

Interrelate's Response: Inquiry and Report on Family, Domestic and Sexual Violence

1. Background

Interrelate is a not-for-profit provider of relationship services with a 94-year history of providing quality services. As a purpose-led organisation, all our objectives and decisions are driven by making sure we deliver on our purpose of *empowering people to thrive in the most vital part of their lives - their relationships*. Our programs and services empower families and individuals to build and navigate strong, resilient, and healthy relationships, from primary school through to adulthood. For further information <https://www.interrelate.org.au/about-us>

Interrelate deliver services spread across 30+ physical locations (plus online) to more than 120,000 families, couples and individuals. Interrelate delivers relationship services across New South Wales in South East and Northern Sydney, the Central Coast, Hunter, Lower Mid North Coast, Mid North Coast, Upper North Coast and Central West regions.

While service delivery in counselling, mediation, mental health, relationship education and Children's Contact Services (CCS) are Interrelates main activity, the organisation also undertakes a primary prevention role. Relationship and sexuality education programs are delivered in 1500 schools covering issues such as sexuality, cyber bullying and respectful relationships within schools in Victoria, New South Wales and Queensland. Interrelate also has a National footprint, delivering online counselling, mediation, school services and relationship education programs.

Interrelate has extensive experience in delivering services under the domestic and family violence (DFV) area including Specialised Family Violence (SFVS), case coordination and counselling to support male victims of domestic violence. Strong partnerships have been developed with Safer Pathways, Police Domestic Violence Liaison Officers (DVLOs), Legal Aid, the Department of Juvenile Justice and the Women's Domestic Violence Court Advocacy Services (WDVCAS).

2. The adequacy, effectiveness and resourcing of policies, programs, services and responses to domestic violence

a) The Critical Role of Relationship Services

Interrelate's services are primarily targeted to interact with clients intersecting the family law space including couples who come for counselling when their relationship comes under stress, individuals who want counselling pre and post separation, couples wanting mediation to organise parenting arrangements post separation, group education programs about parenting after separation and supervision of contact with children in high conflict situations.

Relationship services have not been a significant part of the response to DVF and there have been questions about whether couples counselling, mediation and even supervised contact are appropriate when abuse and violent behaviour is present.

Currently 16.2% of overall Interrelate clients report safety as a concern. Measuring the rate of violence against women is incredibly difficult due to the inconsistent identification of Domestic and Family Violence (AIHW, 2019). Data sources can only capture incidents that are disclosed or reported.

Research tells us that the time during and post separation can be a high-risk time for women and children. A study by the Australian Institute of Family Studies (AIFS) found that 50% of parents reported that they held safety concerns for themselves &/or their children and yet many parents accessing family law services don't report DFV because they don't want to be seen as an unfriendly parent (Carson et al. 2018), so it is likely that the percentage is even higher. Anecdotally staff report that DFV is one of the most common factors impacting the client group they are working with and that this is generally exhibited by control, financial, verbal, and psychological abuse.

Despite the prevalence of DFV within the relationship services client group, the specialisation of DFV services has discouraged the intervention of staff in issues that pertain to the use of violence and abuse in relationships. As a result, referral pathways to specialised services are viewed as the appropriate response. This is not a useful approach nor sustainable and we propose a more effective approach is required. Many clients resist the label of either victim or perpetrator as they feel this is a weakness, and some feel shame and guilt. Many of our clients are much more willing to enter a service framed around building healthy relationships. Our staff report that there is also shame or guilt attached with the label of victim or perpetrator.

Recommendation 1:

It is vital that Relationship Services are part of the DFV system, and that staff are well trained and familiar both with recognising and responding to issues of family violence.

As we are already working with this client group it makes no sense to tailor services so that they ignore or avoid an issue that has such a devastating impact when left unchecked simply because it is not seen as an "appropriate" service. Trying to funnel clients into a specialist services has not proved effective as many clients simply slip out of notice or disengage particularly when the timeliness of the intervention either through lack of client readiness or service accessibility, is out of sync.

We particularly note the dearth of services that are designed or prepared to work with men who are using violence and who often are screened out of main stream services because of the belief that it is either unsafe for workers, or that services don't have the skill set required to address behaviour change. This is even more apparent in rural and remote settings.

Relationship Services have contact points that are proven entry points into the system for men who often are often reluctant to engage, with the opportunity to provide entry into therapeutic change programs. Many men are fighting the breakdown in relationships and are therefore willing to trial alternatives to couples counselling. The period during and after relationship breakdowns pose a high risk

and dangerous time for women. As such it is important to keep men close and engaged during these times making engagement even more critical.

We would contend that the lack of equality between some partners is why relationship services can be vital as a counter to the impact of abuse and violence within relationships. Equipping services who are already on the front line when relationships start to fall apart can add a layer of support to women and children and to the men who are using violence in these relationships particularly, when staff are well informed and skilled in addressing DFV.

b) Building Sector Capacity

It is time to acknowledge that the desire for accountability that is so strongly encouraged in the sector is not the only way of working with men. We need to ensure that services understand how to recognise DFV and don't become complicit or collude with attitudes that promote it and whilst understanding how to encourage recognition and ownership from perpetrators. By a continued specialisation of services and service knowledge it will be more likely that men fall through the gaps in the system. It is important that collective sharing of responsibility across the broader sector is achieved.

DFV is a complex community issue that requires a communal response. The message we would like to convey to this inquiry is that an increasing reliance on the specialisation of services runs the risk of creating and maintaining significant gaps in our responses to this complex social issue. The historical focus on getting women to leave violent relationships and using criminal responses as the only means to address violence has resulted in the social services sector under developing skills in working with men. The sector has not focused on how to engage men who have little awareness of the impact of their behaviour and therefore little motivation to bring about changes to keep women safe.

Recommendation 2:

Capacity building of the sector is required to develop the skills and confidence of the workforce to work with men. This includes additional resources from government into training staff working at the coal face of DFV through relationship services.

c) The Importance of Primary Prevention

Violence against women in Australia is a wicked social problem and the biggest challenge of our time as it firmly impedes the ability of women and children to live a safe life. During the 1960s and 1970s, women's groups began to come together to organise support services such as refuges for women who wanted to escape violence. Women's rights reformers and feminists have fought hard since the late 19th century.

Over the past several decades, governments at the Commonwealth, State and Territory levels have largely taken steps in response to domestic violence through legislation and policy. Despite widespread social and economic advances in the

status of women since the 1970s, including growing awareness and action around gender violence, DFV remains at alarming levels. Funds have been channelled into service delivery at the crisis end in terms of providing women with access to housing, counselling, legal and financial assistance. While it is recognised that it is important to keep women and children safe and support services provide a vital role, prevention has been a neglected focus area until recently.

In 2015 the Australian federal government proclaimed that violence against women had become a national crisis with the Former Prime Minister Turnbull declaring 'violence against women as the greatest social epidemic of our time' (Ireland, 2015). Unfortunately, the prevalence of DFV in Australia has largely remained unchanged. According to the Australian Bureau of Statistics (ABS), the number of Australian women killed by their current or former partner has remained consistent in recent years and on average one woman is murdered per week by her current or former partner (Australian Institute of Criminology, 2017).

In 2005, 1 in 5 women (19 %) experienced sexual violence and 1 in 3 women (33 %) experienced physical violence (Parliament of Australia, 2005). It is disturbing that the more recent figure is 1 in 6 women (17%) have experienced physical and/or sexual violence (AIHW, 2019). In the last 15 years, we have only seen a small shift in the number of women impacted by sexual and physical violence.

It has been a decade since, the Australian Council of Australian Governments (COAG) endorsed the first *National plan to reduce violence against women and their children 2010–2022*. It is encouraging that Australia is the first country in the world to implement a joint policy framework across all levels of government with a shared vision that Australian women and children should live free from violence. However, over the last decade, there has been very little progress in the prevention area and as such, the Fourth Action Plan has identified primary prevention as the number one national priority (Commonwealth, 2019).

Although there has not been a significant increase in the overall rate of DFV occurring and the statistics have remained consistent (Commonwealth, 2019), significant resources have been invested. The economic cost of DFV is \$26 billion 'with victims and survivors bearing approximately 50 per cent of that cost' (Commonwealth, 2019 p. 2). Over a decade later \$723 million in federal funds has been committed to the National Plan, with States and Territories also contributing additional funds. The only change has been regarding the stigma in reporting domestic violence to the police with more women seeking help from services (Commonwealth, 2019).

It is well recognised that 'prevention is the most effective way to eliminate violence against women and their children (Commonwealth, 2019 p. 13). The Royal Commission into Family Violence in Victoria identified primary prevention as key, recommending that substantial funding be directed towards educating young people with the goal of preventing DFV from occurring in the first place (State of Victoria, 2016). The report also recognised that previous approaches were not working and that a new approach is necessary. There is also growing evidence and a voice for earlier intervention to address issues at a pre-crisis stage before criminal and justice services become involved.

While service delivery is our prime activity, Interrelate also undertakes a primary prevention role in delivering respectful relationship programs in schools and the broader community. The key aim of these programs is to help children and young people understand that relationships should be consensual, respectful and equal. *Change the Story*, the national framework for the prevention of violence against women and children, identifies challenging the normalisation of violence as an expression of masculinity as an essential action to reduce the gendered drivers of violence against women (Our Watch, 2015). To shift boys' thinking we ideally need to communicate alternative viewpoints at a time and place when their cognitive reasoning is being shaped.

Schools are ideally situated for primary prevention programs. Evaluation has provided the strongest evidence of effectiveness within this setting, both internationally and in Australia (Cornelius & Resseguie, 2006; Flood et al., 2009; Foshee & Reyes, 2009). Schools are particularly well placed to be the site for partnerships between parents, teachers and community organisations to influence cultural and structural societal change. Advantages include broad reach, as well as the fact that adolescence is considered an ideal time to influence attitudes and behaviours. Furthermore, peers have a powerful influence on shaping gender identities.

Recommendation 3:

Schools offer the opportunity to engage boys in a learning environment that is familiar, and is set up to promote new thinking. By working in these settings, we can shape the development of boys' healthy attitudes about gender roles and violence towards women. Investing in teaching the next generation about respectful relationships is vital if cultural change is to be realised.

Interrelate understands DFV occurs across all communities, social classes, ages, and cultural backgrounds. We know that women are even more vulnerable if they are Indigenous, young, pregnant, separating from their partners, LGBTIQ, have a disability, and/or experiencing financial hardship. Addressing DFV extends beyond the realm of what Government can achieve alone. Business, the community, and civil society all need to work together to bring about the nation-wide change in culture, behaviour and attitudes.

Recommendation 4:

We need to educate children and families earlier, even before primary school begins. Ideally the foundation of healthy relationships needs to be embedded as early as possible in a child's development.

At Interrelate we are exploring and developing programs for early childhood educators that support children to develop positive self-identity, to learn to 'belong' in social groups, have healthy relationships, how to manage social situations and awareness about bullying. The program 'For Me and You' aims to address children's development and the outcomes link to the National Quality Framework, Quality Area

Number 5 (Early childhood services ensure children are supported to regulate their own behaviour, assisted in the development of forming positive relationships and encouraged to develop a strong sense of self). Interrelate is committed to early intervention and providing core foundational education on healthy and respectful relationships.

It is common knowledge that children's development in the first few years, occurs at a fastest rate than at any other time in their lives. Children's social and emotional developmental is influence by secure and nurturing relationships and by having positive, respectful interactions and communication taught and role modelled. Learning and practising respect for self and others will become a strong foundation that can influence all future relationships that children may have.

d) Efficacy of Men's Behaviour Change Programs (MBCPs)

While there are established men's programs running throughout Australia, only a minority of men who use violence attend such programs, and even a smaller number complete the program. Eligibility criteria for these programs includes men having accepted responsibility for offending behaviour and committing to change for entry into the program. Men's Behaviour Change Programs (MBCP's) are working with a cohort who are ready and willing to make changes.

Despite Men's Behaviour Change Programs MBCPs having a 40-year history (30 years in Australia), there is continued debate regarding the efficacy of programs (NSW Government, 2017). MBCPs are based on the Duluth model which has been operating since 1981, yet there is no solid evidence that these programs are successful in preventing family violence even in countries where they have considerable traction.

The NSW government introduced practice standards for MBCPs in 2017 (NSW Government, 2017). Due to the standards being relatively new, there is a lack of longitudinal studies examining the outcomes. Perhaps the reason for poor outcomes is the fact that most existing MBCPs are not meeting the needs of many men. Most critiques rate the low level of engagement of men as the major cause of questionable outcomes.

The primary response of MBCPs to date has largely focussed on a punitive law and order approach. There is growing evidence that punitive responses alone have a limited deterrent effect on men who use violence and external punitive motivators do not work (Mackay, Gibson, Lam, & Beecham, 2015). An important question is whether MBCPs address DFV as a cultural and structural social problem. A broader systemic change focus is required to address embedded patriarchy within Australia's culture.

It is critical that programs for men examine masculinity without evoking a shame and blame response that could lead to ‘backlash factors (increases in violence when male dominance, power or status is challenged)’ (Our Watch, 2015 p. 8). By addressing attitude change at a much earlier stage, underlying backlash factors are less likely to take effect.

Recommendation 5:

We need to engage men earlier rather than waiting until the level of abuse brings them into contact with the justice system. We propose a different entry point and model of engagement with men will provide an alternative entry to change.

3. Immediate and long-term measures that need to be taken to prevent violence against women and their children

a) Respectful Man Program

Many men who present to relationship services, mediation, or supervised contact, that are using abuse or violent behaviour have not yet entered the criminal justice system or are at earlier stages of offending. This is the point where engaging men in a change program can have a marked effect on outcomes for children and ultimately for the way they think about and treat women.

We know that the desire to be a good father is not the same as the desire to be a good partner. This does not diminish the knowledge that viewing violence has a detrimental impact on children’s wellbeing. It simply means that there is a window of change that is available to work alongside men and use their “good father” motivation to engage them in a change process, even when the initial desire can be to show they are a good father rather than engage in genuine change.

The Domestic Advice Intervention Program in Duluth, responsible for developing the current model widely used in Australia, report that the intention of the model was to use critical dialogue in an open learning environment, rather than to use shame and punishment as the change agent. In response to the need for alternative programs, that use a different approach to a punitive method, Interrelate is trialling a more therapeutic approach to men’s behaviour change.

The Respectful Men Program is based on the premise that we need to extend the use of critical dialogue and move past the more traditional psycho-educational approach that is more common in MBCP’s in Australia. Respectful Man aims to *help men better understand their behaviours and the impacts of their behaviours on others and themselves*. Respectful Man does this to help men improve their relationship behaviours with others and with themselves to improve men’s wellbeing while reducing DFV rates.

We need to accept that many men will enter the program still immersed in a sense of entitlement around their own behaviour. Respectful Man helps men explore their ideas about behaviour, cognition and language so that they can become genuinely

respectful in all aspects of their lives and relationships. The program currently uses a strengths approach to help men identify what constituents being a good man, how they became who they are, how they can become the men they want to be, and how they can have healthier relationships with others. We have seen men come into the Respectful Men's group with the aim of forcing the continuation of a relationship but where the outcome is that they end up accepting that it has ended and learn how they have contributed to the breakdown, so it is not recreated in subsequent relationships.

Drivers of violence are embedded in social attitudes and norms around what it means to be a "real man" in Australia. Gender norms, including social norms and social constructions of masculinity are at the root cause of most violence perpetrated by men against women as they shape attitudes and beliefs. There is evidence to show that key beliefs and behaviours relating to gender inequality and masculinity drive violence against women (Commonwealth Government, 2019). Some men don't yet understand that their behaviour is abusive, particularly when that abuse is not physical, whether we accept that as a reasonable viewpoint or not. Gender based social norms around patriarchal practices still exist and are seen every day in our services.

The goal continues to be for men to take responsibility and be accountable for their abusive behaviour so that women and children can be safe, however we also acknowledge that this is more likely to happen without a shame and punishment approach as the driver. Shame dehumanises people and this is a time where we need men to acknowledge their humanness and the responsibilities that come with that. While there has been a significant amount of work to ensure that this is not seen as acceptable and as a society, we ensure a collective view of the criminality of DFV, we believe that the best chance of change happening is in engaging men in our shared humanity.

Stanley et al. (2012) highlighted that men have a desire to secure or regain access to their children. There is a strong extrinsic form of motivation for men and the desire to be a good father is seen as a strong intrinsic motivator to look at and consider how this might change their own behaviour. Kildonan in Victoria who run the program Safe Dads, reported that men are unaware (or claim to be) of the degree of impact their violence has on children and that engaging them in alternate thinking can lead to improved outcomes.

Recommendation 6:

A new approach to working with men is required, in recognition that punitive approaches where men are shamed, are not producing the outcomes that we need. If we truly want to keep women and children safe, we need to trial new approaches to reshaping and changing men's attitudes and behaviour.

While there may be men where this is not possible there are many men where behaviours have not yet escalated past the point where they can and do engage in a change process. This has been borne out by our own work in our Respectful Men program, where men report their primary motivation to bring about change is

because of their child/ren, and that the wellbeing and safety of their ex-partner is rarely in the forefront as a motivator (but is a likely outcome none the less).

A study (Stanley et al. 2012) showed that 80% of the men saw the desire to improve their fathering as a motivator where 50% saw the chance to improve the relationship with their partner/girlfriend as a motivator. Meyer (2017) attributed this to the fact that that relationships with partners were replaceable in a way that relationships with children were not.

b) The Value of Children's Contact Centres (CCS)

CCSs have a "captive" audience of men who are required to access their children through supervised contact sessions. They are generally using, or being accused of using, violent behaviours with or around their children, yet the rate of engagement with the contact sessions is high even when they most often deny the allegations and the premise that supervision is necessary.

CCSs are critical services designed to provide a safe, supervised environment that enables children of separated parents to have contact with the parent and family they do not live with; or to facilitate the transfer of children from one parent to another, in circumstances where parents are not able to manage their own parenting arrangements. CCS are not situated in all Family Relationship Centres (FRCs) across Australia. Interrelate believes all FRC's should have the capacity to deliver CCS as these services help to reduce the risk of violence and de-escalate conflict within families.

Recommendation 7:

CCS provides an entry point and an opportunity for engaging with men to be good fathers while also achieving positive behaviour change.

Because most of the men who present at the CCS services, and a significant portion of those who present at other programs, are not yet at a stage where they can acknowledge or accept their behaviours, many would not meet the criteria for a MBCP program even if they could be persuaded to attend. Instead we need to find an entry point that works with them where they are at (and which may still be denial) with the belief that any entry point is a start and that positive behaviour change for men using violence should be encouraged at any point.

The DFV sector has voiced concerns that Children's Contact Centres (CCS) provide opportunities for abusive and violent parents to manipulate the system by displaying reasonable behaviour during supervised sessions with the sole purpose of influencing a positive report to the court, and that the behaviour will not be continued post supervision. For this reason, many women report being advised not to agree to or consider using supervised contact as a viable option during high conflict times. It has also meant that partnership relationships and collaborative practices between specialised family violence services and relationship services are not as well formed and robust as they need to be.

Broady et al. (2015) found engagement with men was more effective when they were made aware of the possibility of harm to their children when they were exposed to family violence. Exposing men to information and support around this impact led to a higher likelihood that children would be safer and less at risk compared to simply supervising and recording unsafe behaviours within a CCS setting.

It is increasingly acknowledged that separation or cessation of contact between the abusive parent and their children are not always the safest or the preferred solutions for families living with domestic abuse (Stanley 2012). Supervised contact services provide safety for children to be able to maintain contact with the other parent without fearing they will be harmed and give children an opportunity to experience parents at a time where conflict and violence are absent. They also present an opportunity to repair the damage caused to the relationships so that children do not have to carry this into adulthood.

CCS services are significantly under resourced at the present time as the impact of family court wait times often leave families in holding patterns for extended periods of time, and some parents see this as a viable long-term solution for access arrangements. On average, Interrelate has long waiting periods of up to six months with over 30 families waiting for services in locations such as Sydney, Coffs Harbour and Port Macquarie.

The view that contact with children by an abusive parent is detrimental also presupposes that Contact Centres are unable to identify and respond to issues of Family Violence, and again promotes a response that encourages services to screen out offenders, rather than to utilise different approaches that could help reduce offending and repair harm.

This is enhanced because limited resources for these services have led to a casualised workforce, which makes it harder to maintain consistent standards around the level of expertise required to identify and manage complex situations. Caution around being able to maintain quality of practice with casual staff often leads organisations to offer a “monitor only” service at the CCS rather than leaning into opportunities to work with men who use violence at every point they intersect with services. We need a change in direction that strengthens these contact points by utilising our most experienced staff in these areas of higher opportunity to bring about systemic change. This includes the provision of additional resources to CCS and recognition of the value of CCS services.

c) Family Relationship Centres (FRC) - Kids Club (KC) & Mums' Empowerment Program (MEP)

Interrelate has been exploring how to deliver the *Kids' Club (KC) & Mums' Empowerment Program (MEP)*. Dr. Graham-Bermann from the University of Michigan developed the program. Interrelate applied for Australian government funding and was unsuccessful.

Kids' Club (KC) & Mums' Empowerment Program (MEP) has been implemented in Sweden, Canada, Alaska, and in 38 states in the United States of America. The program is currently being adapted for use with Canadian First Nations people

(Aboriginals) and the Swedish government funded the program within post-separation settings. It has been implemented and researched for over 25 years. The program has proven to be effective in improving coping skills, reducing behavior problems for children, and providing empowerment and support for mums.

Dr. Graham-Bermann, the founder of the program, is the author of more than 100 research articles on the effects of intimate partner violence on children. She studies how different forms of violence affect women's and children's adjustment, including their traumatic stress reactions and resilient coping. In 2015 she was awarded the Nicholas Hobbs Award for Child Advocacy from the American Psychological Association. <https://lsa.umich.edu/psych/people/faculty/sandragb.html>

Interrelate has identified an opportunity to adapt KC and MEP to an Australian context within Family Relationship Centres (FRCs). FRCs were established to deal constructively with separation-related disputes and to strengthen relationships. The overall role of the FRC is to promote children's best interests. Under the current service model, families often cease interacting once a 60(i) certificate is issued. FRC's might continue to support a family through referrals to other services, however contact usually ends.

Recommendation 8:

FRC's are ideally placed to identify, respond to and assess safety and risk in relation to DFV. This could be better harnessed through providing early intervention programs within the FRCs, as there is access to women and children experiencing DFV.

There is an opportunity to improve practice in FRCs through better supporting women and children in early intervention. Many children witness DFV before and during separation (Kaspiew et al. 2015). Children attending our services report that they feel caught in the middle of the conflict, often unable to express their own feelings and often left to feel responsible. Children are often referred to as 'witnesses' of DFV and there seems to be little consideration that the child has directly experienced the abuse.

Several studies have demonstrated that children exposed to DFV are at high risk of developing additional problems that impede their neurological, social, behavioural, academic and physical functioning. Studies show a range of effects including emotional regulation (anxiety, depression, low self-esteem, trauma symptoms) and behaviour problems (academic performance, aggression, withdrawal, social skills & social expectations).

Trauma caused by experiences of DFV may have serious effects on the child's developing brain. Women who experience DFV are also at risk of depression, anxiety, post-traumatic stress, low self-esteem, social isolation, work disruption and high rates of parenting stress. While most parents make great efforts to protect their children and consider their needs, DFV often prevents adequate attention.

Trauma theory outlines how to recover from exposure to traumatic events, opportunities to disclose and process the fearful and stressful events needs to be made available. Outcomes for mothers and their children are particularly poor if their experience of DFV is minimised and they do not have the opportunity to disclose their

thoughts and feelings surrounding DFV. Disclosure can promote mental and physical health. When mothers experience DFV the deleterious effects of violence on their own well-being are compounded by the difficulties experienced by their children.

The MEP intervention is based on empowerment theory, which focuses on issues of power imbalance and disenfranchisement. It is believed that allowing women to regain power will allow them to affect and improve their current situation (Miller, Howell, & Graham-Bermann 2014). MEP is a supportive intervention designed to empower women as mothers in a small group format with other women in similar circumstances. Sessions are loosely structured and include discussion of safety planning, identifying worries for themselves and about their children and enhancing parenting, coping and survival skills. Mums also learn about the power and control used by abusive partners and are invited to discuss opportunities to break the cycle.

Mums are supported to rebuild a strong bond and connection with their child. Mums are encouraged to learn new discipline techniques, parenting skills and to share parenting strategies. It is important to build social connections to increase women's social participation. MEP supports healing strategies to mediate the impact of past occurrences of DFV.

Results showed a statistically significant improvement in children's externalizing behaviors and attitudes about family violence. Miller, Howell, and Graham-Bermann (2014) found that women who participated in the Mom's Empowerment Program experienced greater reductions in intimate partner violence over time, compared with women in the comparison group. The findings are statistically significant. The program was rated 'effective' by the US Department of Justice and US Department of Health and Human Services.

Learnings from the program and adaption to an Australian context has the potential to contribute globally to share innovative prevention work. The program was originally developed to address the lack of evidence-based treatment options for mothers who have experienced DFV. Children in the program became less accepting of violence and their attitudes toward family violence improved. The finding was statistically significant. There is evidence that the program can build skills for non-violent and respectful relationships. New approaches are needed, and this includes considering global programs that are achieving positive outcomes.

d) Restorative Justice Model

Well regarded and accepted feminist theories question how women and children can participate in collaborative decision making when they are subject to power over techniques that take away their equality and voice in a relationship. Yet many couples with high conflict, which often includes violent and abuse behaviours, use Family Dispute Resolution (FDR) services as a precursor to Family Court.

While users of DFV are generally screened out of mediation services, there have been attempts to manage some of the impacts by shuttle mediations, co-mediations and legally assisted mediations. The questions about the efficacy of mediation when coercive power is present still prevents exploration of the use of alternative models.

The strength of facilitated dialogue, mostly used where people are in conflict, lies in the parties co-operating in joint problem solving to find a way forward which addresses the needs and concerns of both parties. Issuing a 60I certificate as a response to DFV may prevent inequality in negotiating parenting arrangements but it rarely addresses the violent and abusive behaviour that exists and simply shifts the view of that behaviour back to a “behind the scenes” field.

Mediation may not be the most suitable format for instances where DFV is present but the similarities between a Mediation and a Restorative Justice approach suggest that there may be a transfer of skill set that would enable Relationship Services to trial a different approach. Restorative Justice practices in Australia differ widely in their application to family violence.

The Victorian Law Reform Commission (VLRC) considered the use of restorative justice practices in the context of family violence and sexual offences. In its review of family violence, it concluded that establishing a restorative justice model in relation to family violence depends on the development of appropriate models based on rigorous research. *The National Council to Reduce Violence Against Women and their Children* recommended that trials should be undertaken and evaluated with necessary caution to explore the utility and suitability of restorative justice for cases of domestic and family violence (Department of Social Services, 2009).

RJ focusses on addressing the social harms caused as a result of the violence. There is evidence that restorative justice (RJ) can reduce reoffending by violent offenders by as much as 40 percent (Braithwaite, 2002). Braithwaite (2002) argued that victims are benefiting from the RJ model and it doesn't make sense that RJ is not considered for violence against women. Where RJ is used to solve high level conflict or other relationship difficulties, bringing the community of people together in this way to problem-solve provides those involved with insights which are often not possible with other approaches. RJ can also unite the community of people affected and achieving peace, harmony and respect are all high possibilities.

RJ approaches may mean a change of mind set across the sector. What we often see in our work is that victims often do not want criminal justice outcomes, which stops them reporting DFV. Victims generally want the violence and abuse to stop. While we support a continued emphasis that DFV is criminal behaviour we question whether punitive approaches are the only response. When children are involved post relationship breakdown it is usual that some type of parenting relationship will need to continue. Because of this we want to be able to repair relationships as much as possible without minimising the harm that may have occurred. Restorative practices have a better chance of this happening than punitive practices.

The hesitance in trialling new approaches may in fact be contributing to the lack of progress forward. We suggest it may be time to allow some alternate programs, backed by rigorous research to enable more insight into solutions. As part of the RJ model, the victim will have the opportunity to have their say in a safe forum, both about how they were affected and what they want to see happen to repair the harm. Family

and other supporters also get to talk about what has happened to them because of the incident, and then take part in deciding in what needs to be done.

The perpetrator is confronted, often for the first time, with how their behaviour has affected others, including their own families. They take responsibility for their behaviour and are not allowed to walk away from the community of people they have hurt. Relationships are strengthened and extended, and they are given the opportunity to find a way to be accepted back into the community. Everyone at the group conference learns from the experience and often there are dramatic behaviour changes.

We need an alternative model to support the current Family Dispute Resolution (FDR) approach as when mediation breaks down a family matter will then proceed to Family Court with an average wait time between three to five years and a cost of upwards of \$60,000. This leaves vulnerable women and children still confronted with potential risk situations as the parenting arrangements continue to be debated or forced outside of support services. Denying mediation opportunities does not change this. By screening out people who use violence and abuse then we continue the cycle based on the belief that “violent men can’t change”.

Recommendation 10:

It is time to consider alternative models as a mediative/restorative approach can aid women and children’s safety by addressing the violence in a way that enables it to be “seen” and to devise safety mechanisms.

Despite the drawback’s, mediation is more effective than an adversarial approach which can exacerbate the negative relationship. It is also considerably less expensive than the adversarial approach. By adapting or combining mediation and restorative justice approaches it is possible that women can have an equal voice in a safe and supported setting.

4. Conclusion

No one service response is the answer to DFV. Achieving social change in a complex system needs to occur across multiple societal layers. This involves bringing together business, community, education and government sectors to work towards a shared goal influencing the broader system. Addressing family violence is a continuum that we are all responsible for, and it takes all parts of that continuum to have a chance of making a significant inroad into such a complex social problem. This encompasses a collaboration model that utilises what is available while genuinely accepting the parts that make up the whole.

While there is no doubt that a criminal response is still valid and necessary as part of this continuum, by focussing all the resources at that end of the system this potentially forces offenders into crisis mode before they reach support services. The continued specialisation at the top end of the spectrum needs to be extended into more mainstream services so that there is an increased understanding of how violence and abusive behaviours are created and applied, and an upskilling and broadening of the skill set required to engage people in a change process.

More resources are needed pre-crisis to slow the flow into more serious offending. In the past there has been a heavy focus on 'symptom intervention' and there needs to be a focus on preventative measures that focus on the fundamental problem of gender inequality. Interrelate aspires to reshape and challenge the current thinking. New approaches to reducing DFV are required with violence against women and children reaching epidemic levels in Australia. This includes leveraging from entry points to engage men through Family Relationship Centres and Children's Contact Services.

There is hope that early intervention and the focus on preventative programs will have a longer-term impact reducing the rates of DFV. Community education programs and therapeutic based programs such as the Respectful Man Program, have great potential to address the behaviours and attitudes of young men and men towards violence. The tide is turning, and it is time for new approaches to achieve the goal of zero tolerance for violence and abuse in relationships with women.

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