less traction and more therapeutic approaches such as Red Dust Healing have been explored (as detailed below in this statement).
32. Students in my postgraduate courses from Child Protection services readily see the point of engaging with fathers and develop practical strategies for making their service father-inclusive.

#### **Barriers to fathers being supported (or even included) in services and programs**

33. A focus on punishing and shaming men for intimate partner violence has led to favouring arms-length approaches that avoid engaging with fathers. The emphasis on criminalising male family violence means that the 'solution' to family violence (as in the Duluth model) is to jail more fathers (something, for example, Aboriginal women have regularly said they do not want).
34. Campaigns such as White Ribbon rely on demonising men who use violence (an approach we see used effectively at the level of national politics) and avoid engagement by operating at the level of media and presentation.
35. The identification of male parents as simply 'dangerous' has led to the situation in New South Wales Hospitals where, in order to ask mothers questions about violence at the booking in visit, fathers are told not to attend. The screening for domestic violence through perinatal health services is another intervention which has widespread political support but little evidence that it reduces violence.
36. Aboriginal men in a recent New South Wales meeting discussing the way forward for their communities were asked to identify the main issues facing them at this time. The stigmatising effect of the Northern Territory intervention was top of the list. The men spoke of the way that all Aboriginal men were painted as paedophiles and abusers, and how they struggled to ignore that shaming media tag when they were interacting with their children or grandchildren in public.

### **Need to engage fathers in services for the sake of their children**

37. The impact on families of negative (violent or abusive) behaviour by fathers is widely recognised. The evidence that fathers have an important role in supporting children's healthy development is also now robust. Health, welfare and education services do not generally argue that they should not engage with fathers, rather the status quo is that mothers are the appropriate focus.
38. It should be remembered in considering the comments I have made above, and those described below, that the vast majority of children under the age of 18 are living with their biological father and that the majority of males will, at some point in their lives, father a child. While variation in family formation and in gender relationships should be factored in to service support for families, the centrality of fathers should be recognised.
39. Working with and supporting fathers should not be considered simply as an option but as a necessity if we wish to reduce or eliminate family violence.

### **Current programs**

40. To my knowledge there are no programs focused on fathers that have been evaluated in a systematic review of randomised control trials to establish their effectiveness in either increasing positive fathering behaviours or reducing abuse behaviours. This is true of general fathering programs as well as those targeting aggression, violence or abuse. It should be noted that this is also true for campaigns such as White Ribbon which enjoy popular support among government and some academics but have no demonstrated effect on violent behaviour.
41. While the emphasis within both the family services sector and the family violence sector is on 'programs' for men, system or service-wide initiatives can provide another avenue for addressing family violence. Examples can be seen in the engaging fathers models in United Kingdom child protection services or the South Australian project which attempted systematically to engage fathers across multiple children's centre sites.
42. The programs described below are illustrative only. They are programs that I am aware of that offer the possibility of engaging with fathers to reduce family violence. Mainstream programs can be divided broadly into programs aimed at fathers of children who may be using violence and those targeting men as they become fathers who may have been or are at risk of becoming violent. Programs for Indigenous fathers have a broader notion of fatherhood and span the range of contexts from antenatal to community to incarcerated fathers.

43. Many of the programs are directed at early intervention to support father-infant and father-child connection. They build fathers' investment in their relationship with their infant or child and reduce conflict and violence when the family is in formation.

*Men Exploring Non-Violent Directions group program (Australia)*

44. This program operates in Lismore on the New South Wales north coast, where fathers who want to be less violent or less angry attend a men's anti-violence program and make changes in the way they interact with their families.
45. In this case the group is advertised as 'Men exploring non-violent directions' but the substance of the discussion in the groups address families and children.

*Dads-Kids Connect (Australia)*

46. This program entails a brief intervention for fathers post incarceration, substance abuse treatment or family separation (fly-in-fly-out, Military etc). It was developed by the Family Action Centre (within the University of Newcastle), with support from interrelate family centres.
47. It offers one-on-one (father and child with facilitator) intervention using the video feedback process from the *Video-feedback Intervention to promote Positive Parenting* program in the Netherlands and rough and tumble play.
48. The aim is to increase awareness of young children's cues and increase father-child attachment.

*Fathers for Change Intervention (United States of America)*

49. Fathers for Change addresses co-occurring intimate partner violence and substance abuse.
50. It begins as an individual intervention for fathers of children (under 10 years) with a history of intimate partner violence and co-occurring substance abuse.
51. The intervention includes 14 topics, delivered in 60-minute sessions of individual and dyadic treatment over approximately 4 months.
52. The intervention combines attachment, family systems, and cognitive behavioural theory with the goals of:
- (a) cessation of violence and aggression;
  - (b) abstinence from substances;
  - (c) improved co-parenting;
  - (d) decreased negative parenting behaviours; and
  - (e) increased positive parenting behaviours.

*Family Foundations program (United States of America)*

53. The 8-session program has a focus on the support of co-parenting.
54. Specifically, it addresses how the couple support each other in building a strong relationship with their infant.
55. Topics covered include:
  - (a) Preparing for Parenthood;
  - (b) Working as a Team;
  - (c) Managing Conflict;
  - (d) Division of Labour;
  - (e) Planning Fun; and
  - (f) Affection and Teaching & Discipline.

*Newborn Behavioural Observation (Australia)*

56. The Newborn Behavioural Observation is a structured set of observations which involves a short interaction between the baby, his parents and the trained Newborn Behavioural Observation practitioner.
57. The Newborn Behavioural Observation highlights the baby's capacity for self-regulation, including maintenance of sleep through habituation, and a capacity for hand grasp, use of limbs, neck and trunk to reach out and engage with the world.
58. The baby can see, hear and follow objects and faces, often delightfully surprising an over-awed father.
59. The Newborn Behavioural Observation enables fathers to identify the supports which their own infant may need for successful growth and development. The baby reaches out to her father and lets him know that he has a real and critical role in her becoming a person.

*Healthy Relationships: Healthy Baby (United Kingdom)*

60. Healthy Relationships: Healthy Baby is a new, free intensive support programme for expectant parents who want to bring an end to violence, abuse, fear or bullying in their relationship and break free from the pain this causes - to their whole family and, in particular, to their unborn baby, for whom they want the best possible start in life.
61. Two prototype programmes have been launched in April 2015 in Westminster (Queen's Park ward) and Hertfordshire (Stevenage District) in the United

Kingdom. Healthy Relationships: Healthy Baby participants must be expecting a baby - up to 28 weeks of pregnancy and ideally earlier.

*Healthy Generations (Turkey)*

- 62. The Healthy Generations project in the Beyolu district of Istanbul, Turkey has operated since 2012, with the support of the Bernard van Leer Foundation.
- 63. The project aims to reduce all forms of violence in the lives of young children, including neglect, psychological/verbal abuse, harsh physical punishment, and exposure to violence at home or in the community.
- 64. The focus is on developing responsive parenting through father support groups.
- 65. The 8-week fatherhood program focused on developing better communication skills and giving fathers an opportunity to practise the techniques they learned, for example in storytelling and toy making activities. Fathers participating in the program speak of creating 'memorable moments' with their children which they had not experienced in childhood with their own fathers.

*MenCare fathers groups*

- 66. In Asia and Africa a global MenCare consortium is coordinated by Promundo and Sonke Gender Justice.
- 67. It has reported anecdotal examples of success. For example, when 100 fathers completed the MenCare fathers' groups in the Ambagamuwa area of Sri Lanka fathers sported T-shirts reading "I am a loving father" in the Tamil language and carried their children to the stage to receive their graduation certificate.

*Red Dust Healing (Australia)*

- 68. The Red Dust Healing program for Indigenous men originated in the experience of fathering and violence in the lives of Tom Powell and Randall Ross.
- 69. It has grown through strong community support from Aboriginal and Torres Strait Islander men and women.

*The Community Program: Strong Aboriginal Men (Australia)*

- 70. The Community Program: Strong Aboriginal Men has been developed by the New South Wales Government Education Centre Against Violence to provide a safe place for men to discuss their own history and its effect on their family roles.

*Strong Fathers Strong Families program (Australia)*

- 71. Strong Fathers Strong Families aims to promote the role of Aboriginal and Torres Strait Islander fathers, partners, grandfathers and uncles, and encourage them to

actively participate in their children's and families' lives, particularly in the antenatal period and early childhood development years.

72. Organisations conducting Strong Fathers Strong Families programs often adopted a 'phased' approach which involved encouraging men into the program through activities that were fun and engaging such as gym sessions, men's camps and cultural activities. Over time, as relationships and trust developed, the more difficult and sensitive issues such as substance use and family violence were introduced.

*Hey dad for Indigenous fathers (Australia)*

73. The Hey dad program was originally developed as a group-based, mainstream fathering program. It has been adapted for Indigenous fathers and male carers in prisons.

*Brothers inside (Australia)*

74. Brothers inside was developed by Craig Hammond at the Family Action Centre, (University of Newcastle) to address men's parenting role while in prison and when released back into the community.

**What we have**

75. Broadly speaking, Australia has two parallel streams of existing programs that could address some aspects of fathers' roles in family violence.
- (a) One stream is the Men's Behaviour Change style programs that often include mandated attendance with a focus exclusively on male-to-female violence.
  - (b) The second stream is the parenting programs that include fathers (sometimes under duress from child protection authorities) or father-specific programs.
76. The Men's Behaviour Change programs are limited by their power-based treatment model which demonizes men and fathers. The generic parenting and father-specific programs are limited by their reluctance to address violence in fathers' relationships.
77. We have a series of high-level policy announcements and national strategic plans with associated media campaigns which do not seek to utilize the potential to engage with fathers to reduce family violence.
78. It is significant that the only large scale research program focused on fathers, as far as I am aware, is the Australian Research Council's research on how to change fathers behaviour once they are using violence in their family. The only large project that has a focus on prevention is the \$2.6 million 'Like Father Like

Son: Fathers against Violence and Aggression' project that is privately funded through Movember.

### **What we do not have – and what we urgently need**

79. In order to address some of the issues I have raised, the following is needed:
- (a) a substantial funding stream to support the development of evidence-based programs addressing fathers' violent behaviour;
  - (b) a mechanism supported by state and federal governments to connect with men as they become fathers and to support couples to identify conflict and redefine their relationship to avoid violence;
  - (c) a substantial funding stream to bring what we know about substance abuse and the new understanding of the effects of trauma on brain development into the family violence area;
  - (d) appropriately funded research examining early intervention programs with pregnant couples (such as Healthy Relationships: Healthy Baby) to prevent violent behaviour patterns developing; and
  - (e) support for Indigenous programs that focus on male parents for fathers to evaluate and document their programs to allow refining of the programs and so that funding can be guaranteed on the basis of evidence.

### **Development – a way forward**

80. Guiding principles and recommendations for the Royal Commission's consideration, having regard to fathers, include:
- (a) Recognition that fathers are a key group in reducing family violence;
  - (b) Recognition that a guiding principle to be adopted in addressing fathers' violent behaviour that are both demonizing and excusing are to be avoided and that fathers' desire for satisfying relationships with their children is to be recognised as a motivating factor as well as a program goal; and
  - (c) A research agenda to allow informed policy and practice to engage fathers to eliminate family violence.
  - (d) Primary prevention programs for first time fathers starting in the antenatal period.
  - (e) Programs targeted specifically for fathers/couples where family violence is an issue.



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Richard John Fletcher

Dated: 8 July 2015