



**THE FAMILY VIOLENCE PREVENTION FOUNDATION OF
AUSTRALIA**

ABN 97 140 937 382

**SUBMISSION TO THE ROYAL COMMISSION INTO FAMILY
VIOLENCE**

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**Royal Commission into Family Violence
Submission by Violence Free Families**

CONTENTS

Section	Subject	Page
	Summary	
1	Introduction	1
2	Recommendation 1 – Online Men’s Behaviour Change Program	2
3	Recommendation 2 - Men’s Behaviour Change Program Guidelines	3
4	Recommendation 3 – Service Integration	5
5	Recommendation 4 – Brokerage Service	6
6	Recommendation 5 – Human Resources Ethics Committees	7
7	Conclusions	8
Attachment 1	Men’s Behaviour Change Programs	A1-1
Attachment 2	The Online Men’s Behaviour Change Program	A2-1
Attachment 3	Trauma and Parenting	A3-1
Attachment 4	Research into Men’s Behaviour Change Programs	A4-1

**Royal Commission into Family Violence
Submission by Violence Free Families**

SUMMARY

Violence Free Families (VFF) is a national charity dedicated to the prevention of family violence. We believe that all people have the right to live in their homes free of violence, fear and intimidation.

We have focused our work on innovation in the field of men's behaviour change programs (MBCPs). We believe that these are one of the most cost-effective forms of behavioral change interventions to prevent violence. VFF has an accumulated 20 year history in program provision, research and development.

MBCPs are already an effective tool but the concept has the potential for much greater application. Improved programs can now be developed using the strong evidence-based research available, and delivered in settings that integrate with a range of supporting services. There is a need for innovative extensions of MBCPs, including flexible delivery over the Internet, entry programs, post-program support, Indigenous and CALD-specific versions. Attachment 1 has more background information.

Our recommendations are:

- 1. That the Royal Commission recommend Victorian Government funding of \$2 million over three years for the new online men's behaviour change program developed by Violence Free Families. This would finance ongoing provision of the online program, the further development and delivery of the program for CALD and indigenous communities, and other related behaviour change programs.**

This program, now developed and tested, can fulfill large areas of unmet need for programs in rural and remote areas and address other circumstances that limit men's access.

- 2. That men's behaviour change programs be developed further within the following framework:**

- **Greater recognition of early childhood trauma and mental health issues in the lives of participants in MBCPs.**
- **Wide stakeholder representation in developing and reviewing any MBCP standards guidelines.**
- **Implementation of any standards guidelines for the conduct of MBCPs remaining the responsibility of providing agencies.**
- **Multiple accreditation paths for MBCP facilitators, including recognition of prior learning.**

VFF has experienced the current system as highly resistant to change and independent research. There is now a need to recognise the developments in understanding of men's behaviour to include intervention and treatment of psychological determinants

- 3. That the Victorian Government establish a system for integrated service provision for men who have health and welfare problems related to family violence, such as mental health and substance addiction.**

Current interventions, programs and systems do not adequately recognise the complexity of client's problems and their multiple interactions in multiple service systems. A multi-agency case management system is required.

- 4. That the Victorian Government expand the multi-agency case management system for families at risk of violence and abuse and include a brokerage system to provide for the purchase of services beyond the capacities of Government departments.**

A brokerage system will ensure that Government departments have access to all the expertise of agencies which interact with children and families exposed to family violence.

- 5. That the Victorian Government establish a Statewide human resources ethics committee for social work research.**

The current multi-committee system deters large scale research.

Our submission provides the background and justification for these recommendations.

Royal Commission into Family Violence Submission by Violence Free Families

1. Introduction

Violence Free Families (VFF) welcomes this opportunity to respond to the Royal Commission into Family Violence Terms of Reference.

Violence Free Families is the trading name of the Family Violence Prevention Foundation of Australia, a not-for-profit charity having as its objective the prevention of all forms of family violence.

VFF was founded in 2009 in Melbourne, following many years of work by predecessor organisations, and enjoys the support of the Rotary movement, philanthropic trusts and individuals. Our work to date has focused on the efficacy and durability of men's behaviour change programs through a longitudinal study in association with Monash University, an earlier research evaluation of interventions with domestic violence perpetrators, and the creation of an online men's behaviour change program (OMBCP) to improve the quality and reach of behaviour change programs for violent and abusive men. The Commonwealth Government supported VFF research with Monash University in 2012/13 with a grant of \$100,000.

The online men's behaviour change program (OMBCP), incorporating insights from our research and other activities, is now ready for broader rollout Victoria wide.

The OMBCP will give the community, for the first time, the ability to bring services to the very large numbers of men, and their families, who have no other access to this kind of support, especially outside the main cities where program supply is limited or non-existent. The program is a world first, and Statewide implementation will make Victoria a world leader in this field.

Our second and third recommendations arise from the desire to realise the 'social dividend' from our research and studies of related literature. We have experienced the current situation in Victoria in relation to research and innovation as highly resistant to change. Recommendation 2 looks towards a system that encourages innovation and flexibility in programs and recommendation 3 seeks to improve the context in which programs are provided, more fully recognising the complexity of the needs of violent men and their families.

The fourth recommendation suggests a means by which the third recommendation might be implemented and ensures that Government departments have access to the expertise of other agencies interacting with families, particularly their children who are exposed to family violence.

The fifth recommendation brings to attention another of the impediments to our research, the plethora of ethics committees that any large-scale research into family violence, and indeed any social work research must navigate before implementation. We argue that this multiplication is value-subtracting and a significant deterrent. In the public interest, we need a better way.

Royal Commission into Family Violence Submission by Violence Free Families

2. Recommendation 1

That the Royal Commission recommend Victorian Government funding of \$2 million over three years for the new online men's behaviour change program developed by Violence Free Families. This would finance ongoing provision of the online program, the further development and delivery of the program for CALD and indigenous communities, and other related behaviour change programs.

Reasons for this recommendation

Violence Free Families has developed a new online men's behaviour change program to help men, and their families, who have no other opportunities for support of this kind. The OMBCP will give the community, for the first time, the ability to bring services to the very large numbers of men who have no other access to this kind of support, especially outside the main cities where program supply is limited or non-existent. The OMBCP also addresses other barriers such as a lack of transport, lack of access to public transport, issues around shift work and childcare, and privacy and confidentiality, which can be a significant barrier in small rural and remote communities. The program is a world first, and comprehensive trials conducted over 18 months have shown that it is at least as safe and effective as a face-to-face program. Statewide implementation of this innovative program will make Victoria a world leader in this field.

After two years of investigation, design and development by a Victorian based consortium of experts and 18 months of trials, rigorously evaluated by the University of Melbourne, the program is now ready for Statewide rollout. Expressions of Interest from potential providers have been evaluated and we are now in contract negotiations with a preferred provider that has an established national public profile and relevant expertise in delivering services 24/7/365 for government and other entities

In anticipation of the rollout of the core OMBCP, consideration is now being given to the development of variants or modules of the program for CALD and indigenous communities, as well as much-needed ongoing support programs.

This world-first initiative represents an investment by the philanthropic sector of \$200,000, plus contributions in kind of the same order of magnitude. The potential benefits of the asset that has been created should now be realised.

Support for this initiative will address many government concerns around access to MBCPs, provide a cost effective means of reaching communities that otherwise do not have access to these programs and place Victoria at the international forefront of service provision in the prevention of family violence.

Violence Free Families has already made a submission to the Victorian Government for funding to support the implementation of the program on an ongoing basis and we are now seeking the support of the Commission for these funds and additional funds for adaptations of the online program for delivery to CALD and indigenous communities.

For further details, please see Attachment 1.

Royal Commission into Family Violence Submission by Violence Free Families

3. Recommendation 2

That men's behaviour change programs be developed further within the following framework:

- *Greater recognition of early childhood trauma and mental health issues in the lives of participants in MBCPs.*
- *Wide stakeholder representation in developing and reviewing any standards guidelines.*
- *Implementation of any standards guidelines for the conduct of MBCPs remaining the responsibility of providing agencies.*
- *Multiple accreditation paths for MBCP facilitators, including recognition of prior learning.*

Reasons for this recommendation

MBCP standards

The concept of minimum program standards is attractive and the introduction of such standards in Victoria about 20 years ago was an important step forward. However, if standards are not regularly reviewed they can inhibit progress and fail to take account of advances in knowledge and practice. Two recent papers supporting this view of minimum standards are cited in Attachment 4.

Currently, State Government funded MBCPs must conform to the No to Violence minimum standards. These standards are based on the "Duluth" model of behaviour change programs, which is now over 30 years old, and have not been substantially upgraded in recent years.

In the view of Violence Free Families, considerable advances have been made in the understanding of male violence, especially in recognising the impact of trauma, mental illness and substance abuse. These problems do not fit neatly into the prevailing gendered analysis of the determinants of family violence and are not systemically addressed under present policies. These advances in understanding now need to be incorporated into the design of MBCPs and any review should be done with broader participation.

Views on this need are set out more fully in Attachment 3.

Facilitator accreditation

The only current accreditation path for facilitators in Victoria is the Swinburne University-branded program delivered by NTV. There is no mechanism for recognition of prior learning or experience in delivery of relevant programs. Victorian Government funded programs must employ at least one facilitator in each program who holds the Graduate Certificate in Social Science (Male Family Violence) issued by Swinburne University for the NTV training course.

VFF believes that this 'monopoly' represents a conflict of interest and should end. Multiple pathways to accreditation should be accepted, including recognition of higher qualifications such as Bachelor's Degrees, Masters and PhDs. Thereafter, any gaps in knowledge can be addressed through professional development and the undertaking of certain modules to address such gaps. Such an approach represents a significant cost saving to government and employers and will ensure a larger supply of MBCP facilitators.

Royal Commission into Family Violence Submission by Violence Free Families

The responsibility for assuring compliance with the minimum standards for the engagement of MBCP facilitators should remain with the employer of the MBCP facilitator and simply form part of the self-attestation for Government funded organisations.

MBCP accreditation

Victoria does not have a formal 'accreditation' process for MBCPs, although programs that do not follow the NTV minimum standards are not eligible for the Victorian Government funding.

VFF does not recommend any change to this system. If a more formal accreditation process were to be considered, it would need a strong business case to justify its effectiveness and cost to program providers and it would need to show how it would encourage innovation and avoid the rigidity of the present system. We view the risks as much higher than any possible gains.

Royal Commission into Family Violence Submission by Violence Free Families

4. Recommendation 3

That the Victorian Government establish a system for integrated service provision for men who have health and welfare problems related to family violence, such as mental health and substance abuse.

Reasons for this recommendation

Victoria needs improved client-centred systems to facilitate interaction with other avenues of support for violent men seeking rehabilitation.

Childhood and later trauma is present in a high percentage of clients of MBCPs and needs to be more fully recognised in programs and supporting systems.

In addition, mental illness is self-reported in approximately one-third of men in our two research studies through Monash University and nearly the same percentage has been identified as having substance abuse or addiction problems. MBCPs are not designed to address these issues and they do not appear to make any difference to the levels of mental illness being reported.

Along with MBCPs, male perpetrators of violence and abuse need greater access to individual counselling, dedicated group therapy, dedicated parenting programs and services for mental health, substance abuse, employment and finance problems. Programs require development to achieve integration with supporting services. Service providers and their staff need support for innovation in the design and implementation of these programs.

Attachments 3 and 4 have more detail on these issues.

Elements of a solution would include systematic referral processes for men who are screened out of MBCPs at the intake assessment stage and who are identified as having needs at a formal completion assessment. A Statewide database similar to the comprehensive "Jigsaw" data base compiled by On The Line for their MensLine and other services would provide referral pathway information.

**Royal Commission into Family Violence
Submission by Violence Free Families**

5. Recommendation 4

That the Victorian Government expand the multi-agency case management system for families at risk of violence and abuse and include a brokerage system to provide for the purchase of services beyond the capacities of Government departments.

Reasons for this recommendation

VFF believes that there is insufficient co-ordination and case management of families that present multiple times to multiple agencies in multiple jurisdictions. We need to create a 'lynch-pin' capacity between responding agencies in all jurisdictions to create a family case-management system. This needs to occur on a Statewide basis, in a planned and coordinated way rather than the 'happenstance' way that families currently access services.

Further, VFF believes that a brokerage system should be introduced that would allow Government departments such as DHHS, Child Protection, Corrections Victoria and the State and Federal courts to purchase services from agencies with expertise in, for example, early childhood development through to parenting programs, financial planning, relationship counselling, family therapy and family law dispute resolution, to name a few. Key to such brokerage services is that they are engaged as early as possible in the interactions of the individual, couple or family with any given Government body and, certainly prior to the DHHS and/or Child Protection litigation. Such services should be engaged through the brokerage system from the outset of any given case matter.

Royal Commission into Family Violence Submission by Violence Free Families

6. Recommendation 5

That the Victorian Government establish a Statewide human resources ethics committee for social work research.

Reasons for this recommendation

The experience of mounting our current longitudinal study into the outcomes and processes of MBCPs was that we had to obtain the clearances of the ethics committees of Monash University, the Victorian Department of Justice, and about six agency ethics committees, some of them formed primarily for medical research and not well informed on social work research. The costs and delays involved were very significant and our view is that these committees added negligible value to the study and were a net drain on our resources.

The present system is a significant deterrent to large-scale social work research in family violence and other fields. It is understood that the Tasmanian Government has instituted a State Human Research Ethics Committee led by the University of Tasmania¹ and that approval by this committee is considered adequate in general by agencies operating in that State. Victoria should adopt a similar approach.

Further, it is fair to say that if we had known at the outset of this research the level of hostility with which it would be greeted by some organisations in the sector and the complexity and costs of dealing with multiple ethics committees, we would not have undertaken it.

¹ “The Health and Medical HREC is a committee of the HREC (Tasmania) network, to be known as the ‘HREC’. Under the University of Tasmania Research Ethics Policy the HREC has responsibility for the review of all health and medical research projects involving human participation that are undertaken by researchers of the University of Tasmania and through agreement, the Department of Health and Human Services and external researchers who are not affiliated with these organisations. “

Extract from the Terms of Reference for the University of Tasmania HREC, 15 Dec 2014;
www.utas.edu.au

Royal Commission into Family Violence Submission by Violence Free Families

7. Conclusion

In providing this response we are taking for granted the understanding of the prevalence of the family violence problem and have focused our attention on our innovations for better prevention.

Whilst Violence Free Families supports the gendered analysis of family violence and the social determinates underlying violence and abuse, we argue here that *along with* this view of family violence we must now look to multiple-disciplinary and cross-disciplinary approaches to prevention and early intervention.

Key is the need to find ways to explore both the socio-political determinants of family violence *and* the psychological and psycho-social determinants in ways that are not mutually exclusive but complementary. We need to consider the cultural and sociological along with the intrapersonal and psychological without fear that the message of one will dilute, or negate, the message of the other.

Violence Free Families' fear is that without such an approach to prevention, the development of early intervention and prevention programs will be inhibited and limited. Public awareness of family violence will increase, as it rightly currently is, but actual violence and abuse may well linger in Australian homes at its current levels. "We know of no topic which spans such a wide range of disciplines... The divergence in specializations characterizing the field of domestic violence has hindered the process of working together to solve the problem of violence against women (Gottman J. and Jacobson N., 1998, "When Men Batter Women—A Unique Research Project on Domestic Violence", p.272.)

We commend VFF's recommendations to the Royal Commission.

Attachment 1

Men's Behaviour Change Programs

1. The Role of Men's Behaviour Change Programs

Men's Behaviour Change Programs (MBCP) are a cost effective tool for preventing the use of violence by men who undergo them. MBCP are typically conducted in face to face groups of 10 to 15 men, sometimes more, who are guided through a 'curriculum' by two facilitators, one male and one female, for 13 or more weeks of up to two hour sessions. Two facilitators are required for personal safety reasons, and to provide a role model of a male and female working co-operatively.

In the better funded programs, partners and former partners are involved from the outset and offered support and safety planning by the providing agency. In some instances providing agencies also offer a partner contact evening and free counselling services.

Studies indicate that these MBCPs are effective at about the 70% to 75% level¹ in reducing the number of incidents of violence and their severity, as reported at the end of the program. Men enter the programs as a result of court orders or referrals, social welfare agency referrals or voluntarily. There has been a marked increase in the percentage of men entering from the criminal justice system over the past decade, from around 33% to approximately 65% currently.

Statistics on the numbers of men undergoing these programs in a year are not kept but the authors of this submission have made a broad estimate of 1,000 men, based on information collected in the course of current research by Monash University. With recent reports indicating that there is also a large number of men on program waiting lists. "There are "about 700 men just waiting to be assessed for one of the State's 35 men's behaviour change programs, and 300 waiting for a place" (Herald Sun, 2015).

MBCPs are a relatively cost and time effective, but under-utilised, tool from a Government policy perspective and they should be encouraged and developed to their full potential.

2. The Evidence that MBCPs Work

Few studies of any size into the effectiveness of MBCPs have been conducted in Australia. Outside Australia, the only completed large scale longitudinal study to have been reported was conducted in the USA about 14 years ago² and it showed encouraging results, with men tending to improve after the completion of their programs. However, this study was carried out on programs with considerable differences from those currently in use in Australia, and on a different mix of men from those typically encountered here. A study in the UK (Project Mirabel, Durham University) has recently been completed confirming the general outcome.

Two small short term studies in Victoria^{3,4} showed encouraging results, the first of these indicating that men completing programs had reduced the number of self-reported violent incidents by 50% and that the severity of those incidents was much less than at the start of their programs, leading to a notional figure of 75% improvement.

In 2011, Violence Free Families engaged the services of Monash University to conduct the first large scale, long term evaluation of the effectiveness of MBCP in Australia. The need for this study was independently confirmed by a survey of providing agencies and subsequently commissioned by the Commonwealth Government and carried out in 2012 by Urbis.

Royal Commission into Family Violence Submission by Violence Free Families

VFF highly credentialed study⁵, running in three States, has, most regrettably, been hampered in Victoria by non-cooperation and resistance from No To Violence and social welfare agencies influenced by them.

Nevertheless, information is becoming available that confirms the short-term outcomes from earlier, smaller studies, and has thrown some quantified light on the extent of mental illness and substance abuse implicated in the perpetration of family violence. Longer term results are awaited and, even after this project has been completed, further studies will be needed.

3. Theory of MBCPs

There are two broad theories underlying current MBCPs. In practice, many lie between the two extremes identified here and many use a number of approaches simultaneously, despite the inconsistencies.

The first approach derives from feminist theory and considers that men have been brought up in a patriarchal environment marked by a sense of privilege and entitlement that encourages them to see themselves as superior to women and to control them. The role of program facilitators is to confront violent behaviour and teach simple applied techniques for change. There is a strong emphasis on inculcating a sense of gender equality and to re-think limited interpretations of masculinity. This is commonly known as the “Duluth” model from its origins with US women’s groups in a town of that name over 30 years ago.

The second theory is more psychotherapeutic in approach and recognises that the men often do not understand that they exhibit patriarchal behaviour and that there are also multiple problems in their backgrounds. It attempts to address this from a more psychological perspective while not colluding with the men to condone their behaviour.

The first theory risks being judgmental and punitive; placing strong emphasis on ‘holding men accountable’, while the second seeks to establish a ‘therapeutic alliance’ between facilitators and the men.

The commonest codified program standards in Australia are those developed by No To Violence, on behalf of the Victorian Government. A later version of their guidelines has recently been adopted in NSW. These guidelines are firmly based on the first theory mentioned above.

In the view of Violence Free Families, aspects of the psychotherapeutical model have considerable merit and that any standards adopted in Australia should give more weight to this approach. We consider that it is essential to recognise and address the high level of childhood trauma, mental illness and substance abuse seen in men in MBCPs, *alongside* the social determinants.

Any standards should be strongly evidence-based. They should be the result of informed debate, including a wide range of professional, academic and clinical opinions. They should recognise the multi-faceted complexity of family violence. **Violence Free Families argues for a broader theoretical base for MBCPs and new guidelines that recognise the true complexity of the problem.**

4. The Future Potential of MBCPs

The concept of group interactive psychotherapy is powerful but its power has been far from fully realised. A significant part of its power lies in the interaction between members of the group, providing a non-judgmental space for men to admit and own their emotions and actions and learn strategies and very practical techniques for coping with them more constructively.

Royal Commission into Family Violence Submission by Violence Free Families

Some further opportunities that are available for developing the concept for both online and face-to-face delivery include:

- Entry or Holding Programs
- Ongoing Support Programs
- Group Fathering Programs
- Indigenous and CALD Programs

5. References

¹ Smyth (unpublished, 2008); Brown and Hampson (see citation below, 2009); Brown and Flynn (unpublished, 2014).

² Gondolf, E. W. (2002). **Batterer Intervention Systems**, Sage Publications, California.

³ Smyth, D. S. (unpublished, 2008).

⁴ Brown, T., and Hampson, R. (2009). **An Evaluation of Interventions with Domestic Violence Perpetrators**, Family Violence Prevention Foundation of Australia, Australian Rotary Health Foundation, LifeWorks, Melbourne.

⁵ <http://www.violencefreefamilies.org.au/2014studyplans> (Accessed 30 July 2014).

**Royal Commission into Family Violence
Submission by Violence Free Families**

Attachment 2

Information on the Online Men's Behaviour Change Program

1. What is the Online Men's Behaviour Change Program?

The Online Men's Behaviour Change Program (OMBCP) is a psycho-educational interactive group program designed to benefit women and children who are suffering from violence in their homes, by changing the attitudes and behaviour of men.

It uses a similar 'curriculum' to the face-to-face programs and brings men together online in groups of up to about 12, for two hours each week for 14 weeks, guided by two trained facilitators. Interaction between the clients is an essential part of the behavioural change process of the OMBCP. A 'moderator' is also present, dealing with any technological problems that might arise and supporting facilitators with software manipulation.

The program meets the criteria of the Victorian minimum standards for face-to-face programs and exceeds them in significant respects, particularly in relation to partner contact work.

2. How safe and effective is the OMBCP?

The concept has been developed by a consortium of expert organisations and trials have been evaluated by the University of Melbourne. Two trials were conducted during 2014 and a third trial, designed to test the limits in size and complexity of the program, has just been completed (May, 2015). The results of evaluations to date are summarised in Attachment 1. The outcomes of the program are at least as good as those of face-to-face programs, which have served as a 'control group' for the trials.

Special attention was paid to partner safety during the trials. No issues were identified by any stakeholder and there is no reason to believe that safety levels differ from those of a face-to-face program.

3. What is the need for this program?

Much of the demand for behaviour change programs for violent men is not, and cannot be met by face-to-face programs. Examples are:

- men who live outside the main centres of population (where there are very few such programs);
- shift workers and fly-in fly-out workers;
- men who refuse to attend face-to-face programs for fear of shame.

These categories amount to a high percentage of the population needing services, and the online program can reach most of them. The program is consistent with the Government's 2012 Action Plan to Address VAWC and will remove the need to restrict funded clients to specified postcodes.

**Comments from Participants
and Partners**

(as recorded by facilitators or made
in focus groups)

- ✚ "I could not put a value on what I have gained from the past 14 weeks (in the program)."
- ✚ "I feel like my mind has been opened to being a different person."
- ✚ "I have learned a new way to deal with my ex partner and my children will benefit from this- it's all good now."
- ✚ "The program has given me the man I believed he could be when we married 9 years ago."
- ✚ "The cycle of violence is a copy of my experience. Now I have the tools to get off the wheel."

Royal Commission into Family Violence Submission by Violence Free Families

4. How will the programs be delivered?

VFF invited expressions of interest from three suitable agencies based in Melbourne. They were restricted to Melbourne because of the need for an adequate supply of qualified facilitators. Contract negotiations have begun with a preferred provider.

5. Evaluation of the trials

Three 14 week trials have now been conducted and evaluated by the University of Melbourne's Centre for Program Evaluation (third trial preliminary results only). The results as reported by the men, their partners, the evaluation reports and the high level of enthusiasm of the consortium team have been most gratifying. A summary of the evaluation results follows.

<i>Partner and Family Safety</i>	<p>Partner and family safety was a key concern when embarking on the trials. It was highlighted as a concern by some experts who were consulted when deciding whether this concept should be pursued. VFF also heard from other experts who were strongly of the opposite opinion, and took a considered judgment to go ahead, albeit with additional safeguards in place.</p> <p>Evaluation reports from all stakeholders: partners, men and facilitators, indicates no concerns or incidents during the trials, and the consensus is that there is no higher risk to partner and family safety from the online program than from a face-to-face program.</p>
<i>Partner Satisfaction</i>	<p>Contact with partners indicated a high degree of satisfaction with the outcomes of the program. In the second trial, 6 of 7 partners expressed satisfaction with the outcome and considered that the men had changed significantly for the better. Trial 3 results are awaited.</p>
<i>Client Satisfaction</i>	<p>The participating men were highly satisfied with the outcomes of the program through questionnaires, focus group remarks and emails.</p>
<i>Facilitator Satisfaction</i>	<p>Facilitators were highly satisfied with the process and outcomes.</p> <p>They reported that the men opened up more readily because of their relative anonymity and that it was generally easier to commence addressing their issues as a result.</p>
<i>Technology</i>	<p>Clients reported no difficulty in using the software and no problems were encountered with the internet connections that are not common to all internet users.</p>

6. Future Developments

The program will open up new opportunities to assist people with violence problems. It could be adapted for indigenous and CALD communities. There is also the possibility of developing preparatory programs and ongoing support programs.

Royal Commission into Family Violence Submission by Violence Free Families

7. Summary and Conclusion

The online program has significant advantages over face-to-face MBCPs, giving it a valuable place alongside face-to-face programs. They are:

- **Accessibility.** It can be made available throughout Victoria, wherever an Internet service is available.
- **Greater anonymity** for men wishing to avoid public identification and shame as perpetrators.
- **Greater openness** by clients, as demonstrated in trials, improving the level of engagement.
- **Up to 50% more time** spent by clients on the program, because 'homework' is required.
- **No need to travel**, saving costs and time.
- **Childcare** is more easily managed by men accessing the online program from home.
- **Improved quality control** when delivered from a State or national hub (our research indicates that the quality of face-to-face programs is variable).
- **Economies of scale** as program numbers ramp up.

This program addresses large areas of unmet need and will deliver great benefits to a community plagued by an epidemic of family violence. It is an innovative world-first, already attracting interest from overseas, and puts Victoria and Australia at the forefront of developments in this field.

**Royal Commission into Family Violence
Submission by Violence Free Families**

Attachment 3

Trauma and Parenting

1. Preamble

Whilst Violence Free Families supports the gendered analysis of family violence and the social determinants underlying violence and abuse, we argue here that *along with* this view of family violence we must now look to multiple-disciplinary and cross-disciplinary approaches to prevention and early intervention.

“We know of no topic which spans such a wide range of disciplines... The divergence in specializations characterizing the field of domestic violence has hindered the process of working together to solve the problem of violence against women (Gottman J. and Jacobson N., 1998, “When Men Batter Women—A Unique Research Project on Domestic Violence”, p.272.)

From our own research to date, we recognise that abusive men typically have higher levels of mental illness, substance abuse, and more frequent histories of being abused or neglected as children than the wider community.

We also know that male perpetrators are also more likely to be violent outside the home: in the workplace, streets and on the roads and in social settings e.g. sporting events, parties. We do not believe that these problems are being ‘systemically’ addressed under present Government policy and argue for a more unified response between Government departments, police, hospitals, the community sector in general and the family violence sector in particular.

2. Parenting

Violence Free Families believes that parenting is key to all else that follows in the lives of infants, children, adolescents and adults. If the role of parenting is not considered within the recommendations of the Commission the durable outcomes of the Commission’s work in reducing and preventing family violence may well fall short.

Parenting is the most overlooked, taken-for-granted-skill that shapes the life of all of us—our emotional wellbeing, our physical wellbeing, our psyches and our attitude to others, groups and society as a whole. It is what shapes our capacity for empathy, compassion, trust and respect.

The work of Donald Winnicott, Alice Miller, John Bowlby and Mary Ainsworth, to name a few, the subsequent literature on trauma and, now, the work of neuroscience and early brain formation and functioning all validate the role that parenting plays in shaping the individual.

Where violence, abuse, neglect and even antipathy are present in the parenting role, and attunement, parental attachment and caring for the needs of the child are absent, or diminished, the child will suffer. It is from this point of failure that all else follows. It is from this point that the cycle of intergenerational violence commences and is perpetuated.

In examining the cyclic nature of violence and abuse the renowned Swiss psychologist, Alice Miller concluded, “Parents and guardians who abuse their children, both physically and mentally, leave them embarrassed and hurt. The inability of most children to properly express such feelings [because society has so many prohibitions on the child speaking out] causes them to perpetuate the cycle by lashing out at their family, friends, and, above all,

Royal Commission into Family Violence Submission by Violence Free Families

their own children, who will inevitably do the same. (http://www.alice-miller.com/books_en.php?page=11, accessed May 2015).

The trauma literature also expands on the effects of growing up with violence and abuse which has been characterised as akin to growing up in a war zone.

In a “war zone”, change takes place at the structural/neuronal level as an adaptation to relentless stress. When the “war” is over, the brain doesn’t shift out of its now-programmed, fill-tilt limbic response; it gets stuck there and fires up even at minimal stimulation – real, metaphoric and metonymic. Therapy aims to heal this split between thoughts and feelings by encouraging speech connected to the traumatic event – activating cortical areas that allow a person to reintegrate neural networks disassociated by trauma.

Herman cites three categories of symptoms of complex post-traumatic stress disorder: hyper-arousal, intrusion and constriction. Hyper-arousal includes irritability and restlessness, impulsive and risk-taking behaviours, hyper-vigilance, sleep disturbances, and psychosomatic complaints. Intrusion comprises the flashbacks and nightmares typical of war veterans. And constriction entails various avoidance strategies: shutting down or out, surrender and psychic retreat, fantasy, numbing, trances and dissociation, in which the traumatic experience may “lose its quality of ordinary reality”(M. Atkinson, 2007, *Griffith REVIEW Edition 15: Divided Nation*. <https://griffithreview.com/articles/the-exiled-child>, accessed May 2015).

As the pediatrician Donald Winnicott noted, parenting does not have to be perfect but rather “good enough”.

It is a long distance from the new-born babe to the five-year-old child in terms of personality and emotional growth. The distance cannot be covered except by the provision of certain conditions. These conditions need only be good enough, since a child’s intelligence becomes increasingly able to allow for failures and to deal with frustrations by advance preparation (Winnicott, D.W, 1964, *The Child, The Family, The Outside World*, p.179).

If the good enough parenting is ruptured or turns violent or abusive, or, indeed, fails to assure the infant that the care giver “is there for them” and not negligent then the development stages of the infant/child are also ruptured. When this happens the child “becomes anxious and if he has hope he proceeds to look for a framework elsewhere than the home. The child whose home fails to give a feeling of security looks outside his home ... to grandparents, uncles and aunts, friends of the family, school” (Winnicott, *ibid*, p.228).

In other words the child looks for external, environmental supports offering an invitation for early intervention. “The antisocial child is merely looking a little further a field, looking to society instead of to his own family or school to provide the stability he needs if he is to pass through the early quite essential stages of his emotional growth (Winnicott, *ibid*, p.228).

Winnicott has argued in general terms that without good enough parenting not only is civility threatened but also democracy). Miller, similarly has argued in her writings that people are not born evil but that:

Every dictator torments his people in the same way he was tormented as a child. The humiliations inflicted on these dictators in adult life had nothing

Royal Commission into Family Violence Submission by Violence Free Families

like the same influence on their actions as the emotional experiences they went through in their early years. Those years are "formative" in the truest sense: in this period the brain records or "encodes" emotions without (usually) being able to recall them at will. As almost every dictator denies his sufferings (his former total helplessness in the face of brutality) there is no way that he can truly come to terms with them. Instead he will have a limitless craving for scapegoats on whom he can avenge himself for the fears and anxieties of childhood without having to re-experience those fears. (http://www.alice-miller.com/articles_en.php?nid=47, accessed May 2015).

Winnicott also emphasised the role of 'play', including broader cultural experience, as being crucial in the developmental stages of infants and children. "Given the chance [to play] the baby begins to live creatively... The 'deprived child' is notoriously restless and unable to play, and has an impoverishment of capacity to experience in the cultural field" i.e. in the broader world (Winnicott, D. W. , 1971, *Playing and Reality*, p136-137).

The expert literature also recognises the role of attachment theory in early childhood development: "The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development, and in particular for learning how to effectively regulate their feelings.

Anxious-ambivalent attachment is when the infant feels separation anxiety when separated from his caregiver and does not feel reassured when the caregiver returns to the infant. Anxious-avoidant attachment is when the infant avoids their parents. Disorganized attachment is when there is a lack of attachment behavior." (http://en.wikipedia.org/wiki/Attachment_theory, accessed May 2015).

"Children who are given love, respect, understanding, kindness, and warmth will naturally develop different characteristics from those who experience neglect, contempt, violence or abuse, and never have anyone they can turn to for kindness and affection". (http://www.alice-miller.com/articles_en.php?nid=47, accessed May 2015).

Conclusions

- Trauma in early childhood, and later, plays an important role in subsequent intergenerational family violence and abuse. More trauma informed approaches to prevention and early intervention are needed.
- An increased Statewide capacity for offering parenting programs such as "Bringing Baby Home", "Baby Makes Three", and "Being a First Time Dad" to ensure all parents (mothers, fathers, guardians, caregivers) have early access to parenting classes and associated literature would be valuable in preventing violence in adulthood.
- Increased access to therapeutic services such as individual counselling, relationship and couple counselling and family therapy are needed in relation to MBCPs.
- There is a need for greater systemic linkages to be created through cross sector, multi-disciplinary case management teams being established between DHHS, child protection, the courts, early childhood and maternal health services and federally funded agencies, such as those funded through the Federal Department of Social Services and the Family Support Program.

**Royal Commission into Family Violence
Submission by Violence Free Families**

- Maternal and child health nurses should be trained in trauma informed practices to recognise and discuss violence, abuse and neglect, with mothers, fathers and carers.

**Royal Commission into Family Violence
Submission by Violence Free Families**

Attachment 4

Research into Men's Behaviour Change Programs

1. The Role of VFF in Research into Men's Behaviour Change Programs

Violence Free Families has a twenty year history in the provision of and research into Men's Behaviour Change Programs (MBCP) in Victoria.

Through its predecessor organisations, Bayside Family Support and the Rotary Club of Brighton, it commissioned a research study into MBCP outcomes in 1996-2002. This was followed by a second study in 2007-2009 (Brown and Hampson, 2009, including a summary of the results of the first study). A third, longitudinal study, investigating the long term impact on men participating in MBCPs and their partners, is continuing.

2. Research into Men's Behaviour Change Programs

MBCPs are a worldwide intervention; they arose in the USA within the feminist movement (Gondolf, 2003), spread to Australia (Urbis, 2011), the UK (Dobash, Dobash, 2000), South America (Clavijo, 2015), and the EU (Wojnicka, 2015). They moved quickly into the criminal justice system, first in the USA and then elsewhere, as cheaper, more practical and potentially more successful alternatives to correctional and custodial interventions for men using violence against their partners and children.

The USA has been the source of most MBCP studies and it has been framed by the program's location in the criminal justice system; consequently the research has focused somewhat simplistically on measuring the extent to which the programs reduced men's violence to their intimate partners.

Initially, the studies (Healy, Smith and O'Sullivan, 1998) showed optimistic results. However, they were attacked because of methodological flaws that subsequent studies have shown are less relevant than originally thought. As two UK recent researchers, Kelly and Westmarland (2015), have pointed out the suspicion surrounding the programs also surrounded the research.

Over time, the USA studies improved methodologically with Gondolf's (2003) large multi-site study and the Broward County and Brooklyn studies (Jackson, Feder, Forde, Davis, Maxwell and Taylor, 2013) being regarded as more reliable. The studies showed positive, but less optimistic, results.

A current meta-study (Cunha, Goncalves, 2014) suggests that we draw a line as to the men's behaviour change program's proven degree of short-term success and accept their summary of the past studies' findings that there is a range of success rates, running from 49% to 97%, and varying according to the methodology used in the research and the program design. VFF's own studies show results in the middle of this range.

Research is now expanding by becoming more diverse. It has looked at tighter targeting of the programs according to ethnicity and motivation (Antonio Echaury, Fernandez-Motalvo, Martinez, 2013), at the participants and their partners, (Kelly and Westmarland, 2015), and at new types of programs (Gondolf, 2012). Two research studies have looked at minimum standards and concluded they stifle innovation (Carson, Chung and Day, 2012, Boal and Mankowski, 2014). Research has identified some factors that affect success of the programs, namely youth, employment, current relationship with a partner and type and duration of partner abuse (Bell, Cattaneo, Goodman and Dutton, 2013).

However, there are still many research gaps. There are very few long term studies, no studies on the implementation of the programs (demand, funding, staffing, staff training,

Royal Commission into Family Violence Submission by Violence Free Families

and program structure) or studies on the program's relationship to other services. Research on program innovation is just beginning but is still scarce.

3. Research in Australia

MBCPs in Australia have followed the pattern of development in the USA, beginning in feminist oriented NGOs and moving into local co-ordinated networks of family violence services where the criminal justice service system (police, courts and correctional services) play an increasing role. The MBCPs remain the lynch pin of services to perpetrators to overcome their violence against partners and as a protection against male violence to women and their children.

Unlike the USA and UK, the criminal justice system here has not funded research, a possible reason for the paucity of MBCP research in Australia. The only national audit of the provision of and research into MBCPs has criticised past Australian research, saying it had been undertaken on too small a scale and not by external independent research bodies (Urbis, 2011).

However, larger scale research is now underway at Curtin, Monash and Melbourne Universities, despite the many difficulties of such research—absence of specific funding for this research, many research/service partnerships needing to be developed and maintained, many Ethics Committees needing to be negotiated and onerous and time consuming data collection processes.

The continuing predominance of Victoria as a source of MBCP research is somewhat contradictory since this has suffered from conflict over MBCP research. One university study funded by the State Government was abandoned at point of completion due to conflict over the project's findings and the largest (the Monash/VFF study) was repeatedly obstructed from its inception by an agency opposed to the research.

4. The Monash/VFF Partnership Research

The Monash Department of Social Work Research Partnership with VFF has completed two MBCP studies and is now undertaking a third.

(1) Study into the outcomes for men attending Bayside Family Support (Rotary Club of Brighton sponsored) MBCPs

This study, (reported in Brown and Hampson, 2009), drew data from before and after evaluations completed by 122 men who were participants attending the MCBPs sponsored by the Rotary Club of Brighton over the period 1996 to 2002. The study focused on the extent to which men reported changes in their behaviour following attendance at a MBCP, in terms of physical and sexual violence, emotional, psychological and financial abuse and controlling behaviour. Some 69% of men reported their physical and/or sexual violence had ceased, a further 22% reported it had improved and 9% said that it had not changed. Changes in emotional, psychological and financial abuse and controlling behaviour also occurred suggesting that when the more physical forms of violence ceased, the violence was not transferred to other forms of abuse or controlling behaviour. Of concern were reports from 15% of men of continuing mental health issues. Only depression was specifically reported in this study.

(2) Study into outcomes for men and partners attending the LifeWorks MBCPs in four locations (Moorabbin, Frankston, City and Wyndham)

This study (Brown and Hampson, 2009) drew data from in-depth interviews in 2008 with 25 men and 11 partners who had participated in MBCPs at LifeWorks at four agency sites over

Royal Commission into Family Violence Submission by Violence Free Families

twelve months prior to the interviews. The study provided a detailed account of the men, their partners, the violence and the changes for them and families.

At the time of the interviews all but one (the youngest) of the men believed their violence had ceased but subsequently one man reported it had recurred and he had returned to a MBCP. The men were aged 21 to 64 and all except three had partners still with them. One partner left when the violence recurred. All except two (one retired and one on a government re-training scheme) were employed and they represented a wide range of occupations. Some 25% of the men were overseas born, coming to Australia as children. All except the youngest were parents, although some of their children were adults and not at home. All of the men had had abusive childhoods, mostly, but not only, physically abusive; the abuse was severe and none of the men's families were in touch with services that might address the abuse.

Most men saw their violence as a central and long standing problem in their lives, but one that few had addressed until attending a MBCP. A minority reported violence to people other than their partners, to their parents, siblings (one man said all of his brothers were violent to each other, their spouses and their brother's spouses), neighbours and work colleagues. A small minority had come to the program referred by magistrate courts but most had come through action taken by their partners. Many spoke of a moment when they realised they were behaving like their violent parent and that they needed help. They saw the MBCP as the key to their change and they focused on the new behaviours learned for times of stress. However, all were very anxious as to maintaining the change in the very long term.

Partners were resourceful women who employed a number of strategies to reduce the violence; most worked and had control of their own money. Most believed their partner's family background had been abusive but they did not know that when they partnered with them. They felt the program gave them hope, rather than protected them. All except two partners confirmed the cessation of violence. Some were involved in the program (through partner contact workers) but some were not. Those who were not saw the violence as the man's problem, or were ashamed to acknowledge the violence publicly, or believed they had the situation in hand. They all believed they had protected their children in the past and in the present. They had urged their partner to seek help over many years, they had undertaken the searching for relevant programs and they had contacted the program and pushed him into attending for an assessment. They strongly supported the program even when they did not wish to be involved themselves.

(3) Longitudinal Study into the impact for men and partners of attending a MBCP

Data collection for this study began in 2012 and will be completed in 2015. It investigates men and partner's views, experiences and outcomes of a variety of MBCPs across six agencies located in three States. The study has collected data in five rounds.

First round

- (1) First and Second Surveys completed by men before and after attending a MBCP in 2012, 2013 and 2014.
- (2) Surveys completed by women after their partners completed a MBCP.

Second round

- (1) Third Surveys completed by men 6-12 months after attending a MBCP.
- (2) Focus groups with partners.

Royal Commission into Family Violence Submission by Violence Free Families

Third round

Phone interviews with men who have attended a MBCP, most of whom completed a program.

Fourth round

Fourth Survey completed by men 12 months to 24 months after attending a MBCP.

Fifth round

Surveys and interviews with program staff at all agencies.

- **Data collection**

The data collection is now at the second and third round stages; it is still receiving third round surveys, carrying out phone calls, and arranging focus groups with partners. Current data derives from an initial 281 men.

- **Data analysis**

Preliminary analysis has been carried out on First and Second Round Surveys. The analysis shows that the men who have replied to the surveys (from WA, Victoria and NSW) are representative of the Australian population; 2% are indigenous, 25% are overseas born and come from a wide variety of countries. Some 2/3 had separated from their partners at the start of the program; almost all have or have had children; 67% are employed, 3.5% are retired or in training, and 30% are unemployed. Some 30% are court ordered, and 14% court referred. Their ages range from 35 to 55 with the mean age being 41.

The overall improvement rate in behaviour reported by the men (one indicator) is 65% considerably improved, and 23% improved, a finding much the same as in the smaller studies of 2002 and 2009. Some half of the men who reported violence to those outside the family also stopped this violence. The areas where more men reported desistance were: physical violence, with and without injury, sexual violence without injury, controlling money, criticism of partner in sexual matters, breaking furniture or other possessions, cutting off partner from family and friends and making the partner afraid for their children and making partner afraid.

There were differences between men who were court ordered or referred and the men who were not. More of those who came from the courts had social problems at the start and at end of the program and they had a greater range and somewhat different problems. For these men problems were substance abuse, finances, employment and mental health whereas for the other men mental health was the problem. Also more court ordered/referred men reported improvements in their views as to the impact of their behaviour on their families through an attitudinal indicator.

Some trends in the research are just emerging as to program success. The factors associated with success are associated with the men being in employment and maintaining their partnership.

- **Issues**

The major issue arising from the study at this time (analysis of first and second surveys plus some 80 interviews) are the social problems the men report having prior to the commencement of the program and afterwards, and the implications this has for the further development of these programs. The extent of these problems suggests the need for

Royal Commission into Family Violence Submission by Violence Free Families

supporting programs for men using MBCPs. Behavioural and therapeutic groups may be one way to address this issue.

- **Mental health**

Some 33% of men report problems of mental health at the outset of the program and they report they are unchanged at the end. Interviews are showing the mental health problems are serious mental illnesses being treated concurrently while the men are in the program.

- **Substance abuse**

Some 27% of men report substance abuse problems at the start of the program but that number halves by the end of the program. Little is known of this change and it requires further investigation.

- **Parenting**

Some men report expecting help with parenting and not receiving any such help; at this stage the programs are not designed to include such content in more expansive ways.

- **Program implementation**

Agencies report many difficulties in mounting these programs. These include sparse funding, difficulties in obtaining staff, poor staff training, difficulties in making program innovations, no opportunities outside the agency for discussion of programs, and balancing program demand with program availability.

- **Summary of the VFF/ Monash Longitudinal Study to date**

MBCPs remain the lynch pin in directly addressing male violence and abuse against their partners. The research to date shows the programs have short and long term success in changing men's behaviour and attitudes. The research is not yet finished and trends may change before the study is completed. However, the study does suggest that MBCP design requires further development and that should be based on research evidence. Early indications are that any further program development would need to include the recognition of early childhood trauma in the lives of perpetrators (or concurrent therapeutic work with the men along these lines).

Research in these programs is difficult and poorly funded, making development of the MBCPs slow and somewhat illogical.

5. Conclusions

- Along with MBCPs, male perpetrators of violence and abuse need greater access to individual counselling, dedicated group therapy, dedicated parenting programs and services for mental health, substance abuse, employment and finance problems. Programs require development to achieve integration with supporting services as men do not appear to seek much help with their problems.
- Service providers and their staff need support in innovating in the design and implementation of these programs.
- The research supports further expenditure on such programs.
- The research supports the need for encouragement and support of program innovation and development, both of which agencies believe is stifled currently.

**Royal Commission into Family Violence
Submission by Violence Free Families**

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