



Royal Commission
into Family Violence

WITNESS STATEMENT OF PROFESSOR MARK ETHAN FEINBERG

I, Mark Ethan Feinberg, Research Professor of the Prevention Research Centre at the Pennsylvania State University in the United States of America, 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 am a Research Professor of Health and Human Development in the Prevention Research Centre at the Pennsylvania State University.

3 My research interests include family and community prevention, development and family relationships, biological systems, emotion regulation, co-parenting, family violence and mindfulness.

4 I have developed a number of research projects in these areas. Specifically in relation to:

- a) family process (for example, programs which focus on co-parenting, parenting and sibling relations); and
- b) prevention, biology and behaviour (for example, looking at genetics, affective neuroscience and stress-related hormones).

Background and qualifications

5 I completed my PhD in Clinical Psychology at George Washington University in 1998.

6 Prior to becoming a Research Professor of the College of Health and Human Development at the Pennsylvania State University in 1999, I worked as a mental health counsellor and family therapist. Attached to this statement and marked 'MF 1' is a copy of my curriculum vitae, which includes my publication record.

Family violence – broader prevention efforts are needed

7 Family violence is not limited to the small percentage of families who are found to have committed child abuse. Research suggests that more like 30-40 percent of

families have some level of violence and the rates are highest in families with young children. Moreover, even what we might call “mild aggression” has harmful effects on children.

- 8 From a service perspective, I think that prevention efforts are needed which are much more widespread, instead of just focusing on so-called “high risk” families that are categorised in the upper five percent of risk.
- 9 I also consider that more work needs to be done in the very neglected area of sibling relationships, which has the highest levels of violence of any family relationship. It is very common for parents to perceive their children fighting or not getting along as normal and expected. However, a growing body of research documents the seriousness of sibling conflict, and especially sibling aggression and violence, which is seen as being linked to a wide range of negative youth outcomes.
- 10 In my view, sibling relationships are just as powerful in determining child outcomes as the parent-child relationships. Attached to this statement and marked ‘**MF 2**’ is a copy of an article that I co-authored, entitled *Siblings Are Special: Initial Test of a New Approach for Preventing Youth Behavior Problems*. This study represents one of the few randomized trials ever conducted to harness the power of sibling relationships to promote youth adjustment. To my knowledge, it is the only sibling relationship-focused prevention trial that has used a universal approach to promote youth adjustment and family relationship in early adolescence.
- 11 As I take the perspective that there is some sort of family aggression in approximately half of families with young children, I think prevention is very important. In administering prevention programs, it is problematic to target only those families who appear to be at high risk for violence for several reasons. First, screening for risk for family violence would not be very precise, thus leading to misclassifying many families. One difficulty in screening for risk for family violence is that there are many factors that contribute to such violence including:
- a) parent mental health, including depression and/or anxiety;
 - b) substance use;
 - c) family of origin experiences;
 - d) levels of current conflict and conflict resolution skills among parents; and
 - e) environmental issues, including poverty, work stress, lack of social support.

- 12 In addition to these varied factors, there are many different types of families that exhibit family violence, which I think adds to the difficulty in screening to identify people most at risk. By way of example, it may be that 25 percent of those screened are identified as very high risk and 25 percent as low risk but that leaves a very large number in the middle where it is hard to know whether family violence will develop in the future.
- 13 Screening is also logistically difficult. It can be expensive and burdensome, requiring a system of collecting and assessing data and providing feedback. Further, it has the capacity to create stigma for those who are screened into the targeted services.
- 14 Whilst I do not consider widespread screening to be an entirely effective measure, I do recognise that services such as home visiting programs for high risk families are important. These families may have complex needs and are often unable to be reached by universal programs. The difficulty is that these more intensive and targeted programs cannot be administered to a substantially larger proportion of the population who may need preventive intervention due to the expense of such programs.
- 15 A number of prevention programs have been developed that have potential for improving parenting and child outcomes. From my viewpoint, it is much easier to help families establish positive patterns at the outset, rather than teach them new ways of behaving once problematic and negative patterns have been established. A number of programs have been developed that attempt to support patterns in such a manner at the transition to parenthood. As mentioned, intensive programs for the highest-risk parents have been found to be effective. However, most transition to parenthood programs designed to be applicable for most couples making the transition have not yielded impressive results. The large federally funded trial of Building Strong Families in the United States was largely a failure. Other tests of programs have either been flawed or have found limited results.

Family Foundations – bringing about a reduction in family violence

- 16 Family Foundations is a universal program that I developed to support expectant parents' need for information and skills to equip them to make a healthy transition to family life. It is a 9-session program with the key goal of promoting healthy family relationships and, through positive relationships, to improving child mental and social well-being.
- 17 Family Foundations was not originally designed to address issues of family violence but we have found that by focusing largely on enhancing co-parenting support, which reduces parents' stress and depression, enhances parenting

quality, and results in positive impacts on children's capacity to self-regulate. This has contributed to lower levels of family violence.

- 18 We have found that this is the case both in relation to intimate partner (or couple) violence and parent-child violence. In our second trial of the program with 399 families participating, we looked at the reduction in the average number of incidents of violence, using the Conflict Tactics Scale (a measure designed by Murray Straus and widely used in the research literature). We measured psychological aggression separately from physical violence and saw reductions in both forms of violence. Specifically:
- a) for intimate partner violence and parent-to-child violence, there were roughly half as many incidents in the intervention condition as in the control condition; and
 - b) for psychological aggression, both between parents and from parents to children, there were roughly one-quarter as many incidents in the intervention condition as in the control condition.

Rationale and content

- 19 Our strategy with Family Foundations has been to focus on the transition to parenthood because that is a crucial period in family life when negative parenting and co-parenting patterns have not yet been established, and is a time when parents are most open to education and prevention. Once they have children, parents are busier, less open to new information and guidance, and quickly become settled into certain patterns, sometimes negative patterns. In my experience, it is much harder to undo negative patterns than it is to put parents on a positive path from the beginning.
- 20 The program involves four or five prenatal group sessions with first-time parents, and four sessions after the birth. The key focus of these sessions is on co-parenting. Specifically, they deal with how to create a positive team in the role of parents and not necessarily as lovers or friends. The focus is essentially about how to parent together, support each other and not undermine each other. However, in order to co-parent well, one has to be able to manage one's own emotions and behaviour.
- 21 Thus, the program incorporates content on self-regulation. There is also some content on parenting because first-time parents are most interested in their new born and if we do not offer anything about parenting, they might think it a bit odd. For example, we introduce ideas about enhancing a child's emotional security but we do so through the lens of how to do this as a team.

- 22 For participants who have particular difficulties, group leaders are charged with making referrals to additional services such as family or individual therapy.

Mode of delivery

- 23 From a practical perspective, we use a variety of methods in the program. There is some introduction material which is delivered by our group leaders. We try to break that up with questions for the group and discussions. There are:

- a) couple exercises;
- b) written exercises;
- c) screening of video vignettes that we created with real families; and
- d) group exercises.

- 24 We also give participants homework.

Universal platform and targeted model being trialled

- 25 Whilst I hold the view that it is important to have a universal offering for all families, I also recognise that it can be helpful to have versions of the program for different target populations.
- 26 Although the original program is delivered as a universal platform, we have a trial now in progress for high risk families where a male group leader and a female group leader go into a home and deliver the program with a couple one-on-one.
- 27 We also have a version for teen parents that has received excellent feedback from pregnant and parenting teens in an extensive pilot program. I have a colleague who is presently developing a form of the program to assist parents with a young child who has recently been diagnosed with autism. We also have an online, interactive version of the program in a trial with military families who, due to their mobility and assignments, may not be able to engage in the group-format version.

Participation in the program

- 28 Registration in the Family Foundations program is varied. In some cases we have had up to 50 percent of the eligible population of expectant couples enrol in the program. However, because this is a new type of offering, parents are not always aware of the benefits of participating. But uptake is not always that strong. Enrolment can depend on recruitment and the buy-in from health professionals, including obstetrics and gynaecology providers and midwives. Where these providers and their staffs are positive about the program, recommend it to patients, and can articulate its benefits, uptake is stronger. Where recruitment depends merely on flyers or brochures, uptake is weaker.

29 We also see stronger uptake when the program is combined with standard antenatal childbirth education, such that parents attend a single series of classes and receive both the Family Foundations content and childbirth education. In this way, participants do not need to sign up for two separate classes. We found very high rates of attendance and engagement in our second trial in which we took this integrated approach.

Follow up

30 In terms of follow-up research, we have completed two trials of the original program. In the first trial, we followed the children to age 7 and collected teacher reports at that point. Those teacher reports revealed that there were positive effects on the children's emotional and behavioural adjustment. For those children born to couples who had high levels of conflict during pregnancy, there was also found to be a positive program impact on academic adjustment (we did not measure family violence at that point, but we did measure the children's adjustment). Attached to this statement and marked '**MF 3**' is a copy of a paper that I co-authored, entitled *Long-Term Follow-up of a Randomized Trial of Family Foundations: Effects on Children's Emotional, Behavioural, and School Adjustment*.

31 In relation to our second trial, we have recently finished analysing the data regarding children at age 2, finding positive program impact on children's well-being at that point, and we are in the process of applying for funding to be able to follow up with those children further.

32 Essentially, our follow ups revealed that the benefits of Family Foundations have continued well beyond the length of the program, for several years. In terms of the aspects of the program that are leading to reductions in violence, I believe this is occurring as a result of parents being provided with alternative self- and relationship-management tools, which enables them to calm down, communicate and problem solve more effectively. Each of these skills prevent issues from exacerbating into conflicts, where previously parents who reach a certain point of conflict would tend to demonstrate violence either:

- a) to control a situation; or
- b) as a result of intense negative emotions that they cannot control.

33 I believe that enhancing the co-parenting relationship leads to parents feeling more supported and less stressed or depressed, and thus they are better able to regulate themselves. In the absence on co-parenting conflict and undermining, and in the presence of feeling supported by a partner, parents become more

sensitive and warm to their child. Parents are better able to self-regulate which means they are more patient and less over-reactive. The result of such parenting is that children learn better self-regulation skills and, as parents are less reactive and harsh, children do not respond with oppositional behaviour. This is part of a virtuous cycle: when children are behaving better, parents do not see the need to react with harsh, punitive tactic and parents feel less stressed. Feeling less stressed, parents are less likely to bicker and argue about parenting issues. All of these things are interwoven and work together.

Future thinking

- 34 There are two ways that I think the Family Foundations program could be further strengthened:
- a) First, I see benefit in developing modules for parents during the toddler period in which kids are beginning to walk, talk and become more autonomous (for example, at 12-24 months) and then further modules in the following year.
 - b) Secondly (and notwithstanding my view about screening set out above), I think it would be interesting and feasible to develop an enhanced version of this program for couples who are specifically at risk of violence because of issues such as substance use, depression or a history of violence in their relationships. Although prevention support should be available for all couples making the transition an enhanced version of the program may be especially valuable for parents facing a higher level of personal or couple-level challenges.

Cost benefit analysis

- 35 We have conducted some preliminary economic benefit analyses where our estimates were very conservative because we were not, at that stage, able to capture some of the benefits very well (this is a problem that plagues early childhood prevention programs as extremely long-term follow-up is necessary to detect impacts on high-cost problems such as crime, substance use). Attached to this paper and marked '**MF 4**' is a copy of the relevant evaluation and program planning paper that I co-authored, entitled *Costs to implement an effective transition-to-parenthood program for couples: Analysis of the Family Foundations program*. This paper examines the costs and resources necessary for the initial implementation of the program, which were determined using a six-step analytic process.

36 We have conducted further analysis since that time and established returns/benefit from program outcomes related to post-partum depression, child internalising and child externalising. Although we are still working to capture additional economic benefits. At this point our conservative estimate is that the program produces at least 3 to 5 times the benefits as it costs.

Siblings are Special Program

37 I have also been involved in developing and testing a program for children in elementary (known in Australia as primary) school. Siblings have powerful influences on each other's emotional, behavioural, and academic development. Yet program developers, policymakers, and clinicians have neglected sibling relationships. The Siblings are Special Program consists of 12 after-school sessions for sibling pairs, as well as monthly family nights. The program focuses on the ways in which siblings can share responsibilities and practice making decisions together. Session topics include:

- a) negotiating win-win solutions to conflicts;
- b) setting goals together as a sibling team;
- c) finding mutually enjoyable activities; and
- d) understanding each other's feelings.

38 During the program's three family nights, children show parents what they have learned, and parents learn productive strategies for handling sibling relations -- which typically have been ignored by most parenting programs.

39 We found that siblings exposed to the intervention demonstrated more positive interactions, increased self-control, and greater social competence and academic performance. They also experienced decreases in internalizing problems, such as depression, avoidance, and worry.

40 Within a family, the sibling relationship is very complicated because on the one hand siblings share a common position in the family, they see the family from a similar perspective, and they are the only ones in the world that have the same parents and situation. Yet on the other hand siblings are often rivals for attention and affection from parents. At the same time, siblings can help each other, take care of each other, and confide in each other. As close companions, siblings can collude together in opposing parents or engaging in deviant behaviors. Siblings can, and often do, commit delinquent acts together or use substances together.

41 It is common for conflict between siblings to be a key stressor for parents. Parents report that sibling rivalry and conflict is the most stressful aspect of family

life, on average. Yet parents do not have any guidance on how to manage sibling relationships. Parents can frequently become authoritarian in response to sibling conflict, or withdrawn or both, alternately. To my knowledge there are very few programs to assist parents in this area.

- 42 Another related issue is that being victimised by a sibling is extremely harmful. This is due in part to the amount of time that siblings spend together, which is (on average) more than the time spent with friends or parents. Further, parents and others often discount conflicts in sibling relationships - conflict and violence are accepted and tolerated in sibling relationships to a large degree. This leaves room open for exploitation, humiliation and abuse within sibling relationships that is experienced but not always recognized by others as a transgression.



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Mark Ethan Feinberg

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