Royal Commission into Family Violence
Family Life Submission
May 2015

Family Life's submission to the Royal Commission into Family Violence supports the Government reform agenda for improving life opportunities, safety and outcomes for children and families.
http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/UploadedDocs/RCFV-Issues-Paper.pdf

Our response aligns to relevant legislation, (Victorian Family Violence Protection Act 2008) Children, Youth and Families Act (date) and the Family Law Act 1975, and responds to the Terms of Reference for the Royal Commission.

Our expertise

Family Life works across State and Commonwealth jurisdictions and policy frameworks for Family Violence. We are involved in the Victorian Action plan to address Violence Against Women and Children, 2012-2015, and the joint states and federal national action plan and COAG initiatives.

Family Life commenced our first family violence groups in 1986, with continuous service evolution since that time. We were an inaugural member of the Federal Partnerships Against Domestic Violence, chairing the Business Approach working group which delivered the first national conference for employers: Breaking Point. Our innovative whole of family approach for working with family violence was recognised with an Australian Heads of Government Award in 1999, and our practice initiatives have been included in various reports and publications.

Family Life is a member of No to Violence Male Family Violence and Prevention Association Active Referral Service, Community Council for Australia, Family Relationship Services Australia and Victorian Council of Social Services. We contribute to knowledge building and advocacy from practice for systems change targeted to improving measurable outcomes for families and children. Our policy and practice response covers all forms of violence including economic, emotional and psychological abuse and behaviour that is threatening, coercive and controlling.

This submission highlights our evidence and expertise for earlier intervention and prevention, with the goal of enabling communities and families to become violence free.

We have contributed only to those questions in the Issues paper most relevant to our expertise.

Family Life Recommendations

1. **A broader suite of specific services for men and male adolescents**, largely for perpetrators of family violence, and a lesser extent men as victims. A service continuum is required offering outreach services where men are comfortable to gather, confidential counselling in appropriate facilities, case management, and community connections to support peer group change and reduce isolation.

2. Men's behavioural change services be expanded to a specific **option focussed on men as fathers.**

3. **Improved integration between all parts of the justice system**, specifically between the Family Relationship Centres, Community Legal Services, Private Family Law firms, Federal Circuit Court, Family Law Court and the Magistrates Court. These subsystems of a broader legal system need to work in unison to ensure that the rights of women and children are upheld and that their safety is ensured. Police, DHHS, Child Protection, Child First, Community Service Organisations, Schools, Legal, Medical and Mental Health providers also need to participate in this integrated approach to prevent perpetrators of Family Violence from avoiding detection. This could be achieved through **a centralised Family Violence database**. This needs to be supported by the **expansion** of legal support services for women, Parenting Orders Programs and access to funded Children's Contact Services (CCS) for supervised access to children where a parent needs to achieve behaviour change and improve parenting skills. The CCS service must include homeless fathers with no safe child friendly environment to spend time with their children. **This requires joined up state and federal service responses.**

4. **Co-located services with specialist family violence police teams.** These co-located services to feed L17's into local central intake points for family violence cases, supported by funded specialist referral pathways. These pathways need to be managed through place based teams that include the police, child protection, Child FIRST and family support services, specialist family violence services, including housing and refuge services. These teams need to drive cross sector responses from all services that will ensure safety and stability for families. A recent example that has been set up in the South Eastern area of Melbourne is Taskforce Alexis, a joint initiative between Family Life, Vicpol, Salvation army, Child Protection, Child First and Family Support, Men's services and other key players.

   http://www.theage.com.au/victoria/to-serve-and-protect-welfare-and-policing-spearhead-new-family-violence-effort-20150522-gh4zsi.html

5. **Trauma informed child care to support women** as a matter of urgency to assist women to seek employment, attend counselling, court and other required services and to provide children with immediate responsive stability. Women need immediate

assistance with appropriate child care with financial support to maintain employment and exit a conflictual and violent relationship.

6. **Non stigmatising trauma specific services for children, adolescents and adults who have experienced family violence**. This needs to be within family support services which integrate closely with universal and therapeutic services to ensure families get what they need, and retain their stabilising relationships and connections in the community to support longer term recovery and well-being. As a longer term strategy, this approach can disrupt intergenerational cycles of violence.

7. **Community change initiatives** are prioritised as low cost, high return efforts to enable cultural change to prevent family violence as being piloted with the Family Life and Cardinia Shire Collective Impact initiative to Stop Family Violence.

   https://youtu.be/JCVlUX3JDV4

8. Funded **group and counselling services for women** to address their anger escalation and implement behavioural change where necessary.

9. **Expanded work force of assertive outreach workers** placed with police family violence units to ensure effective integration and responses to the most at risk in the community. These workers will be able to liaise with relevant services (Police, Child Protection, Child FIRST, Family Support, Family Violence Outreach Program and women's and men's services) and should provide a quicker, more consistent, 'human' response, with short intervention to provide advice, education and/or referral to appropriate service as necessary. This would support Victoria Police's 24 hour response time.

Introduction: About Family Life

Family Life is an independent, entrepreneurial community service organisation investing in prevention and earlier intervention policy and practice initiatives. We seek to improve outcomes for vulnerable children and families through direct services, support and connections, and knowledge sharing partnerships. Family Life contributes to major policy and practice change for child well-being, family support, safety and security.

Our Mission is through effective services, support and connections, to enable children, young people and families to thrive in caring communities.

At Family Life, the safety of women and children is a paramount concern in the work we do, across community, local, state and commonwealth government, and philanthropy funded services and programs. We believe broad public and community education through local communities and schools is critical for challenging and changing community norms and culture, given we have a society with imbedded gender inequality and patriarchal use of power and decision making.

What we do

At Family Life our service responses deliver “what we know works” for families, applying the research evidence and experience in working with diverse groups including men, women and children, and people from indigenous and cultural and linguistically diverse backgrounds

Family Life has grown significantly over the past 15 years as an enterprising, high impact community organisation. Responding to family violence is a core expertise across the state and federally funded family support services, with our focus on the most vulnerable children, young people and families. Services currently cover southern, southeast and eastern suburbs of Victoria. Our impact for social change is extended via interstate and international partnerships.

Our enterprise income earning has enabled service expansion to wider community and volunteer programs as well as the establishment of an internal Research and Evaluation Unit. The translation of evidence into practice, and continuous learning from evaluation and outcomes, drive our learning organisation culture and strategic priority for excellent operations and high quality services.

Family Life partners with a number of key organisations in relation to family violence. Our partners include: Corrections Victoria, Salvation Army, White Ribbon Foundation South Eastern Centre Against Sexual Assault (SECASA), Emerge, Inner South Community Health (ISCH), Victoria Police, Eastern Access Community Health (EACH), Family Mediation Counselling (FMC), Jewish Taskforce against Family Violence, Hanover housing, Gamblers Help, St Kilda Legal Service, Peninsula Community Legal Centre, women’s refuges, local drug and alcohol services, Cities of Port Phillip, Frankston, Shires of Mornington Peninsula and Cardinia and Victorian Aboriginal Child Care Agency (VACCA).

Family Life’s extensive experience and established relationships with Moorabbin and Frankston Magistrates’ Courts, Federal Circuit Court, Family Court of Australia, Victoria Legal Aid, Victoria Police, Corrections, Departments of Justice, Health and Human services, and universal services enable joined up approaches in service delivery

Family Life has strong referral pathways from the Courts working closely with Court registrars.

The State funded, and Commonwealth funded specialist family violence services at Family Life, work closely with Victoria Police, Courts and family violence services, to provide a more coordinated response enabling stronger communication between parts of the service system that historically have struggled to bring together services and provide a safety net for women and children.

Family Life currently provides the Commonwealth Family Law services across the Southern metropolitan division of Melbourne.

Men, women and children benefit if they can access State and Commonwealth funded services, and this range of services are integrated to deliver access, secondary consultation and referral services.

Services like the federal Family Relationship Centres, counselling programs, family dispute resolution, parenting orders programs, children's contact services greatly reduce family tensions and support enhanced relationships between parents and extended families.

Responding Earlier and a Public Health Approach

Responding to complex needs can be improved by applying the advantages of digital technology to support more integrated systems that transcend current boundaries for planning, implementation and evaluation of family violence services, prevention and early intervention strategies.

Consistent with a public health perspective for optimising the health and wellbeing of individuals and families, we recommend that the best interventions must promote the overall social and economic health, safety and wellbeing of children and families, and this is most effective when supported by local communities.

Public health is ecological in perspective, multi-sectoral in scope and collaborative in strategy.
It aims to improve the health of communities through organised efforts. Advocacy for healthy public policies and supportive environments mediating between differing interests in society for the pursuit of health, enabling communities and individuals to achieve their full health potential (Kickbusch 1989, p12)

At Family Life this translates to a holistic approach to services provided with a whole of community engagement model. This means Family Support and Family Violence Services are integrated with our Creating Capable Communities and Leaders programs, Community Bubs home visitation program, PeopleWorx social enterprise employment support program, financial inclusion support, and mental health services.

Within this wider service and community engagement context, Family Violence Services offered by Family Life include four key components:

Systemic – concerned with the systems affecting families and their functioning.
Integrated - multidisciplinary interventions and timely responses to deal with family dynamics and behaviours and across service areas.
Team approach - with specialist practitioners, including NTV trained facilitators, working alongside each other to compliment the skills in the facilitation of groups to achieve sustainable change.
Centralised Intake and referral process to direct clients to the most appropriate services, internal and external.

Response to Terms of Reference.

Question Two

The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

Reforms and the current service system

Family Life applauds the range of legislative and policy changes over the past 10+ years to increase support and safety for the growing number of women and children seeking services and to challenge male perpetrators of violence and to make them more accountable.

At the same time, the level of demand on services continues to spiral upwards with less resources to respond earlier and to intervene effectively.

At the state level the recent family violence reforms have contributed to engaging the community to identify family violence and support people in the community experiencing family violence. This has influenced an increase in the volume of reports to police by 83% over 10 years to 2013-14 (p4 Royal Commission Issues Paper 2015) into family violence and the number of affected family members taking out intervention orders.

The reforms have not translated to an increase in the funded positions for DHHS (State) or DSS (Federal) services at Family Life and the broader sector.

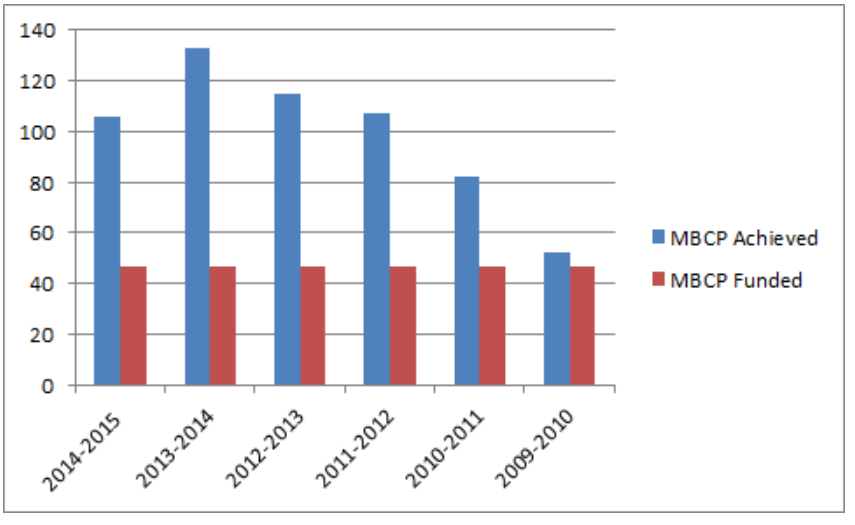
The Family Life DHHS family violence service is funded to service 47 men in the MATES-Men's Behavioural Change Program (MBCP) and 85 Women and Children (W&C) in the Counselling and support service. Women's services include face to face family violence counselling and outreach family violence services, partner contact, children's groups and the Making Choices group for women who have experienced family violence. Safety planning is a critical feature for our work.

While there has been significant increase in the demand for services, there has been no increase in funded positions. This has placed significant strain on direct service staff, leadership staff and intake systems. Ultimately if the system is overwhelmed with men attempting to access behaviour change programs, this places women and children at risk if staff are unable to respond adequately. The table below indicates Family Life targets are exceeded by a significant amount, particularly post 2011,in our efforts to meet demand. There are also considerable numbers of clients who are unable to access a service due to the service being at capacity during peak times. The number of potential clients turned away is not tracked however can be estimated at about 20-30 men per group. As well as the negative impact on those seeking help, there is a corollary drain on those committee to providing help. Consistently this sees practitioners extending themselves to meet demand and contributing to workforce burn out and churn, irrespective of the workplace management and supervision support. Turning people in need away is not something which sits comfortably with our vocationally dedicated people. This pressure of demand, in turn effects service system stability.

Family Life DHHS-Family Violence funded targets and targets achieved from 2009 to present.

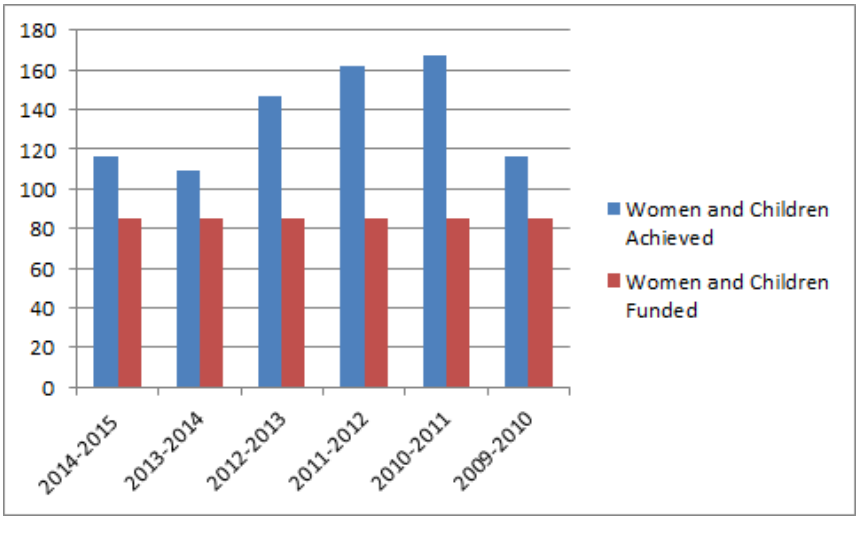
Over the past five years, 391 men have participated in the MATES program. Of this number, over half have been court-directed. The graph below shows the number of participants over the last six financial years.

MBCP - Number of Participants



Family Life provides State DHHS funded Family Violence services to the Glen-Eira, Bayside, Kingston, Port Phillip and Stonnington local government areas.
The graph does not reflect our Commonwealth funded Specialist Family Violence Men's Behaviour Change programs for Frankston and Mornington Peninsula area.

Women & Children - Number of Participants



As a result, high risk and recidivist men can be waiting for a MBCP group to start for 6 months or more. Additionally, there are few service options for young men and women using violence against their siblings, parents and extended family members. For example our MBCP, MATES will accept young men as young as 18, however the group does not always meet their needs for engagement.

Family Life supports the changes to the Family Violence Protection Act 2008 which allows police to issue a safety notice while attending an incident. This allows for the man to be removed from the family home, immediately. However the value of this reform is reduced as the current service system does not provide adequate outreach case management and housing options for men who use family violence and are prevented from accessing their home. As a result, the man frequently seeks to reunify with his partner and family placing them further at risk.

Family Life supports and implements the current Common Risk Assessment framework which is used for assessing and identifying risk to women and children. However there are limits to the common risk assessment. In particular, it does not address the non-gendered risk profile of perpetrators of domestic homicide towards children. This places children further at risk of being a victim of domestic homicide. In Australia, 12% of victims in domestic homicide are children. Victims are most commonly young children aged 0-4 and male children are twice as likely to be killed as female children.

The intentional killing of a child is known as filicide. Mothers and fathers/step-fathers are almost equally represented as perpetrators; the proportion of step-fathers is disproportionately high. The child / children's death appears to arise from a number of stress factors that cluster differently for the three major groups of perpetrators. The major risk factors for all three groups are mental illness, especially depression, and substance abuse for mothers and step fathers, parental separation and suicidal ideation for mothers and fathers and homicidal ideation. A small proportion of fathers had previously abused their children, however almost all step fathers had inflicted domestic violence on children and partners and one third of mothers had been a victim of family violence (Brown.T, Tyson. D & Fernandez. Arias. 2010-2015).

The previous Family Violence reforms have not adequately addressed the needs of the gay, lesbian, bisexual, transgendered and intersex (GLBTI) community. Instead the current family violence service system is based on a heterosexual model of male perpetrator and female victim.

The current reforms do not adequately recognise the child as an independent victim of family violence. They also do not allow for unique responsive packages of service that recognise that violence can be pervasive to all parts of the family and kinship system.

Family Life has provided a case study to illustrate this. It can be found as Addendum 1 "Alex and Bev."

Many families find themselves in this 'drama cycle' of parents using violence against each other, children using violence against parents and family members, and parents and siblings rescuing and consoling each other. This is a toxic mix of behaviour and poor modelling for

children that is not currently addressed by the current service system which provided rigid services for men and perpetrators and women and children as victims of family violence.

Recommendations

1. A broader suite of services for men and male adolescents, largely for perpetrators of family violence, and a lesser extent men as victims. A service continuum is required offering outreach services where men are comfortable to gather, confidential counselling in appropriate facilities, case management, and community connections to support peer group change and reduce isolation.

2. Men's behavioural change services be expanded to a specific option focussed on men as fathers and for young men in anger management workshops and communication.

3. Funded group and counselling services for women to address their anger escalation and change supported by interventions.

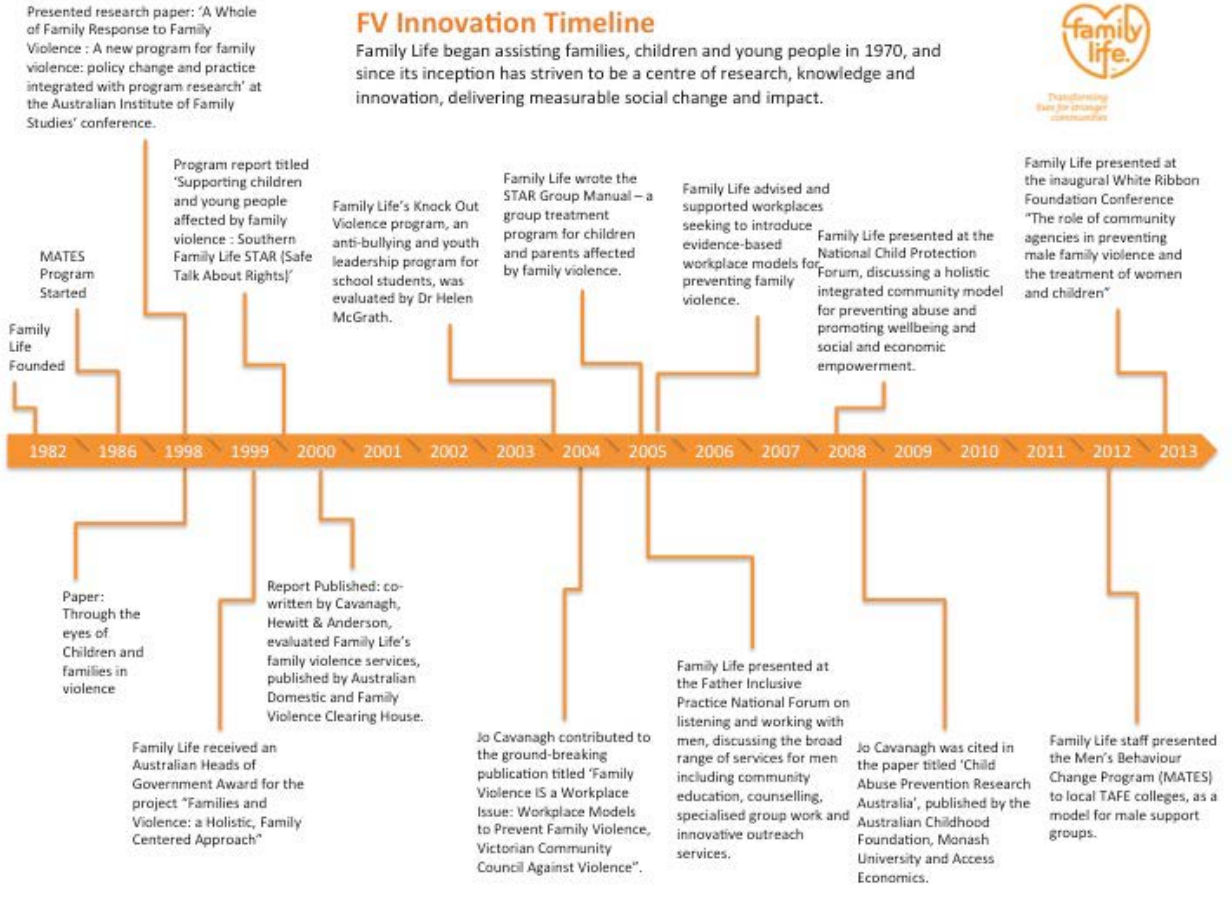
4. Specific services responses to children exposed to violence and better links to universal services.

Question Four

If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated

We provide a suite of local place based services, including but not limited to family support, family violence services (both state and federally funded), family law services, children's contact services, parenting orders program, employment initiatives, mental health services for children and the range of place-based community programs including the renowned Community bubs program and Creating Capable communities leadership programs

Family Life has zero tolerance for all forms of violence. Since 1986 we have been at the forefront for developing best practice to responding to family violence, using innovative techniques and programs to assist families, children and young people exposed to violence. Please refer to timeframe for key Family life innovation.



As an innovator in this field, Family Life received the 1999 Commonwealth Heads of Government award for Families and Violence - A holistic, family centred approach. By engaging all members of the family (where it is safe to do so): women, men, children and adolescents. This approach was document in the pioneering "Through the Eyes of the Child – a whole of family approach to family violence" research report with Monash University published in 1998. Ongoing program evaluations inform our application of new knowledge

and emergent learning from practice and client feedback. Family Life is renowned as a learning organisation facilitating action learning through the use of knowledge hubs, social media, evidence based data analysis to inform cycles of continuous improvement. The Family Life Program planning, evaluation and outcomes framework guides all funded family violence programs.

Specific Initiatives are:

Creating Capable Communities

Creating Capable Communities is a community strengthening program that was developed by Family Life in 1998 in partnership with the residents of high-need neighbourhoods in the southern suburbs of Melbourne. Over the past 17 years, this innovative approach has empowered families in these neighbourhoods to overcome the social barriers associated with economic disadvantage. The goals of the program are to strengthen families by promoting support and wellbeing in their local neighbourhood and to improve child and parental health and wellbeing. Five core Creating Capable Communities activities strive to achieve these goals: breakfast clubs, afterschool clubs, community houses, Community Bubs and Creating Capable Leaders.

SHINE for Children

The SHINE Mental Health project is an earlier prevention initiative which offers services for children and parents where mental health issues are already a concern within the family. Specialist help is available for children who have a parent with a mental illness and also for those children showing early signs of mental illness. Family Life runs the innovative SHINE Mental Health Project which supports vulnerable children aged 5-18 and their families living in Casey and Greater Dandenong municipalities.

SHINE focuses on early intervention and prevention strategies, including community education and aims to reduce the risk of a child experiencing a mental health problem by helping them to strengthen their resilience and coping skills. Many of these children are exposed to family substance misuse.

Families accessing this service have or are experiencing family violence. SHINE has recently lost Commonwealth funding for this proven program in the Inner Middle south catchment of Melbourne. There is currently no other similar program for families in the area.

GLEEN (under development)

(GLEEN - Girls Living Equality and Empowerment Now) is a program aiming to break the silence that surrounds violence against women, specifically through engaging boys and men.

A concerted effort working with schools to promote gender equality, challenge stereotyping and discrimination and build respectful relationships skills is essential to preventing violence against women and their children. The program fosters understanding and awareness of gender and equality, and that challenge girls and boys around inter-generational beliefs and behaviours.

A critical starting point for developing these programs and curriculum needs to be finding out from our young people - our best chance for transformational change - what they believe needs to change, how they see themselves driving this change and how the community sector, government and philanthropy can best support them.

Community Bubs Program

Community Bubs is Family Life's proven innovative service program for strengthening vulnerable babies and their parents in local community. Community Bubs helps vulnerable babies thrive and live safely in the care of their families and the community through an intensive, trauma informed outreach model. The program is proven to improve outcomes for babies and their families by strengthening parenting and community support, optimising the growth and parental care of children from pre-birth to four years. Community Bubs has demonstrated positive outcomes for pregnant mothers and mother of newborns who are experiencing family violence. Pregnancy and the early years of motherhood are periods when women are at greater risk of experiencing family violence. Research (*Department of Human Services: Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3: April 2012)* shows that women often experience their first assault during pregnancy, or experience an increase in the form or intensity of violence. Violence committed against pregnant women is more likely to be very dangerous or lethal. There is also evidence that some perpetrators specifically target the foetus, using physical violence aimed at their partner's abdominal area, genitals and breasts. Community Bubs improves community connections, raising visibility for vulnerable mothers and babies and provides specialist attachment focused supports to improve safety.

Collective Impact Initiative - Shire of Cardinia

More recently Family Life as a backbone organisation has commenced with Cardinia Shire a collective impact initiative to address the increasing levels of family violence across the municipality. Both organisations have come together to share collective experience and knowledge to take a collective approach, a common agenda to finding local solutions to local problems to deal with family violence and the impact on children exposed to family violence in the family home and local community.

Refer to the joint Family Life and Cardinia Shire submission submitted to the Commission.

http://familylife.com.au/feature/preventing-family-violence/

Social digital communication

Family Life embraces the use of social technologies to support service delivery and knowledge sharing in Family violence and family support services. Where suitable, participants and only when safe to do so, will benefit from accessing digital technologies supported by traditional communication methods to access Family Life services, appointments and communications, including community education. There is an opportunity to promote public health messages via organisational websites, Facebook and other mediums.

Men's Manifesto

During White Ribbon week and throughout the year, Family Life promotes the No to Violence and White Ribbon messaging in a range of high profiled community events in our local community. Our Men's manifesto is a bold statement for male staff used to publicly state our pledge for Violence free communities and workplaces.

Recommendation

Community change initiatives are prioritised as low cost, high return efforts to enable cultural change to prevent family violence as being piloted with the Family Life and Cardinia Shire Collective Impact initiative to Stop Family Violence.

https://youtu.be/JCVlUX3JDV4

Question Six

What Circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

Violence within intimate relationships and families is complex and is associated with a number of circumstances or conditions:

Firstly we recognise that Australian society is still affected by patriarchy and misogyny. Family violence is embedded into our culture and society, supported through patriarchy. Patriarchy can be defined as a social system that relates to the power between women and men. It's a structural force that maintains class, gender, racial and heterosexual privilege. Patriarchal beliefs of male, heterosexual dominance lie at the root of gender-based violence.

Family violence is more likely to occur where a number of co-occurring risk factors are present for the adults in the family. This includes mental health issues, past family violence and breaches to intervention orders, drug and alcohol issues, poverty and homelessness. Furthermore for women, past victimisation by a current or past partner is a risk factor for further family violence occurring.

Once family violence occurs, women remain in family violence situations because of a lack of state-wide packages of services that offer comprehensive long term case management and support services. Some services that are currently available don't operate in a seamless, integrated way and there are fewer services that are trauma informed and able to provide trauma specific interventions. This is exacerbated by inadequate services for victims, generally women, to access financial support, housing options, loans etc., improving their financial independence to assist in leaving an abusive relationship. The legal system at times appears not to be cognisant of the fear of escalation that victims, usually women, feel in applying for an Intervention Order IO, reporting breaches etc. Although there has been a vast improvement in police response to women reporting violence, at times women face unsympathetic or insensitive responses from police which makes them hesitant to return and re-report.

Systems that traditionally focus on ensuring the visibility and safety of children, such as Child Protection and Family support services often prove inadequate around family violence situations. These organisations place the onus for protecting children with their mothers which then means that mothers who stay in a domestic violence situation are often deemed as "not protective" whereas the responsibility for violence should be placed with the perpetrator. As a result women feel unsupported by the child protection system and opt to remain in violent relationships, if they fear that they will have their children removed from them.

In terms of men as perpetrators, current packages of service appear to have limited ability to successfully change violent behaviour. Those programs that do succeed are multifaceted and take into account the trauma history of violent men but still hold men accountable for

their actions. To ensure that men do not return to the family after being removed from the home they need to be visible and the only way to provide visibility to ensure that there is case management that provides them with support, housing and counselling, all within the clear framework of holding them accountable and monitoring their risk to the community.

While Family Life supports appropriate reporting around family violence by the media, in effort to raise community awareness, we note that most media coverage has a focus on the extreme forms of abuse. This can perpetuate the view that only these extreme cases are defined as family violence and minimises emotional, verbal and financial abuse.(economic violence) Responsible reporting requires regular, consistent reporting on all behaviours that make up family violence.

Question Seven

What circumstances and conditions are associated with the reduced occurrence of family violence?

Family violence is reduced when prevention and early screening efforts are effective. This requires people and financial resources. Prevention services need to focus on children from a young age to promote healthy gender relationships between boys and girls. The focus needs to be on young girls and boys working together as partners to change unequal gender relations, with integrated education programs for parents to ensure the home behaviour is consistent with what is being promoted at school.

Early identification and intervention is vital if family violence, particularly recidivist violence is to be reduced. Women experience multiple incidents of violence before they contact police or specialist services. However, they often seek some support from doctors, hospitals, Maternal child health nurses, friends and family members. Children often display signs of distress which are picked up by educators in the school and child care systems. These systems need to be resourced and skilled to pick up “distress signals” as soon as possible and know how to have sensitive conversations with women, adolescents and children, in order to assist them to enter formal systems of support.

When family violence is identified, either through traditional agencies, such as police or through community based services, families need immediate access to appropriate crisis response services. These responses need to be local, place based and focus strongly on advocacy and safety. Women need to connect with a support person who can navigate the system with them and help them plan around immediate safety planning needs. This needs to be supported by access into refugee services or appropriate housing.

Crisis services needs to be followed on by integrated multidisciplinary case management services for family violence, which offer long term service package with a focus on advocacy and support. Ideally crisis services and case management need to work in unison so that the movement from a crisis to secondary services is seamless and supported by a key worker, who works in a strength based manner with the client.

To ensure safety, families need effective legal responses to violence that recognises the unique needs of families affected by family violence within the legal system. It is

recommended that all women can access legal support assisting them from entrance into the justice and policing system. This worker needs to be able to explain her rights and navigate from the first statement, to court appearances, supporting with intervention orders etc.

Families require trauma informed packages of care for children impacted upon by family violence that focus on clear pathways for children to receive support both individual and within the family. It is recommended that existing resources within family support and child protection are enhanced to provide services of this nature.

These trauma informed services need to be enhanced through the resourcing of unique trauma specific packages of care for children and families that will augment existing service systems for children.

To really bring about change and stop violence we need adequately resourced offender focused behavioural change packages that are offered to men at different stages of their use of violence. We propose a model that includes outreach, counselling, case management, family therapy, relationship counselling and men's behaviour change programs. The focus needs to be on trauma informed practice with a focus on visibility and accountability.

Recommendations

1. The establishment of co-located services within specialist family violence police teams. These co-located services to feed L17's into local central intake points for family violence cases, supported by funded specialist referral pathways. These pathways need to be managed through place based teams that include the police, child protection, Child FIRST and family support services and specialist family violence services, including housing and refuge services. These teams need to drive cross sector responses from all services that will ensure safety and stability for families. A recent example is Taskforce Alexis a collaborative initiative between Victoria Police, Family Life and community service organisations.

2. **(http://www.theage.com.au/victoria/to-serve-and-protect-welfare-and-policing-spearhead-new-family-violence-effort-20150522-gh4zsi.html)**

3. Trauma informed child care be made available to women as a matter of urgency to assist women to seek employment, attend counselling, court and other required services and to provide children with immediate responsive stability. Women need immediate assistance with appropriate child care with financial support to maintain employment and exit a conflictual and violent relationship.

4. The further establishment and focus on not stigmatising trauma specific services for children, adolescents and adults who have experienced family violence. This needs to be within family support services which integrate closely with universal and therapeutic services to ensure families get what they need and retain their stabilising relationships and connections in the community to support longer term recovery and well-being.

Question Eight

Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

Identification and intake

Currently one of the largest challenges in the Family violence service sector is that there is no one central intake system for service entry. Family Life supports recent reforms which created the L17 referral pathway by police, but this initiative has not been matched by an intake realignment from receiving service systems. L17 referrals are generated by the police and are then referred into one of the following paths:

1. Child protection (Referral pathway based on identified risk for children).
2. Child First - Integrated Family Services (Referral pathway based on perceived protective capacity from the primary caregiver).
3. Family violence outreach program (Referral pathway based on perceived need for support to the adult victim, usually woman).
4. Fax back service system for perpetrators of family violence (Referral pathway to a MBCP provider based on location and capacity).

Although this model presents as providing suitable referral pathways, it requires a level of assessment from police as the primary referrer. Police need to make risk assessments which are not always accurate. For example, a family may present as low risk because there has been no history of physical violence in the family home, but there may still be real presenting risk to the children in the home given the circumstance.

The four referral points do communicate with each other and theoretically referrals should be moved from one to the other if the other systems are deemed more suitable. But in practice, this process can be slow and may not occur at all. This is difficult when the crisis period after a family violence incidence requires speedy, active engagement. Appropriate case direction systems are required to ensure that families are connected to the right responses as early as possible.

Appropriate case direction and engagement

Family violence incidents create an unprecedented level of crisis for families. They are stripped of their usual coping mechanisms, relationships and often removed from resources, such as housing in an attempt to secure safety. Adequate family violence responses to children affected require systems to collaborate and overlay seamlessly. Of particular importance to this is the relationship between Child First (CF) - Integrated Family Support (IFS) and Child Protection (CP). Within this, the Community Based Child Protection (CBCP) role is the key facilitator for this relationship and plays a key role in assisting with risk assessment and decisions around the best location for a referral. For example, although risk may be high from the offender, the non-offending parent (mostly the mother) may be acting protectively by exiting the relationship. Although this presents heightened risk in the exit, supporting the non-offending parent during this process reduces stress and instability and reduces children's trauma experiences. Family support is often best placed to provide

support at this time, with less parental stress linked to the involvement of CP. The presence of Family Support function promotes safety through visibility. A skilled Community Based Child Protection officer can facilitate and support this fluidity of services where services are flexible enough to respond to client's needs.

The value of well managed intake and engagement is increasingly demonstrated as key to building and maintaining a cooperative relationship with a family. The family may present as being in a state of absolute disarray but solid strengths based intake can assist by helping the family to identify exceptions and strengths. This enables solid engagement, ensures visibility and safety for children and the family and gets the family engaged with ongoing services (Turnell & Edwards 1999:85).

Place based care teams that are intrinsically connected into regional and state-wide structures

Effective responses to family violence incidents are best offered by place based teams of local service providers. These teams are able to work in a closely co-ordinated manner to identify families affected by violence and partner with the family around developing an active safety plan that will protect them.

As indicated above, case direction systems are key to channel referrals appropriately. Cases then need to be picked up by key workers who operate in a multi-agency team. Cases are best led by Child protection, Family Support or Specialist family violence staff, with support from police, justice, health and housing services, who are available for consult and specialist supports. These teams need to be specially trained to engage and work with the family in a strengths based and trauma informed manner.

Trauma specific packages for women and children impacted upon by family violence

Families, adults, adolescents and children who have experienced family violence require funded trauma specific services. Trauma occurs when an individual is so threatened that their usual responses are overwhelmed. This can be the result of one or more threatening experiences. Complex trauma occurs when the threat occurs at a young age and in a trusting relationship. Research (Oppenheim & Goldsmith 2007: 139-171) demonstrates that children who directly experience family violence as a primary victim or witness family violence experience high levels of trauma. They experience terror in their home, which should be a stable, safe space and this experience of terror is at the hands of their primary caregivers, who should be acting protectively to them.

Children are impacted by trauma differently to adults. Children are more vulnerable due to their ongoing brain development. The younger the child is when the trauma occurs and the longer the duration of the trauma the more likely the child is to have long-term negative consequences. A threat does not need to be directed at a child in order for them to experience trauma. If a child is witnessing violence towards another they are experiencing violence (Perry, 2005).

Healthy brain development requires secure relationships and appropriate physical and emotional care. Trauma can affect the development and functioning of the brain. Trauma can result in development delays for infants and children. Trauma can result in poor self-regulation and impulse control, problems with anxiety and anger, and a heightened sensitivity

to the environment. These symptoms relate to the brain's response to a perceived threat. As a result assessment and treatment of traumatized children needs to be worked with in a dual trauma and attachment framework. The basic premise of attachment theory is that children have a biological predisposition to seek out their caregivers for protection from danger. Yet, in the context of family violence, caregivers are a danger to their children and so the child is stuck in "Fright without solution." - The paradox that their potential source of protection is also their source of fear (Perry, 2005).

Oppenheim & Goldsmith (2007:141) highlight that family violence is a strong risk factor for disorganised attachment in childhood: Firstly witnessing violence between caregivers shatters the child's trust that the parents won't harm them but will protect them. Secondly seeing a caregiver harmed may be overwhelmingly terrifying for a child and that fear may be linked to the perpetrator or the victim, which in turn impacts on the attachment relationship with the caregiver. Thirdly mothers who have their own trauma histories tend to appear frightened or frightening to their children, impacting negatively on their attachment relationships.

A person's past trauma can be triggered by an event, even if it is harmless, resulting in the person experiencing that trauma event as if it is happening again. This response is an unconscious response. The child experiencing trauma can have less capacity to learn and may be seen as having challenging behaviours and being oppositional to parents, in the classroom and to authority.

Parents own experience of trauma can impact their ability to provide their child with the requirements for healthy development. This can be due to their own response to trauma that they are experiencing or in intergenerational trauma. If a parent has not received 'good enough' parenting themselves they are less likely to have the parenting skills required for their child's healthy development.

If a parent is in a constant state of arousal due to a trauma response eg due to family violence, they are less available to their child on all levels especially on an emotional level. This can impact the development of a secure attachment that children require for healthy development.

Families experiencing trauma are often isolated, both from their own extended family and from the wider community. This results in increased risk especially to the children and women.

Recommendations

1. Family violence systems begin to recognise the child as an independent victim in their own right. While their primary caregiver, usually their mother has been a victim and requires support and services, so does the child require suitable, trauma informed and trauma specific services to be able to overcome the impact of the violence and be able to move forward to a healthy level of functioning.

2. Early intervention models to address trauma that children and families experience as well as focusing on prevention. Supportive environments can result in positive

changes to the structure and functioning of the traumatised brain. Children who are experiencing trauma require safe relationships, predictability and routine.

3. **Family life supports that current funded family support systems as ideally placed to support children and their caregivers,** who are able to demonstrate strengths and act protectively. Family support is a case management model of care that provides an outreach service to families with children and young people. It is a holistic model that focuses on developing secure attachment between children and their primary carers, development of parenting skills, addressing social isolation, raising visibility and improving connection to community. **All of this effectively reduces risks for children.**

Family support within the family violence service system operates best when it is done in partnership with all key stakeholders in the place based team. It is vital that a wraparound package of local service support is offered to the family. Family support has to work in partnership with Child Protection, using the Community based child protection worker to facilitate movement between the two services, depending on changing risk.

Currently Family Life has worked closely with a number of partners in our area to set up a localised family support model that is family violence specific. This model involves a partnership between the police, family support, child protection and specialist family violence services. The model has adopted the following **innovative service structure** when working with families affected by family violence:

- Multidisciplinary assessment of the whole family affected by family violence, including children where it is safe to do so.
- Direct safety planning and activation of policing and justice support to reduce the risk to victims of family violence.
- Referral to advocacy services, legal support, counselling and therapeutic and support groups for women.
- Referral to Child First to facilitate the referral of women and children into integrated family support services.
- Referral of the family to a family violence assessment followed by referral into the MBCH program, partner contact, men's counselling, case management /outreach, women's anger management
- Referral to Family and relationship services for pre-couples counselling, individual counselling for relationship issues and relationship counselling. Agency funded Men's family violence counselling, case management and outreach.
- Referral for ongoing trauma specific services.

Family Law gaps and deficiencies

The Family Law system has many entry points. Family Relationship Centres, Community Legal Centres, Private Law firms, the Federal Circuit Court and Family Law Court. Some of these services are more adept at assessing for Family Violence and are therefore better at supporting women and children under these circumstances than others. Ongoing high quality Family Violence assessment training for every professional in this field is required.

A more integrated approach for all of the above service systems is required.

Limited funding for Family Law Services including Family Relationship Centres, Parenting Orders Programs, Children's Contact Services, Community Legal Services and Courts means that families experience long waiting times for these services. This often exacerbates existing conflict, and can cause Family Violence to escalate and compromise the safety of all family members and in some cases the general public. Children and parents are often not able to spend time with one another during the wait period (often months) which can be traumatic for young children, in some circumstances. The prolonged waiting times can create high levels of frustration that can lead to breaches of Intervention Orders. This can increase the potential for criminal charges being laid against a parent, and possible incarceration. All of which impacts on the safety and wellbeing of children and families.

Intervention Orders are breached on a regular basis by some perpetrators of Family Violence. The Magistrate Courts are attempting to address this issue, but more resources will be required to ensure an effective response. Court ordered attendance at health providers, alcohol and other drugs services, gambling support services, men's behaviour change groups and post separation parenting services are also useful, however the providers are not adequately resourced to meet increasing demand.

Police are not always in a position to gather evidence of family violence so it is often left to family members to do so. This prevents courts from addressing many of the breaches, particularly those of a psychologically abusive nature. It also places family members in danger and potentially unsafe situations.

The Court buildings layout does not support parents that apply for Intervention Orders, or attend due to separation or divorce proceedings. In particular, parents with children are faced with an environment that does not support the needs of these families. It is distressing for children and parents to be in the same place as the perpetrator of Family Violence. New technology such as the use of video links will assist with this, but not in all cases.

Recommendation

An opportunity exists to coordinate and strengthen links and services funded by Commonwealth and State and in partnership with the court system.

Question Nine

Does insufficient integration and coordination between various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.

One of the areas that highlight challenges in coordination is the L17 management system. A clear L17 demand management strategy is needed. Currently in our Southern catchment we have started meeting with CP, FVOP, Vic Pol and IFS to look at how we can streamline how our L17s are managed and families supported in the area. It is clear that we require a process post the L17 being sent by Vic Pol which can be used to map the referral path for each L17 and determine the best possible community service provider to provide a response. For example, although an L17 may be sent through to CP, they may not be the most effective service to provide support. The family may be best suited to a IFS service. To avoid delays in service delivery it is vital that we do a "pre-intake" assessment which would allow us to map a path for services and in a timely way.

Family Violence highlights the needs for different models of services that stretch our packages to include a wide range of service providers including police and justice. Although Child First does not operate as a crisis service, there are crisis needs presented in a family violence incident that need to be addressed. Assessment models are challenged and the focus needs to be on early engagement. This requires a strong support package being provided while assessment is completed, with a facilitated handover into longer family support.

A key recommendation is the increased use of assertive outreach workers embedded with police family violence units to ensure effective integration and responses to the most at risk populations in community. These workers will be able to liaise with relevant services (Police, DHHS CP, Child First) and should provide a quicker, more consistent, 'human' service response, with short intervention to provide advice, education and/or referral to appropriate service as necessary.

Increased communication across the Commonwealth Family Law services and with State funded services where Family Violence is present would also improve safety for children and families. Confidentiality practices in some of these services can be a barrier to communication across these areas. For example, Family Dispute Resolution Practitioners often identify Family Violence early, but are not able to directly communicate this to legal practitioners or courts when they refer families on for legal support. DHHS CP workers are also very limited in terms of their communications and availability to liaise with services such as the funded Children's Contact Services and Family Relationship Centres.

Question Ten

What Practical changes might improve integration and coordination? What barriers to integration and coordination exist?

There are differences in values and beliefs of different organisations and sectors within family violence services. For example, women's services and services to children have traditionally operated separately and often as stand-alone responses. A focus on an adult service response and/or a child centred approach, at times was not responsive to the needs of their primary client.

Services have not yet evolved to reflect that the well-being and best interests of children and while parents are intrinsically linked. Service models need to focus on both to ensure optimal health for all. Although there are pockets of integrated service system enhancements, this proven interventions are hampered by funding models that do not recognise the interconnectedness of effective models of service delivery. Instead funding is pooled into men's services, children services and women's service. This sets up a competitive environment between services competing for funding.

There is often poor coordination between the federal, state and locally funded service providers. Family Life has been able to straddle families across Commonwealth and State funded services because these services are co-located and integrated with intake and referral systems. Greater communication between levels of Government is required in order to utilise resources more effectively.

Although changing, there is still remains a prevailing belief from women's services that men's services are not necessarily effective or worthy of funding / increase in funding.

Essentially as a service that offers a whole of family approach, the value of Family Life Family Law services and Family relationship Centres is our ability to facilitate referrals to individual, relationship counselling and family therapy where violence is prevalent and safety is considered. For some circumstances this service offering reduces the overall burden of family violence in the community.

Question Eleven

What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

Family Life supports the following ways to improve the safety and wellbeing of people affected by violence:

The provision of integrated, flexible, trauma informed packages of support by Child protection, family support and broader services.

Trauma specific services to children affected by family violence. Children who have experienced and witnessed family violence need to be supported by a service system that recognises that an experience of violence, even a single incident is likely to have a lasting trauma impact on children. This experience of trauma occurs regardless of the age of the child, even prior to birth, potentially causing attachment difficulties and developmental delays which require a holistic wrap around package of services to:

- Ensure that all violence ceases with immediate effect and that ongoing safety is ensured.
- Address instability in the primary care environment by ensuring housing and related environmental stability.
- Ensure that protective parents are supported to rebuild healthy attachment relationships with their children by gaining insight into their children's needs. This needs to be done through a package of support that includes psycho educational education and support, including healthy role modelling.
- Address the attached residual developmental delays through partnerships with the early childhood development system, education system, disability services, allied health services, family support and specialist family violence services.
- This needs to be supported by working closely with childcare, schools and other caregivers of the child.

The provision of funded childcare support. It can be time consuming to access and engage with family violence services and generally inappropriate for children to be attending with their parent. It is important that families with young children who are experiencing family violence are able to access child care. Child care can also provide the structure and support that children who are experiencing trauma require. Access to child care can be an issue due to cost as well as availability. The Special Child Care Benefit (SCCB) is a funding option which can be used to pay the full cost of child care fees for up to 13 weeks. SCCB can be granted when a child is at serious risk of abuse or neglect or the family is experiencing a hardship event that substantially reduces their capacity to pay for childcare.

Services to male victims: While clearly men make up the majority of perpetrators, data from the 2012 Personal Safety Survey reports 17% of all adult women and 5.3% of all adult men (1 in every 3-4 victims is male) have experienced intimate partner violence at some point since they were 15. In addition, 25% of women and 14% of men had experienced emotional abuse and 14% of men as opposed to 25% of men had experienced emotional abuse and 46 % of

men as opposed to 76% of women experienced fear and anxiety as a result (Royal Commission issues Paper, 2015).

Men are also represented in police homicide data, however further research is required to fully understand the reason why men are dying as a result of family violence. Very little research is undertaken in the area of male victims of family violence and as a result there are gaps in community understanding and acknowledgement. While there are currently no victim services for men in the current family violence system, there may be some victim options for men through the victims of crime tribunal, however this can be costly and time consuming to access. In addition, as the service system responds to male perpetrators and female and child victims, it can be difficult for men to prove their victim status to police, courts and services. This service system imbalance produces a situation where workers do not identify male victims and female violence and can put families at risk. In addition there are no funded anger management services for women in the community to assist them to identify their frustrations and use of violence against family members.

Question Fourteen

To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?

For sustained behavioural change, Family Life supports the delivery of a holistic model of service to men:

Integrated model of men's behavioural change service delivery:

- Separate family violence couples assessments and child/ren assessments are conducted after intake. The assessment utilises a gendered lens, however acknowledges that people of any gender, sexual orientation, age, religion, cultural background can use or experience violence against their partner, children and extended family members / family like situations. The range of flexible services on offer will include:
    - Men's behavioural change program
    - Case management, counselling and outreach services embedded with police for men, women and children
    - Family Support services integrated with children's services, family violence services, housing services, crisis response services, legal and police services and mental health services
    - Support services for women (ex partners)
- Access to a MBCP group in conjunction with an integrated trauma informed case management / outreach model. This is more effective than a stand-alone MBCP to enhance the safety of women and children and produce more sustained behaviour change outcomes for the man.
- Each man is allocated to a case manager to hold him accountable for his use of violence. It is envisaged this service is integrated with Child FIRST, child protection, integrated family services, police, justice responses, mental health, drug and alcohol, medical services and family mediation services.
- It is recommended women's services are enhanced to provide a trauma informed counselling and case management approach with short, medium and long term approaches as at present due to service capacity issues only short and medium term services can be offered to women.
- Enhanced trauma informed integrated responses to children that include more children being offered a counselling, case management / outreach service or child inclusive practice session where children can be supported through the separation and court process with medium and long term service options. Currently due to capacity issues the majority of children receive a short term service. .
- Family Life's Relationship Review and Renew (RRR) discernment sessions for couples where family violence has been an issue in the past and it is safe to utilise this option. Families using this innovative service can choose to reunify, or separate safely with ongoing supports in place.
- The RRR process can identify where one parent is ambivalent about the end of a relationship. This state of ambivalence has been linked to filicide.
- Specialist couples counselling and family therapy services where violence has been an issue and it is safe to undertake these service responses.

- Funded anger management group programs for women who perpetrate violence against family members due to a range of factors including frustration, lack of social support, separation, violent resistance against a male perpetrator, mental health issues, drug and alcohol issues, lack of assertiveness with children and teenagers and kin, poverty and homelessness.

We believe a trauma informed case management model has the following advantages:

'A program, organization, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies procedures, and practices, and seeks to actively resist re-traumatization' (Substance Abuse and Mental Health Service Administration (SAMHSA), 2014, P. 9).

The DHHS family violence service has made the decision to use the funded position for the MBCP to also provide limited family violence case management and counselling to men who are most at risk and in need of this service. This trauma informed case management and counselling model acknowledges the impact of childhood trauma on the child's developing brain and the resulting disorganised attachment style that can result. In addition, we understand male clients have multiple and complex issues and often a complex trauma history, and may be at a different stage of change as outlined by Carlo C. DiClemente and J. O. Prochaska (1992). This five-stage model of change to help professionals understand their client's level of motivation to change their health seeking behaviour. The six stages of the model are:

- precontemplation
- contemplation
- determination
- action
- maintenance
- termination

For a man in the precontemplation and stages of change, unless he can determine some specific goals to work on, a group program may not achieve change or an increase in insight and be counterproductive for the other group members at a higher stage of change. For men with a severe trauma history and history of significant drug and alcohol problems (with an acquired brain injury), homelessness, severe poverty and mental health disorders, a group program may be the catalyst for suicidal ideation and levels of guilt and shame that are risky and counterproductive. In addition these men will create a shift in level to a basic level of responsibility and accountability taking in the group.

Trauma informed counselling and case management family violence services are essential to assist men to accept responsibility and hold him to account at a pace and level he is able to process. Trauma informed counselling and case management options can respond to a male victim of family violence (either from a female partner or a male partner) with the dignity and respect that is synonymous with providing a responsive and sensitive service. Male victims will experience the same devastating responses to violence including low self-esteem, depression, anxiety, sleep difficulties that a female victim of family violence will. In addition,

the present system does not acknowledge male victims producing a traumatising effect of being viewed as invisible and silenced by the system.

Special considerations for adolescent violence in the home (AVITH)

In Victoria during the period of 2010-2011, there were 3,252 reports of AVITH, equating to eight per cent of all family violence incident reports to police, and 16 per cent of intervention orders were undertaken in relation to AVITH. There is no single and definitive explanation for adolescent violence towards parents. Rather, a range of multifaceted and interconnected dynamics is said to be the contributor to this behaviour. Fifty per cent of adolescents who commit violence against their parents have witnessed family violence or experienced child abuse in their earlier years. When the family understands conflict and violence as a norm, this behaviour is readily embedded in their sense of identity, with adolescents emulating learned behaviour.

In order for practitioners to adopt effective referral pathways for victims and perpetrators of AVITH, and theoretical practice models for working with families it is necessary for a multilevel approach:

- Intensive 1:1 Outreach Case Management
  Families and adolescents require support from specialist workers who can provide intensive work to both the parents and the adolescent using one or more of the five main theoretical perspectives currently being used to address AVITH: Parent Coaching, Problem Solving, Cognitive Behaviour Therapy, Narrative Therapy or Feminist practice.
- Access to AVITH group work for parents, such as “Who’s in Charge”
  This is a nine-session educational/support program for “parents of a child who is either acting abusively towards them or is beyond their control. The main goal is to reduce stress and guilt and give them concrete parenting strategies to avoid violence. This group also provides parents with support to step up a safety plan for each member of the family.
- School Based Educational programs
  It would be of benefit to resource specialist workers who can enter the education systems to provide young people from the age of 11 years through to 17yrs with tools to understand:
    - Violence is never acceptable
    - Violence is the responsibility of the person using violence
    - Families want to end the violence but not the relationship
    - Families can help young people become responsible
    - Violence is a choice
- Resourcing to secure a specialist AVITH position to be co-located with police to allow for an immediate responses to adolescent L17 referrals.

Recommendation

Broader suite of specific services for men and a focus on trauma informed service response and support for women and children experiencing violence.

Question Fifteen:

If you or your organisation have offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.

Group aim and structure

A core team of No To Violence (NTV) accredited male and female facilitators who model a respectful co-facilitation approach to participant's runs our MBCP interventions.

The overarching aim of the group is for the participants to achieve positive sustained changes in behaviour and attitudes via increasing responsibility and accountability. Facilitators will appropriately challenge any groupthink that contributes to sustaining beliefs that maintain a male entitlement view.

The group format will include an initial period of check in where the men are asked to share their prior and current behaviour and to utilise the tools provided by the co-facilitators to identify where these can be applied for future behaviour. The participants are also encouraged to respectfully challenge each other. The second half of the group is utilised to present the topic of the evening.

The co-facilitators draw on a range of evidence based approaches informed by research directed into challenging the male participant to make underlying changes in beliefs, attitudes influencing behaviours. This includes cognitive and behavioural strategies, psychoeducation and skill and personal development, increasing empathy via emotionally focused strategies Current research on triggers while under stress and the effects of trauma is presented along with mindfulness relaxation. Effective parenting skills information using recent child development and trauma research is incorporated into the program.

The MBC Program consists of:

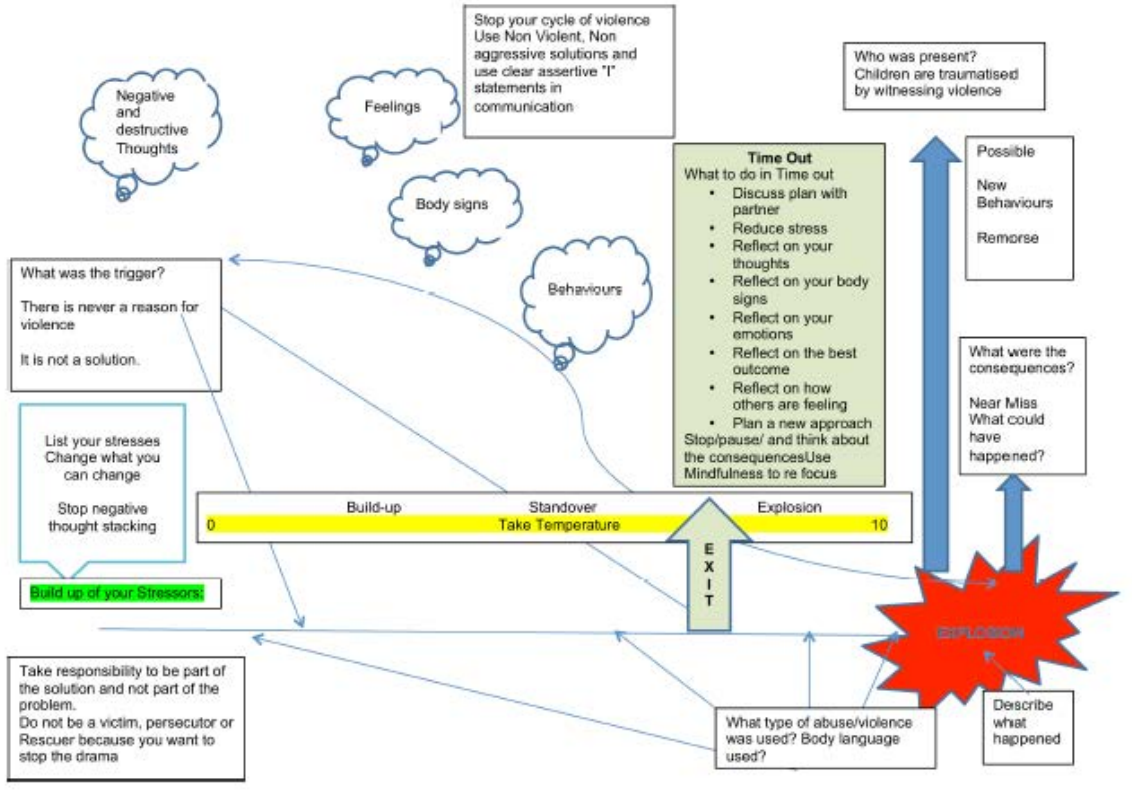
- An initial assessment with the participant and his partner (where agreed). Children are also included in the assessment process if appropriate.
- At admittance into the program participants signing a contract, agreeing to partner contact, and informed consent relating to limited confidentiality. In addition, the participant agrees to report violent crimes to the police.
- 12 x weekly 2-hour sessions (refer group format and program content below) using a range of approaches and strategies to meet the objectives of each session.
- Partner contact by Family Life conducted at least fortnightly and up to six times throughout the program.
- Concurrent referrals to women's support programs (groups) Making Choices, Creating Connections and Taking Control.
- Referral to individual counselling for participants their partners and children is provided if required.
- Offer of couple counselling if it is safe and appropriate upon completion of the program.
- Where required, case management for participants is provided. This includes; referral, case conferencing and family care planning.

Group Format

- Each session is delivered by a minimum of 2 suitably qualified facilitators as per NTV guidelines
- An observer will also be present at most sessions.
- Each session has one hour check-in (where the men are invited to talk about their week / past experiences in terms of challenges and successes)
- During session 1 Group Guidelines are set up with the men. The NTV (No to Violence) Principles of the group are introduced by the co-facilitators.
- A 45 minute session covers the weekly topic addressing a specific topic of psycho education.
- Planning and debriefing sessions occurred before and after each session.

Program Content - Core topics

Core topics provide the participant with the information and tools to begin to monitor his stress and physiological responses, thoughts and feelings to a trigger prior to the use of violence and / or any behaviour that is threatening and causes fear. Participants will be encouraged to use an anger thermometer timeline to walk through a prior incident where violence was used. Please refer to diagram below.



Program Content - Core Topics

The first six mandatory sessions focus on core communication and will be used to assist the men to understand and practice respectful listening and communication

1. Types of violence, (describing the Family Violence Protection Act 2008 and Intervention Orders)
2. Body signs and mindful relaxation
3. Time out
4. Destructive thinking
5. Cycle of violence
6. Men and Gender

Interventions include small group activities, brainstorming on the whiteboard, utilising excerpts from film and video clips, family constellations role play, role reversal, self-rating on a masculine feminine gender continuum, props as a tool for engagement in topics and creative arts to explore themes. These interventions are designed to be engaging, challenging and promoting self-reflection and integration into alternative methods of expressing feelings.

Additional Topics

The facilitators deliver six additional sessions from the following additional topics depending on the needs of the group / partner contact feedback:

1. Effects of Violence on Children
2. Effects of Violence in the family
3. Violence and Fathering
4. Family of Origin
5. Communication – Verbal and Nonverbal
6. Communication – Active Listening
7. Costs of Violence
8. The Man I want to be
9. Drugs, Alcohol and Violence
10. The Partner's Perspective
11. Sex and Intimacy
12. Safety and Respect

Question Sixteen

If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?

Family Life constantly strives to use current research and evidence to inform practice. The following research has been key in influencing our Family Violence programs and guiding our proposed changes to service structures.

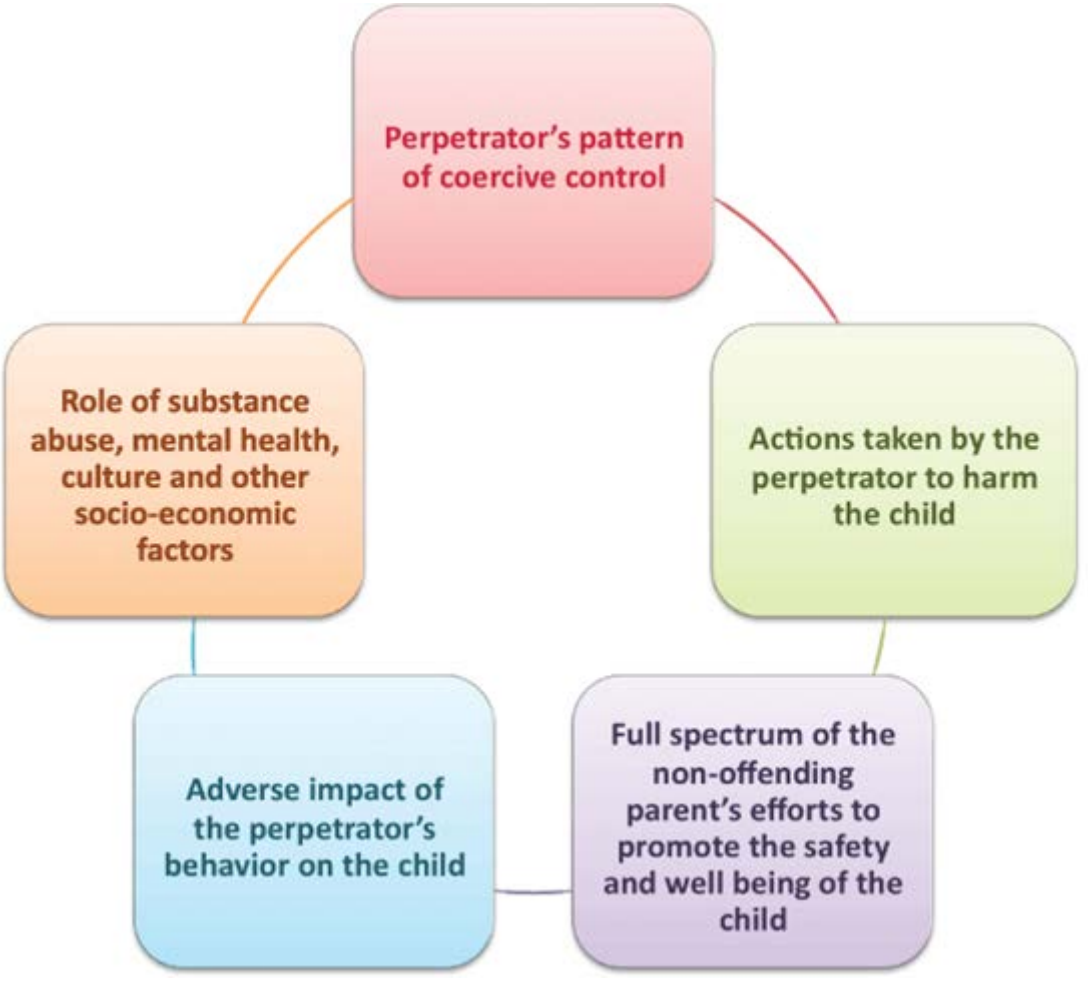
'Fathering in the context of family violence'

Family Life attended the Australian Research Council's linkage project research presentation – "fathering in the context of family violence" – brought together by The University of Melbourne, University of South Australia and Curtin University; a consortium of 23 NGOs and; governments from Victoria, South Australia and Western Australia. Key research components cover the areas of; Fathers who use violence attending MBC, Indigenous or Fathering Programs; Young people's perspectives and; Aboriginal specific programs. To date, findings have evoked considerations of: how does the interaction between MBC and CP hold men accountable and support women's efforts; how can CP strengthen the process of supporting women; and how can MBC programs include and manage fathering as a behaviour change (currently fathering and MBC programs run as very separate entities). For children, an overwhelming message has been one of feeling powerless and helpless in the process; not knowing enough about dad's role and attendance at group programs and; persistent fear that impacts all relationships and experiences (including school). At the time, there were no findings presented by the Aboriginal specific component due to stage of research. It had been identified that focus on children when men were attending MBCs was limited, and that there is a potential need for a specific fathering component to be introduced to MBC programs. Further information can be found at:

http://socialwork.unimelb.edu.au/research/cyf/domestic_and_family_violence/fathers,_family_violence_and_intervention_challenges

David Mandel- Safe and Together

Family Life attended the "Safe and Together" training conference in November 2013. This field-tested model, developed by David Mandel in the US and applied throughout 10 states, looks at the perpetrator's behavioural patterns within and towards the whole family, shifting from the traditional focus on the mother's "failure to protect" which, essentially, ignores the man's role as a parent and assumes safety once a relationship has finished or living arrangements change. Case management *starts and continues* with exploring the man's pattern of coercive control (within and outside the family), particularly actions he's taken to harm the child, and enables a much broader understanding of the situation that is fully inclusive and engaging of the perpetrator *from the outset*. By mapping the perpetrator's pattern of abusive behaviour, we can gain a fuller understanding of how this behaviour can be interfering with the family violence survivor's capacity to act on her abilities and desires to engage in protective behaviours. Further information about this model can be located at **https://endingviolence.com/**



Family Life continuously strives to improve its service delivery model by actively engaging in training via family violence assessments and allowing observers into the MATES program. Similarly, our facilitators observe other MBCP's to enhance learning and gain opportunities to improve the MATES program. Our MATES facilitators are trauma informed and undertake trauma training on a regular basis.

In order to ensure quality our MATES programs are evaluated mid group and at the end of the group. Participants are asked to comment on the MATES program and give general feedback and specific feedback in relation to each topic. In addition, participants also rate the facilitators and their own estimate of behavioural change and drug and alcohol use if this was an issue.

MATES participants provide invaluable feedback to the facilitators of the program and this is written up in a report format at the completion of each group program. This information is formally reflected on and used to improve future practice. Behavioural change self- estimates by the participants can be as high as 80%, however this is an indication only and is assessed in conjunction with partner feedback.

Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

Family violence occurs in all communities in Victoria and while rates of family violence reported to police are higher in lower socioeconomic areas, it is estimated that family violence (all types as defined by the family violence protection act 2008) occur in similar rates in all areas. However, violence is often under reported in higher socioeconomic areas.

Vulnerable and disadvantaged people are less likely to have the resources to access support services early unless it is directed by the court, child protection, the police. However this is not always the case as well resourced women can be frightened, depressed, anxious and have low levels of confidence and self-esteem impacting on her ability to gain assistance. In addition, it can be unsafe for women to access services for fear of further retribution and violence from her partner for doing so, who is often financially capacitated to use legal systems to further victimise her.

Key issues that impact on specific cultural communities within Victoria

Cultural: Religious groups, cultural groups and Indigenous

- ❏ Stigma and shame attached to reporting family violence which ultimately protects the perpetrator
- ❏ Arranged marriages still occur in some groups which means that many parents, especially women will not subject their children to the stigma of coming from a family where violence has occurred which may then impact their children's ability to marry in the future
- ❏ Lack of training of religious leaders of the impact of family violence particularly on children
- ❏ Religious organisations that will only allow a religious divorce if requested by men places women at a distinct disadvantage and an ability to marry again
- ❏ Refuges that are not equipped to manage religious families: Size of family, proximity to religious institutions so that they can observe their faith, dietary requirements
- ❏ Lack of access, generally by women, to family finances
- ❏ Once a victim leaves or reports family violence, they may often be shunned by their close knit community, leading to further isolation
- ❏ Victims may be reluctant to call an organisation not well-versed in their culture with the belief that their issues will not be understood

Migration:

- ❏ Language and lack of knowledge can be a barrier to accessing services
- ❏ May not be entitled to Centrelink benefits leading to financial constraints
- ❏ Possible trauma history may lead more issues an ability to manage anger
- ❏ Often leads to isolation with many parents having no supports either with family or friends to assist them

Social/Economic:

- ❏ Migration can again lead to financial constraints, isolation and family issues

- ❏ Access to limited housing can force people to remain in an abusive relationship simply because they have nowhere else to go
- ❏ There are not enough refuges
- ❏ Refuges generally do not allow pets to reside with families which can again impact on people's desire to leave and also can play a large role in comfort afforded to children who have been uprooted and placed in a refuge
- ❏ There is a desperate need for access to affordable childcare for victims so that they are able to attend Police, Lawyers, Court, Counselling - appointments in general

AOD/Mental Health [MH]/Disability:

- ❏ Mental Health issues can lead to addictions: substance misuse, gambling etc. which can then place greater stress within relationships thereby increasing the risk of family violence occurring

Geographical:

- ❏ Assumption that wealthier areas have fewer problems which may increase isolation of those who are experiencing family violence
- ❏ Conversely, other areas need to be better resourced as they have greater socio-economic concerns

Other factors

Police:

- ❏ There can still be a lack of understanding and appropriate empathy from Police
- ❏ People experiencing family violence often have to recount their circumstances in the reception area of a Police Station
- ❏ There can still be the attitude of "It's your word against his" and "this is not really a Police matter" i.e. it's a domestic concern
- ❏ Breaches are not afforded the gravity they deserve and can be overlooked

Legal/Court systems:

- ❏ Perpetrators can use the system to their own advantage and as another tool whereby victims are re-traumatised
- ❏ The legal system moves slowly and victims can therefore be exposed to years of ongoing abuse via the court
- ❏ Access to Legal Aid is still too difficult for many victims, particularly for Family Court matters

DHHS Child Protection [and other services]:

- ❏ Women can at times be held responsible for not keeping their children safe when they are not the ones perpetrating the violence
- ❏ This can lead to women in particular not reporting the violence for fear of their children being removed
- ❏ Complete dearth of services, and lack of recognition, that men experience family violence as victims

Gendered nature of family violence:

- ❏ In society it is still the norm that men should be in control: Media, Movies, Business, Company boards, Government

- ❏ Women often feel if family violence occurs they are to blame
- ❏ Due to upbringing, the circumstances may not be viewed as domestic violence, therefore may be harder to name, discuss and seek assistance due to shame and may lead to further isolation

Safety/Fear:

- ❏ Research has shown that a woman's greatest risk of serious physical abuse occurs when she is pregnant or leaves an abusive relationship, which often plays a role in a woman's decision to stay
- ❏ Women in particular report not wanting to further inflame a situation by taking out an Intervention order
- ❏ There is concern that an Intervention Order will not provide them with enough safety
- ❏ Paradoxically, women often fear reporting breaches, scared that it will inflame an already volatile situation

Intergenerational factors:

- ❏ Many men and women grow up in families where family violence is the norm and this then can become their norm
- ❏ Men and women may have experienced intergenerational factors of being under resourced, which increases the risk of family violence:
    - ❏ undereducated
    - ❏ access to services
    - ❏ knowledge of services
    - ❏ poverty
    - ❏ access to transport

Question Nineteen

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

- Flexible approaches that manage risk by strengthening protective parenting.
- Integrated responses with police and CP- as discussed prior
- Enhanced stand alone partner contact programs- as discussed prior
- Outreach services for men, women and children as high level risk factors and complexities can prevent them from accessing centre based programs- as discussed prior.

General Questions

Question Twenty One

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes you think could produce the greatest impact in the short and longer term.

1. Ensure legislation, services and policy/procedures is inclusive of the GLBTI community (Gay, Lesbian, Bisexual, Transgendered and Intersex). The current service system caters predominantly to the heterosexual community and assisting women and children affected by male family violence.

2. Acknowledge the gender of people who use violence and people who are affected by violence as: male, female or other.

3. Ensure service systems do not assume the community is heterosexual and males are perpetrators and females and children are only affected by male family violence.

4. Acknowledge that child victims of family violence can result from but not limited to: male and / or female adults, siblings and kin.

5. Ensure the service system acknowledges evidence that child victims of filicide occur equally between male and female perpetrators.

6. Acknowledge that people affected by family violence can occur as a result of elder abuse, sibling abuse, child, youth and adolescent abuse and parental abuse perpetrated by family members regardless of gender.

7. Acknowledge that children and adults people affected by family violence can occur as a result of but not limited to: siblings, parents, grandparents, extended family members, people in a same sex relationship, and people in a family like relationship.

8. Ensure an integrated service system between courts, police, legal, housing and social services to assist those using violence and those affected by violence.

9. Acknowledge emerging evidence that couples violence is systemic and on a family conflict continuum and people of all gender may require assistance to modify and change behaviour, e.g. Pre couples and couples counselling/family therapy with a gendered/power and control understanding about individual behaviour.

10. Acknowledge that young people and adolescence require specialist programs to address their use of violence.

11. Acknowledge the availability of early intervention services and community education in schools and kindergartens can assists the reduction of family violence at a later stage.

12. Acknowledge that in some cases the dichotomy people who use and people who are affected by violence does not address the reality as people can use violence and also be affected by violence and this can occur for different reasons.

13. Complexity of social and psychological issues that create an environment where violence is more likely including drug and alcohol, poverty, mental health issues, neurological disorders, separation, homelessness, a history of family violence.

14. Economic violence is on the rise.

15. Men and women who use violence and are affected by violence require a service system to cater for their needs. This includes counselling and support services for men and women and behavioural change programs for men, women and young people and couples counselling / family therapy where violence has occurred ensuring it is safe to do so.

16. Increase in the direct face to face family violence specialist workers for counselling and case management, assertive outreach (integrated with police family violence units), behavioural change programs and appropriate pre couples and couples counselling and family therapy for people affected by family violence.

17. Increase in mandated programs for men and establishment of support programs for women.

18. Quote increase in demand without additional worker positions to meet this demand.

19. Review evidence re disorganised attachment in childhood and the use of violence. Strengthening responses to children living in traumatic environment to prevent the next wave of violent perpetrators and to break intergenerational cycles of violence.

Addendum 1: de-identified case studies

FAMILY LIFE CASE STUDY FOR ROYAL COMMISSION INTO FAMILY VIOLENCE

Eve is a 34 year old woman who migrated to Australia [redacted] years ago with her husband Jacob and their [redacted] month old son Toby.

In her country of origin, Eve held a high level position in the workforce where she was required to make life and death decisions on an almost daily basis. When she left this position she worked with the CEO of a large company. Eve was, in every sense, a 'high achiever'. She was independent and extroverted with a large group of friends that she socialised with on a regular basis.

Jacob was a self-employed 'businessman' who tried, unsuccessfully, to get a number of projects off the ground. Eve's parents had loaned them money, and been guarantors, for Jacob's business ventures and consequently were left with a large unpaid loan to repay to the bank.

Eve and Jacob had issues early on within their marriage. She fell pregnant shortly after they were married but continued to work throughout her pregnancy and after Toby was born. Jacob persuaded Eve that a move to a new country would provide them with a "fresh start" away from the pressures they faced financially and with extended family members. Eve adored her son and wanted to provide him with what she had experienced as a child – a stable, loving home life with two parents who were devoted to him. Eve's father had been an icon in her life, a man she could look up to as a role model and she was confused by her husband's apparent inability to not denigrate her in front of their son or want to spend time with their child as her father had with her.

In an effort to start again, Eve reluctantly agreed to migrate to Australia. Upon arrival the family was located to an outer Melbourne suburb with few amenities and a very different culture to what Eve was used to. From having access to facilities to meet her and Jacob's needs, Eve suddenly found herself:
- struggling to make herself understood, with a poor command of English
- not one family member or friend
- no similar child-care services for Toby to attend
- no license or car
- no access to funds
- no phone or ability to purchase one

Eve had become totally isolated, cut off from any services, people or facilities to support herself and Toby.

During this time the abuse intensified with daily barrage of verbal and emotional abuse in front of Toby. Her husband told her she was a "fat pig" he was "embarrassed to walk down the street" with her. He would occasionally leave her $10 so she could purchase nappies and basic food items at a local store. Eventually the abuse became physical and when Eve refused to give Jacob a cigarette from her packet he grabbed her by the hair and neck and twisted her arm around her back whilst Toby was in the room. Eve ran out onto the street with Toby in her arms and vividly recalls standing under a street light looking up and down the deserted road with no one in sight and the sense of having not one soul around that she could turn to for help.

Eve was unaware of what services may be available to support her and was unsure of the reaction that she would receive from Police. After 18 months living in this outer suburb, Eve managed to scrape together enough money to use a public phone to contact a religious

leader who in turn put her into contact with a specific culturally appropriate agency. Upon hearing of her plight they sourced a more local accommodation for Eve and managed to fit out the apartment with second hand furniture.

By this stage, Eve was so worn down and worn out by her plight that it was all she could do to muster the strength to move but collected her meagre belongings and moved with Toby and Jacob to an inner metropolitan suburb. Recently a FV lawyer questioned her as to what had possessed her to move with her husband when he had been so abusive to her. In response to this insensitive and ignorant question, from a professional who should have known better, she responded “I had no fight left in me to move alone. There was a limit to what I could manage at one time and I had to take it one step at a time or I would have broken down”. She thought that once she relocated she could gather herself for the next stage, which would be to try and leave Jacob.

For the next two year's Eve did what she could to appease Jacob in an effort to provide a loving home for herself and Toby. She tried to attend English classes but Jacob decided they were unnecessary. She obtained her driver’s licence and managed to have a car donated, though because she did not have her license at the time the car was registered under Jacob’s name and he eventually sold it. She enrolled Toby in child care which Jacob helped to fund and found herself casual work as a cleaner to afford herself some financial independence.

During this time, though the physical abuse had ceased, Jacob continued to belittle Eve in front of Toby and any friends they saw, who were usually friends that Jacob had made. Eve repeatedly asked Jacob to leave but he laughed at her and told her this would never happen, he was untouchable and could do as he pleased. He threatened that if she tried to leave he knew people in their home country who could “hurt” her family. Once when she tried to leave the apartment he threatened to slash her tyres, which he had done once to her car before they migrated.

Her situation was further complicated by the fact that, whilst she could obtain a civil divorce, in her religion she could only be granted a religious divorce if her husband requested it. She also had to prove that they had been separated even if they were living under the one roof and he refused to sign the necessary documentation for this.

Eve was referred to Child FIRST for family support by another support agency. During their episode of care working together the family support practitioner [FSP] and Eve worked on:

- ensuring she was receiving her Centrelink entitlements
- explaining her legal rights, what an Intervention Order [IO] was, the protection it could provide her and the steps required to apply for one
- liaising with the Housing Association to have the lock changed at the same time that the IO was served to ensure her and Toby’s safety
- attending local Police station to familiarise herself with the services they offer, how to report a breach and personnel she may be in contact with
- attending court to apply for an IO
- providing the kinder with a copy of the IO
- organising access arrangements
- trying to organise a religious divorce

Unfortunately during most of these stages there was not a straightforward or easy path to follow.

Centrelink
Her local Centrelink office was only set up to take documents and Eve was advised to check her current status, change of circumstances etc. online and they were unable to provide her with face-to-face advice. Given her limited English, the option of not being able to talk through her circumstances but having to try and understand a lengthy online application provided an unnecessary, avoidable level of stress and anxiety.

Intervention Order
Eve understood the protection an IO could offer but was, justifiably, very fearful that if she was granted one it would inflame an already volatile situation.

Eve also needed to have the serving of the IO delayed, as she did not want Toby at home when the Police arrived. Jacob had also been at home sporadically and she was never sure as to when he would be home or not. Serving the IO also had to coincide with changing the locks so that Jacob could not return home once the IO had been served.

Housing
Jacob's name was on the lease and the Housing Association was unable to remove it until a final IO was granted. Eve was left with the uncertainty of not knowing the legal ramifications of if her husband could return to their residence given his name was on the lease or if the Housing Association were able to change the lock in a timely fashion so that he could not return and have access to their apartment if he decided to.

Police
When she attended the Police station, whilst the officer was sympathetic to her plight, she initially had to recount her situation in the foyer of the station whilst strangers were present again increasing her already heightened sense of shame and embarrassment.

Court
Eve had requested an interpreter to be present at Court. The interpreter was there when she saw the Duty worker at the Mention but he had only been booked until lunchtime and then had to leave. This meant that when she was actually in court she had no interpreter available to her.

After her husband had been served he repeatedly breached the order. Eve was scared that if she reported these breaches he would become increasingly violent and she was especially terrified that he would use their son to get back at her. Her fear was based on thoughts that he could 'kidnap' their son during an access visit or if he was able to collect him from kinder before the IO was served.

The Duty Lawyer was stern in alerting Eve to the fact that if she did not report the breaches she may as well tear up the IO. When Eve's fear was highlighted the Duty Lawyer stated she could not argue that and that the Magistrate would not take this into account and probably not grant the Final order.

This attitude on behalf of the Duty Lawyer and allegedly the Magistrate demonstrates a lack of understanding at times on behalf of professionals in the legal arena to comprehend the emotional impact that FV has on competent, intelligent women.

Kindergarten
It was crucial that Eve manage to provide the kindergarten with the Interim Order once it had been served on Jacob. This needed to be done with precision as if there was a delay she was gravely concerned that Jacob would pick Toby up and not return him.

Access

Eve desperately wanted Toby to have a positive relationship with his father. She wanted them to have regular access but she was fearful of Jacob using Toby to hurt her and uncertain about his capacity to parent Toby appropriately. She had no-one that she could use to supervise access between them. She could not afford to pay for a contact service and there was a 6-12 month waiting list for the one funded contact centre that she could be reasonably expected to travel to. If the supervision of access became her responsibility, she constantly had to place herself at Jacob's mercy for Toby's sake and put herself in a position to repeatedly be demeaned.

Cultural Issues

The organisation which could grant Eve a religious divorce generally only did so when the husband requested one. As Jacob refused to do this, advocacy was required to alert this body to Eve's special circumstance and the role that FV played in her need for a divorce with or without Jacob's agreement. If a religious divorce was not granted it would impact Eve's ability to marry within her faith in the future and any children produced would be considered illegitimate.

Further complications

Eve had also received legal advice regarding her returning with Toby to her home country but she had been advised that it was a complicated procedure whereby Jacob could request that they be extradited back to Australia and she would have to prove abandonment.

It could be expected that Eve would feel a sense of relief once granted an IO. However her overwhelming sense was one of guilt and shame. She could not help but be concerned for Jacob's welfare and how he was managing out of the family home. She was concerned about the impact witnessing FV had on Toby and how he would react to not having his father at home. She felt shame at having "failed" to make her marriage a success and blamed herself for the abuse she received wondering what she had done to deserve it and how if she was a "better wife" maybe if would not have occurred.

Eve is still processing her circumstances and working through the current issues and future challenges. She feels supported and is grateful for the assistance she has received but there is a level and state of fear that is constant in her life.

Addendum 2:

Case study: Family Violence Team in consultation with Youth and Family team
Family with a history of entrenched family violence between the couple
Male and Female: Attended couples counselling
Female: Attended anger management group
Male: Attended Family Violence counselling
Children and adults: Engaged with a youth and family support worker

Reason for Initial Referral

Alex is [redacted] years old and his partner Bev is [redacted] years old. The couple have been married for 16 years. They have two teenage boys Chris and Clive age [redacted]. Alex works full time. Bev worked full time until she gave up work to care for her ill mother. Bev has stated she has lost confidence to return to her previous employment.

Alex and Bev moved into a home and began renovation when they were both employed. They now have financial issues and cannot complete their renovations adding further stress to their relationship.

Alex and Bev attended couples counselling at Family Life. During this service it became apparent that there were significant Family violence issues. The counsellor identified the use of family violence by Bev towards Alex prevented positive outcomes from relationship counselling. The couple could not discuss their issues without it developing into an argument. It was recommended they address these matters before resuming Relationship Counselling.

Family Violence assessment and referral

Alex and Bev attended a separate family violence assessment. During this assessment Alex presented as a victim of Family Violence. Alex stated he did not believe he needed to attend the MATES (Men's behavioural change group) and during the assessment he did not disclose any use of violence in the relationship. He reported Bev had used emotional violence in the form of name calling, insults and putdowns, physical violence of pushing and shoving and verbal violence of swearing, yelling and shouting.

Alex suspected Bev had undiagnosed mental health issues that were not followed up through a GP and therefore were untreated. Strengths were identified by the couple and included their connection to culture and family, strong religious beliefs and stable housing. Bev did not initially disclose Alex used violence towards her, and she was referred externally to an anger management group for women. The children were referred to a family support worker in the youth and family team.

Alex requested individual Family Violence counselling to have a better understanding and discuss strategies to assist his relationship and parenting. After consulting Bev's assessment, this was offered to Alex. Alex stated he did not want to separate from his wife and partner Bev. Alex was assessed as not suitable for the MATES group as he could not identify any violent behaviour he had used.

Bev was referred to another service where she attended a women's anger management group. The family was also referred into the Youth and Family Team for a youth worker to support their teenage boys.

Psychosocial issues that were present for client/family

There were a number of identified barriers preventing the family from reducing violence and improving their situation. The couple continued to blame each other and the children were not accepting rules of engagement and being respectful. The couple had difficulty in self-regulating and containing their conflict and negative body language. Both identified themselves as victims and blamed the other as the main abuser / aggressor.

Goals and case plan

Alex identified the following goals in his first counselling session. He wanted to have a peaceful and happy family without family violence being present, a better understanding of the impact of Family Violence and to have strategies to assist in minimising the effects of violence on the children.

Theories, therapies and/or approaches that were used with Alex

Family Violence psycho-education included presenting a definition of family violence, types of violence and the cycle of violence were used to explore a broad range of abusive behaviours and discuss how they are used for intimidation and controlling of others.

Karpman's triangulation was presented. This highlighted the roles of Abuser, Victim and Rescuer and how these roles triangulate during a conflict. It became clear to the parents that the children took on a role of rescuing their parents from their conflict. Presenting the dynamics of triangulation enabled a discussion about the effects of Family Violence on children for the present and their future relationships. It became clear to Alex that violence was being normalised and modelled by the parents.

A genogram highlighted patterns of beliefs and behaviour within Alex's family of origin and the role this had in his present family. This also highlighted Bev's family losses which affected her deeply while Alex appeared not to be as affected.

Strengths cards were used as a valuable tool which provided Alex with a visual cue by identifying current concerns and future goals.

Cognitive Behavioural Therapy (CBT) was used to challenge beliefs and behaviours by reframing issues and contextualising the issues the family were experiencing.

The timeout strategy was used as a structured tool to reduce stress and anxiety and monitor the build-up of stress leading to violence for Bev, and to monitor Alex's responses to this. The rules were explained to demonstrate time out was not a means of avoiding issues.

Core Communication skills and process was used to provide Alex with a framework to navigate the way he worked through the process of communication to explore the issues and the possibility of achieving more positive outcomes.

Outcome of Anger Management group and Youth and Family Support for Bev

Bev made substantial changes during and after attending the external women's anger management group. She became more confident, assertive and discussed issues at home freely with Alex. In addition, she found ways to control her anger and frustration by being aware of her build up, body signs and when she can consciously exit before using violence.

In addition, Bev had the courage to disclose the use of verbal and emotional family violence by her partner and her children towards her. Bev became aware she was isolated, belittled and powerless in her relationship and felt she had been blames for the whole family's problems and issues. Bev also felt empowered by the work she undertook with the youth and family worker by gaining a deeper understanding of parenting and how to manage her feelings, thoughts and behaviour when she was around her children.

Cross-team work

A joint session was arranged in the family home with the parents attending with the youth practitioner and the family violence counsellor. The children were not present. The parents were supported to build a positive and respectful relationship with strong boundaries between themselves and their children.

Community Based Child Protection (CBCP) was consulted. There was insufficient risk of harm to investigate and the family were engaged with family services. In addition, the situation was being monitored with services and the school and the children are at age where they were able to self-protect.

Key learning and reflection for the practitioner

Gathering information became important in understanding how Alex had minimised his use of family violence. Similarly, it became a learning journey for all of the practitioners to note that Bev had not been willing to disclose at the beginning of the service that she felt she was also a victim of violence by all three family members. It became apparent that Alex had placed the blame of the couple's conflict with his partner Bev while using his relationship with his son's to isolate Bev within the family. It appeared the Karpman's triangle was perhaps the clearest way to visualise the family member's behaviour as each family member was a victim and perpetrator at different times in the drama with the children being rescuers of the parents. It is noted that while the parents continue to play out the drama, the children will most likely model the behaviour of the parents and be forced to accept a position against another parent. This is viewed as destructive and harmful to the children's social, emotional and intellectual development and sense of security and stability.

Practitioner's consultation with others and actively listening to clients can provide a better understanding of the problem and assisted the family to find more positive ways of behaving.

It is likely that the children will adopt the parents model of relationships and conflict management into their future relationships and continue the cycle as a long term effect of family violence on children unless the parents are able to make sustained changes to his behaviour.

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