

Submission to Royal Commission into Family Violence

I respectfully submit the following in the hope that it might contribute constructively to your deliberations. This submission is mine alone and is based on more than twenty-five years personal experience working and researching in the area of family violence.

Question One Are there other goals the Royal Commission should consider?

- Identify structural inequalities and growing poverty as contributing factors
- Highlight patriarchy and male entitlement as underlying causes of FV
- Address the normalisation of abusive and controlling behaviour by men (mostly)

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.

There have been enormous improvements over the past twenty years, at the same time currently the MBCP are unable to cope with the flood of referrals from VicPol. As a result, men who are referred to a MBCP, following an FVI, are not being contacted and don't take it seriously.

Bsafe needs to be expanded across the state.

Question Three Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

The Police Code of Practice, because now they do respond to incidents of Family Violence. This could be improved by more training of the police to make clearer discriminations about risk, when referring with the L17 forms. ...so that MBC programs can prioritise.

The use of CRAF needs to be standard across all statutory bodies dealing with men's violence against women and children, with assessments standardised and linked to FV database for tracking of recidivists.

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.

Currently, the 3 yr Prevention of Men's Violence Against Women Project (PMVAW), auspiced by Gippsland Women's Health, is in its final year. Our evaluation team report is due in December this year to Dept of Justice. <http://www.gwhealth.asn.au/pages/violence-prevention.html>

Question Five If you or your organisation have been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.

Early anecdotal reports from the various nested projects within PMVAW (above), in industry, local government and in sporting clubs, as well as from a social media campaign, suggest constructive learnings and effectiveness. These will be elucidated in the final report due in December.

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?

Men growing up in a family of origin where girls were not treated as equal to boys, and where alcohol related violence occurs. Similarly, where there is a strong sense of entitlement by males. http://unwomen-asiapacific.org/docs/WhyDoSomeMenUseViolenceAgainstWomen_P4P_Report.pdf

Many men grow up learning that they have a right to preferential treatment, as males. When this sense of entitlement is challenged, they choose abuse in various forms to control. This is normalised and legitimated by various cultural and religious means. Those coming from many other cultures see gendered control and use of power and discipline as not only normal but desired (by men at least).

When society/community challenges these beliefs of gendered privilege, and hold men accountable for any abusive behaviour, those men often feel aggrieved and usually perceive themselves as the victims, misunderstood and unfairly treated. In MBC programs, such men act and speak to elicit sympathy support and collusion by other participants in the group. It is essential to challenge their construction of reality by first engaging this them, hearing their story and its meaning for them. As one researcher termed it "Making Sense with Offenders" <http://www.amazon.com/Making-Sense-Offenders-Constructs-Rehabilitation/dp/0471966274>

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

Respect, empathy, living conditions that allow for personal space (not overcrowded), role modelling by male parents of loving kindness, shared parenting, shared housework, control of anger and frustration. Attending in the now, listening with unconditional positive regard.

Role modelling by fathers that reflects compassion rather than control, humility rather than arrogance, honesty rather than deceit and forgiveness rather than hardness of heart towards spouse and children.

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.

There needs to be a family violence index, that is shared across jurisdictions, that enables the tracking of recidivists and which compliments CRAF. Privacy rights can be addressed by the use of a unique identifier.

Working with men who use violence, in MBC programs, is very challenging. The drop out rate for trained workers, qualified to facilitate groups, is alarming in Gippsland. There is a need for adequate debriefing and for additional support by management. Related to this, it is important that management styles in agencies, reflects the sort of values that are being proposed in MBC programs: Respectful relating, Human Rights, non-intimidatory, gender equity, fairness and honesty, to name a few.

Question Nine Does insufficient integration and co-ordination between the 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.

The continuation of a siloed approach across Govt Departments prevents effective collaboration. The inter-departmental Ministerial Advisory committee for FV reform needs to be re-established, including the Ministers of Health and of Education in order to link post-event responses that are reactive, with prevention and early intervention. Eg In schools, ethical behaviour, respect, empathy, safety strategies, human rights, anger and frustration control, as well as alcohol and other drug education, all need to be part of the curriculum for every child. This includes recognising that difference is exciting and enriching, rather than threatening and depleting, whether it is difference in gender, race, ethnicity, age, socio-economic, or cultural background.

How much does the aggressively competitive, disrespectful and combative nature of our State and Federal political systems and the way they play out, including in the media, reflect dehumanising and abusive ways of dealing with others? Just as men privilege their abusive behaviour in the family, justifying it in the interests of (their) greater good, so too, is similar behaviour justified in terms of the common good, by some politicians and bureaucrats. Such behaviour fills ordinary people with dismay, sets up destructive processes, legitimises controlling behaviour (the end justifies the means) and undermines human rights (often whilst claiming to protect them). Abusive men who use violence in their family also seek to moralise hypocritically at the same time.

At the level of service provision, Compulsory Competitive Tendering often undermines hard won collaboration between dedicated services in the Family Violence service sector. In regional areas in particular this can have a hugely detrimental effect to an effective inter-agency response, particularly on practice outcomes eg. Reticence to refer or take referrals from a 'competitor' in CCT round. Such situations play into the hands of men seeking to avoid the consequences of their behaviour and not be held accountable. Of course this also leave women and children at further risk.

Question Ten What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

The Caledonian Project in Scotland uses an holistic model, based within the probation service, to hold men accountable and women safe. It is backed by the Scottish Parliament and provides training to workers and accreditation to agencies that meet strict criteria.

<http://www.gov.scot/Topics/People/Equality/violence-women/CaledonianSystem>

<http://www.butlertrust.org.uk/moira-andrew-rory-macrae-monica-wilson-edinburgh-cjsw/>

Similar accreditation of MBC programs, by NTV is essential for tightening accountability mechanisms in programs for men who use violence.

At the same time a current radical barrier to integration, between MBC programs and the rest of the FV service system is the disconnect between the number of referrals being received and the resourcing of MBC programs. Eg in Gippsland, the Latrobe Community Health Service MBC program is funded annually for 120 men and had received 2200 referrals, mostly L17s, for the past 10 months. The women's programs in the region also report unsustainable referrals.

As I have noted elsewhere, a major barrier to integration and co-ordination, is Compulsory Competitive Tendering. One suggestion is that the Regional FV Reform Steering Committees have a greater role and authority in the ongoing resourcing of this sector, so that funds might be used more effectively. Funding should not be tied to a short cycle, but be reliable enough for good, dedicated and experienced workers, doing very difficult work, with women and children who have suffered abuse, or with men being held accountable for that abuse, to have a sense of job security. This is especially poignant in regional areas where there is a critical shortage of trained workers able to do this work, without their own health suffering at the same time. Peer support and professional debriefing for those working in this field, either with women or with men.

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?

BSafe

Changing community attitudes to men's abusive and violent behaviour.

A strong FV service: **The system matters, but the mates matter more.**

Change men's abusive beliefs by getting all men to take a hard look at themselves and what they think is OK. Eg would they want their sister, mother, daughter treated with this sort of abuse? If men challenged their mates about what they recognise as abusive or controlling, they would no longer be complicit bystanders allowing the destruction to continue. Let men look in the mirror and recognise what they need to change, in themselves, as well as in challenging abuse when they encounter it.

The White Ribbon Campaign has made some inroads along this path.

Question Twelve If you, your partner or a relative have participated in a behaviour change program, tell us about the program and whether you found it effective. What aspects of the program worked best? Do you have criticisms of the program and ideas about how it should be improved?

Question Thirteen If you, your partner or a relative have been violent and changed their behaviour, tell us about what motivated that change. Was a particular relationship, program, process or experience (or combination of these) a key part of the change? What did you learn about what caused the violent behaviour?

My PhD, entitled *A Constructivist Approach to Challenging Men's Violence Against Women* is available at: . <https://minerva-access.unimelb.edu.au/handle/11343/39422> this research contains many examples related to your question. At the same time I would say that the key learnings from this research were, firstly, that the MBC program must be part of a structured collaborative approach, strengthened by inter-agency protocols and MOUs, secondly, that men who use abuse in their relationships need to be referred as early as possible, and thirdly, that engagement with the meaning making of the men, their personal constructions of reality, is essential in getting them to the possibility of lasting change. In this regard CBT is not the answer, in my opinion.

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?

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.

My PhD, entitled *A Constructivist Approach to Challenging Men's Violence Against Women* is available at: . <https://minerva-access.unimelb.edu.au/handle/11343/39422>

For a very powerful recent evaluation of MBC program by a leading feminist academic in this area and advocate for at least the last 30 years, Prof Liz Kelly, see: <https://www.dur.ac.uk/resources/criva/ProjectMirabalfinalreport.pdf>

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?

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?

Regional isolation, entrenched patriarchy in rural communities, coupled with close extended family or friendship networks that often tend to protect the domestic bully (because he is a mate), and blame the victim, rather than challenging the man about his behaviour, getting him to seek help and at the same time standing with the woman, in support and empowerment.

During times of natural disasters, eg bushfires, it has been apparent that hypermasculinity kicks in for some men, leading to intimidating and scary behaviour, risky and dangerous driving, often drink related, that leaves his family in fear and anxiety. A number of men who have done heroic deeds in saving lives and property, at the same time put their own families in jeopardy. Often their mates and other women seek to excuse them on the basis of their heroic community service. When families break down in such circumstances, women are often blamed for not being understanding enough.

So called initiation rites in male sporting teams, particularly football, where young team members have a 'team building' and 'bonding' exercise by all having sex with the same young woman on the same occasion. Such sexually exploitative and abusive behaviour certainly influences men's violence against women. There is a strong connection between sexual assault in the community and so called family violence, in that most sexual assault and rape occurs in the home. Women and children are statistically safer on the streets than in the home. Apart from anything else, this should be a thing of great shame to all men in our society. Some men's violence taints all men. Some men's violence and sexual assault will continue until all men stand against it and challenge it.

The FV Service System and the CASAs must work more closely together, to address men's violence, just as Child Protection and VicPol are learning to do better.

Question Eighteen What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

The unique circumstance of regional and rural communities need to be acknowledged and FV services resourced sufficiently.

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

Question Twenty Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

Mainstreaming of ethics/respect education, safety strategies, personal responsibility, rights and duties, bullying, in the school curriculum for all children...not just for 'problem' children.

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

Timely Justice system response, engaging men at the psychological moment (the window of opportunity), early enough that they may still be somewhat remorseful and ready to take on responsibility to change, rather than being forced (and not taking responsibility).

Have a range of possible MBC programs that recognise the various levels of severity of violent and abusive behaviours, according to CRAF, before the behaviour escalates and the man ends up in the Criminal Justice System

Underlying Principles:

Men are not born violent. It is learnt behaviour, used to serve their sense of entitlement.

Learned violent and abusive behaviour can be unlearned, hence men can change, there is hope. At the same time it is important as a practitioner not to give false hope to a woman, that might put her at further risk. Most women in abuse want their men to change and believe he can, which is part of the reason that many return and suffer further abuse.

Rehabilitation must prioritise the safety of family members. Long term desistance from violence by men, requires longer term resourcing. Post MBC programs to address ongoing issues, are crucial.

Homelessness is largely caused by men's abuse and violence. Constructive and respectful role modelling by parents is crucial to a sense of family safety and well-being. Men who have grown up in families where there was gender inequality, unsafety and alcohol related violence, find it difficult themselves to know how to parent effectively and safely. Family Violence is a Human Rights issue. Engaging boys and men in Gender Justice and challenging Gender Inequality is essential.

Organisational and political bullying, power and control dynamics, contributes to a culture of abuse in the community.

Need for a family violence index that is like Google map (Earth View) of FV relationships, situating and relating various aspects and providing a bird's eye view for policy makers, therapists, and the general community to see the 'intersectionality of men's violence against women'.

Intersectionality:

<https://www.opendemocracy.net/5050/samir-jeraj/domestic-violence-on-frontline-of-intersectionality>

<http://sp.oxfordjournals.org/content/early/2013/12/16/sp.jxt019.abstract>

In relation to men who use violence against women, intersectionality may also be usefully applied, both in understanding the various intersections and in developing effective curricula for MBC programs that lead to lasting behaviour change.

Finally, my reflections here are the distillation of more than 1500 hours working with men in SHED behaviour change groups in Moe (1994-2002), hearing their stories; Hearing the stories of partners; Establishing an inter-agency collaborative approach to FV; Researching for a PhD. <https://minerva-access.unimelb.edu.au/handle/11343/39422> and subsequent research projects, eg <https://www.vichealth.vic.gov.au/media-and-resources/publications/gippsland-community-walk-against-family-violence>

I wish you every success in your important work.

Chris Laming

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