



**Royal Commission**  
into Family Violence

**JOINT WITNESS STATEMENT OF JOHN BYRNE AND ALAN BROWN**

I, John Byrne, Men's Health Counsellor of 11 Rossmoyne Street, Thornbury, in the State of Victoria and I, Alan Brown, Manager, Men's Health Unit, Victorian Aboriginal Health Service of 238-250 Plenty Road, Preston, in the State of Victoria, say as follows:

1. Alan is authorised by Victorian Aboriginal Health Service (**VAHS**) to make this statement on its behalf.
2. We make this statement on the basis of our own knowledge, save where otherwise stated. Where we make statements based on information provided by others, we believe such information to be true.

**Current roles**

3. Since 1990, John has operated a consultancy business called Men's Evolvment Network (M.E.N.) which provides counselling, personal development programs and health and wellbeing workshops for men.
4. Since 2000, John has facilitated programs with Aboriginal men through an organisation called Dardi Munwurro which means 'Strong Spirit' in Gurnai language. Dardi Munwurro was established in 2000 by Alan Thorpe, a Gurnai man. Dardi Munwurro provides leadership training programs and personalised coaching specifically tailored to Indigenous men.
5. Alan Brown works in the Men's Health Unit at VAHS. Alan is responsible for managing the unit, including staff, programs, projects and strategic planning. VAHS provides a comprehensive range of medical, dental and social services to Victorian Aboriginal communities. As well as providing a variety of medical services, VAHS also supports the well-being of the community through community events, activities and research.
6. The VAHS provides a number of services to Aboriginal men including health checks and health plans, advocacy, counselling, anger management, family violence groups and men's camps. VAHS provides all these services from its offices in Fitzroy, Preston and the Minajalku Healing Centre in Thornbury.

7. VAHS works in partnership with Dardi Munwurro to offer programs for men which are discussed further below.
8. Dardi Munwurro also runs programs for Aboriginal men in five prisons across the state. Alan Thorpe of Dardi Munwurro facilitates the prison programs. John's experience relates to Dardi Munwurro's work in the community, and this statement is focussed on that work.

### **Background and qualifications**

9. John holds a Graduate Diploma in Counselling and Human Services from La Trobe University. In addition to his private counselling practice, John has worked with groups and organisations including:
  - 9.1. Programme Development Consultant and Facilitator with Mercy Health O'Connell Family Centre for over 10 years, where he developed and delivered a Dad Skills program;
  - 9.2. Galliamble and Winja Ulupna, Aboriginal men's and women's alcohol recovery centres respectively for six years;
  - 9.3. Men's Counsellor at Mensline Australia for five years where he worked with men who were often in transition because they were either separating from family, re-partnering or experiencing fathering and relationship issues;
  - 9.4. Relationships Australia, where he facilitated mandated men's behaviour change programs to men who were participating by court order.
10. From 2001 until 2003, John was the International Vice Chairman of The Mankind Project which is a global network of non-profit charitable and educational organizations with 50,000 members who work to support men in leading meaningful lives of integrity, accountability, responsibility, and emotional intelligence. John has over 25 years' experience developing and delivering men's health and wellbeing groups and workshops.
11. Alan has worked in the Aboriginal community health sector for close to 30 years and has held a number of roles at VAHS. Alan's experience includes developing and delivering innovative education programs for Aboriginal health workers, including the CEO for the state Aboriginal health advocacy and policy organisation, the Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**).

12. Alan was the first manager of the Aboriginal Health Unit at the Royal Australian College of General Practitioners (**RACGP**) and he now sits on the Aboriginal healthy faculty for the RACGP.
13. Alan has served as a long-term board member of various Aboriginal community organisations including VAHS where he has served several terms as Chairperson. He has also represented VAHS at VACCHO and at the National Aboriginal and Islander Health Organisation and the National Aboriginal Community Controlled Health Organisation. Alan has been a lead investigator on several Aboriginal health research projects, including the VAHS collaboration on two international projects involving communities in Canada and New Zealand. Alan is committed to improving the health of Aboriginal men and one of his personal strategies is his long-time commitment to coaching Australian rules football, including locally with an Aboriginal community team, the Fitzroy Stars from the Northern Football League and an Australian record thirty-six games of coaching the Victorian Aboriginal team in national Aboriginal sporting carnivals.

### **Healing and change**

14. We do not call the program we offer 'men's behaviour change' because we think that this language is not meaningful to the men that we work with. Language is important, and it is critical that we use language that our audience will engage with. Rather than speak about 'men's behaviour change', we talk about healing and change.
15. Our healing and change program operates differently to the mainstream men's behaviour change programs. We are not affiliated with No To Violence, however we do follow some of No To Violence minimum standards.

### **Healing Circle camps**

16. Dardi Munwurro run a three day camp away which we call a 'Healing Circle'. The program is designed to assist Aboriginal men to identify their emotions and personal strengths and, in doing so, identify their own leadership potential and develop a vision for their lives. The aim is to equip Aboriginal men to become leaders, role models and mentors within their communities. The camp is usually attended by about 15-20 men and always engage an elder with us from the local area if possible.

17. At the camp, the group work with the men centres on physical and emotional wellbeing. This work is about creating a safe place, away from the pressures of home, work and every day life. If the men we work with know what a safe place looks like for themselves, they can provide a safe place for someone else such as their partner and children or family.
18. Mostly we do the work during the day, but sometimes we have nights around the fire and share stories. Most of the work is group work, but we also work individually with each man talking about his personal journey. We don't allow drugs or alcohol on the camps, and sometimes we will have referred men to detox before they come away on the camp.
19. The foundation of our work is community and culture. The Aboriginal men we work with often feel disconnected from themselves and from their community and culture. It is critical that there are culturally appropriate programs for Aboriginal men as the vast majority don't want to access mainstream services. Most of the men who attend our healing and change programs attend on a voluntary basis, rather than by court order.
20. Our model of behaviour change is more relational than the mainstream men's behaviour change model which is more rigid and has more of a narrow focus. Our program is flexible and is responsive to needs of individuals in the group. We work on building up self-esteem and self-respect. If the men we work with don't respect themselves, they will find it hard to respect their partner or kids.
21. Our model teaches about relationships by modelling good relationships. It's not just a cognitive approach. We're looking at the whole person. We've both been working in this area a long time and think it is very effective.
22. After the camp, we have follow up groups which meet for two hours every fortnight in Thornbury. We start the session with a shared meal together. We offer 8 week or 20 week programs, but it's an ongoing relationship. We present each man with a certificate upon completion of the program. We also do an exit plan for each man as part of our case management. This might involve further follow up from VAHS or referrals to other services.

## Referrals to VAHS

23. Most of the referrals VAHS Men's Health Unit receive come via the Victoria Police L17 form. Referrals are also received from Aboriginal and mainstream community organisations, Corrections and Justice Victoria and some men or their families self-refer.
24. For the L17 referrals, the police will fax the form to our partner, Plenty Valley Community Health, who then refers those men identified as Indigenous directly to the VAHS Men's unit. The police do not fax the L17 form directly to us. Sometimes the L17 forms are incomplete or have no contact details so we cannot make contact with the men. Sometimes indigenous men do not identify as Aboriginal or Torres Strait Islander. Aboriginal people represent 2% of the population in northern metropolitan Melbourne, but we estimate 5% of the L17 referrals. This L17s procedure also covers the Western metropolitan area via our partnership with the Djerrivarrah health service.
25. A broad range of perpetrators are referred to VAHS mens unit. We see men from a range of diverse backgrounds, not just the stereotypical unemployed man who has a range of social issues. We see men of all ages and socio-economic backgrounds; unfortunately family violence covers a broad spectrum of the community.
26. Of the L17 forms that the Men's Health Unit has received over the past two years, 99% of cases involved either suspected or confirmed alcohol and/or drug use by the perpetrator.
27. It is important to recognize that the men we work with are experiencing multiple issues. It is not just about stopping violence. We look at the whole man and the issues presenting. These men may be struggling with their role as fathers and providers, and many time present with a range of other issues such as housing, financial stress, dysfunctional living and impacted by matters connected to culture and identity.
28. One of the main points of difference for the Aboriginal community is that most people know each other. If we at VAHS do not already know the man, we usually know his family. We might know the victim too, and any children involved. We work with that knowledge to offer a tailored response.

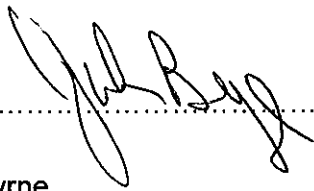
29. The strength of the program we offer Aboriginal men is that we can adapt our response to the man's needs and his agreement on a course of action. For example, sometimes our response might involve walking around the footy ground with a client every week and having a chat about where he is at. It is important to engage with men in a space where they feel comfortable.
30. Building a trusting relationship with the men we work with is critical. This takes time; it can take many weeks just to build up rapport with some clients. The relationships we build are not short-term. VAHS' Family Counselling Unit and the Minajalku Healing Centre run an ongoing support group and an art therapy group where men can drop in on a weekly basis.
31. As noted above, there are multiple pathways in to VAHS and we then provide a holistic 'one stop shop' wrap around service. VAHS complete an initial risk assessment where we assess what the man's needs are, what services we can provide internally and what services we can refer the man to, this is done at all times with his engagement and agreement. For our L17 referrals, Plenty Valley Community Health will already have completed a risk assessment (based on the Common Risk Assessment Framework) which we review and then we complete our own risk assessment. Women's and children's safety is at the top of our list in terms of completing the risk assessment; it is the most important consideration. However, we often don't have a lot of information in the L17 form about the women and children. Berry Street and Elizabeth Morgan House receive the L17 referrals with respect to women and children involved in family violence incidents.
32. There is very little waiting time for men presenting at our service. If a man presents with drug and alcohol issues, we can refer him immediately to drug and alcohol counselling and detox. We have a whole range of programs which we can tap into, for example, we have six beds which we can access at St Vincent's mental health unit. We can assist clients with housing issues, gambling, Centrelink and financial counselling. If an existing client comes in and says "I'm having a rough week, I need to talk to John [Byrne]", we can arrange an appointment instantaneously at most times. We work at a rapid response.

### **Opportunities for improvement**

33. One area for improvement is that we would like to see an Aboriginal woman working with us as the partner contact so she can check in and see how the man's

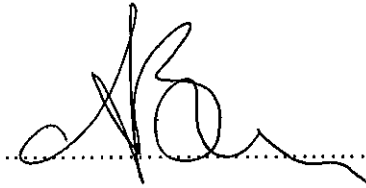
partner and children are going. Currently, we don't have a woman working with us on the healing and change programs and we don't have much contact with Berry Street or other women's services so we have very little information about the woman's and children's safety. This is particularly important because most people stay together in the Aboriginal community and very few couples separate.

34. We would also like to see more emergency accommodation available for men in crisis so that the man can be removed from the family home and his partner and children can remain in the home safely. Often we find that it is the women and children who have to move to cramped refuge accommodation and the perpetrator is living by himself in the family house.



John Byrne

Dated: 22nd July 2015



Alan Brown

Dated: 22nd July 2015