

THE FAMILY VIOLENCE PREVENTION FOUNDATION OF AUSTRALIA

C/- LifeWorks Relationship Counselling and Education Services
Level 9, 255 Bourke St, MELBOURNE VIC 3000

An Evaluation of Interventions with Domestic Violence Perpetrators

Thea Brown and Ralph Hampson

Department of Social Work
Monash University
Caulfield Campus VIC

Sponsored by:



**The Rotary
Club of
Brighton,
Victoria**



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FOREWORD

Intervention to overcome domestic violence has been dogged by a fragmented approach to service provision whereby services have been provided to either the victims or to the perpetrators without a realisation that the two groups are not mutually exclusive, that programs for one group or another often include services to both groups and that both groups need assistance simultaneously to affect the problem. This research, investigating services to perpetrators and victims, shows that the need to consider victims and perpetrators together and for services to adopt a model of service provision that incorporates a range of services to both groups and one that acknowledges the roles of the victim and the perpetrator, are not fixed in time but change as child victims grow up to become adult perpetrators.

The Monash Research team believes that this research sheds new light on the problem of domestic violence and on approaches and services to overcome it. The Monash Research Team hopes that the report will take service provision forward as requested by the many people and services that contributed to the research in the hope that that this would be so.

The research was initiated and sponsored by the Rotary Club of Brighton whose history of pioneering services to the perpetrators and victims of domestic violence is extraordinary. They were joined in this endeavour by LifeWorks, a long-established Victorian family relationship services organisation that also had pioneered the provision of services to families burdened by domestic violence. These two organisations contributed resources to the research and persuaded Australian Rotary Health, then the Australian Rotary Health Research Foundation, to fund the project. The team wishes to express its great appreciation to those three organisations and especially to Dr David Smyth from the Rotary Club of Brighton, who has taken and continues to take a leadership role in domestic violence research and service provision, and to Kaye Swanton, the Chief Executive Officer of LifeWorks, who took a similar leadership role in the project, proposing her organisation sponsor the research and provides its clients and its staff as a most significant resource.

Staff at LifeWorks gave the team an enormous input for more than two years, with ideas about the research, contributions to the research design, introductions to clients and their families, contributions to the report and much more. The team was made to feel welcome by all staff on all occasions. A special thanks is due to the team at Frankston, the team in the city, the team at Moorabbin and the team at Werribee.

Most importantly, the Monash Research Team wishes to thank the research respondents from the client groups and their families. It was a humbling experience to meet the respondents and to learn of their lives and problems and to be given their time freely and without recompense. The research respondents were men and women with ability, leading well-functioning lives in many respects but either as victims or perpetrators struggling to overcome the effects of domestic violence. The services that LifeWorks offered to them were vital, as one man said, 'I was drowning but you pulled me out of the sea and onto the boat'.

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EXECUTIVE SUMMARY

Domestic violence in Australia is widespread. Physical violence affects one in three women and sexual violence one in five women. Unlike physical and sexual violence to men, which is inflicted mostly by male strangers, the physical and sexual violence to women is inflicted by their male partners. Many of these women have children and they too are victims of the assault either directly or indirectly. Despite this high incidence and despite the evidence of the damage and the costs of the damage, the community has been slow to recognise the problem and to address it. It has been a private family matter not a public community concern. However, the sponsors of this research project have made overcoming domestic violence their concern for many years. The Rotary Club of Brighton and LifeWorks have separately and jointly taken a pioneering and a leadership role in the provision of services to perpetrators and to their victims over the past 20 years.

The research they have sponsored, elaborated further in this long report, shows that the services they have designed and delivered to perpetrators of domestic violence over many years have been effective, stopping violence for 69 per cent of the clientele, and improving it for a further 22 per cent. A message from this research is that services for perpetrators do result in the men ceasing their violence to their partners, children and work colleagues; the Men's Behaviour Change Program does bring relief to the men's victims. These findings challenge the view that providing services for perpetrators should be a low priority as compared with providing services to victims, since the research shows that the two programs studied provided services to both victims and perpetrators even though they were thought of as providing for perpetrators alone. The research dispelled other notions criticising perpetrator programs. It showed that the violence attacked by these programs is serious and life threatening and not inconsequential. In addition, the research showed that the men did not cease being physically violent only to displace that violence into other forms; all forms of violence were reduced.

The research confirmed the entrenched nature of domestic violence, for it was found to be intergenerational with almost all perpetrators being brought up in homes with severe domestic violence and child abuse. These men then went on to repeat their parents' violence (mostly their father's) within their own marriage or partnership, sometimes over a number of marriages or partnerships. Thus, addressing domestic violence by providing a program for perpetrators is one of the ways that the intergenerational cycle of violence can be overcome. If such programs are not provided the violence continues unchecked down the generations.

Everyone struggled with the violence – the perpetrators, their partners and their children. The perpetrators in the programs eventually recognised their problems but not for many years, and most had not sought any other help until they experienced a crisis within themselves or one forced on them by an outside agency, such as a court. The study found that Men's Behaviour Change programs were not well known by either potential clients or professionals.

The men began the groups feeling very anxious about their violence and also many of them began feeling depressed and suicidal; of concern is that some 5 per cent remained depressed even after the program. The men found the group program a valued source of

help; indeed, mostly, the only source of help they had – a lifeline they badly needed. They had little critical comment to make of the group program except in regard to their fears of relapse. Thus, they were very concerned for further follow up groups that are discussed and recommended in the report.

Furthermore, the report recommends that the Commonwealth Government should increase funding to family relationship organisations for programs for perpetrators of family violence as has been proposed in the plan, ‘Time for Action’ just released by the National Council to Reduce Violence Against Women and Children (2009). The plan calls for an expansion of these programs as did the respondents in this research. One of the constraints to expansion of the programs is their inadequate funding, inadequate in amount, in consistency and in coverage. Family relationship services are already funded by the Commonwealth Government and it is within these services that domestic violence victims and perpetrators first seek assistance. It is desirable to place the funding with that arm of government so it can make it a companion to the family relationship funding the Commonwealth Government already provides.

The research identified many gaps still present in our knowledge of what is needed to best help perpetrators and their victims. We still do not know how long the effects of the interventions last, what aspects of them last best, whether perpetrator programs are as successful in larger population groups beyond the LifeWorks groups, whether they are as successful with a wider diversity of people and what changes might be made to the program to accommodate different groups within the Australian population. As a result of this study, there will be some immediate changes in service delivery and we do not know the outcomes of these, particularly those providing an enhanced service to partners and to children.

Finally, while the research did not plan to address this issue, it soon became clear that there is still no focus on domestic violence in Australia being carried forward consistently over time by any one organisation. It receives attention from time to time from various groups, services and various governments, but that attention is fragmented by its different sources and therefore loses intensity; sometimes it is given no attention. For real progress, a national body focusing on this issue alone and focusing on research, policy development, promoting best practice and education is urgently required.

CHAPTER 1. CURRENT RESEARCH

Introduction

Programs directed at overcoming individual perpetrators' infliction of domestic violence on their partners have emerged in Australia only in the past 20 years. The first efforts to address domestic violence in Australia were focused on showing the community that domestic violence did exist and furthermore that it was so widespread as to be a public issue. Research showing this covered the incidence of domestic violence, the types of domestic violence, the victims and the perpetrators. Nevertheless, scepticism about domestic violence has remained and is still so strong that research delineating the problem has continued ever since. Scoping research showing the impact of domestic violence on victims, their families and the wider community followed and it too continues today. Research has subsequently developed showing the complexity of domestic violence and its relationship to other forms of family violence. However, research about ways to overcome it have developed somewhat later, due in part to the fact that programs for perpetrators grew slowly and continue to be underdeveloped and few in number in Australia. This chapter will present a background to these programs and consider what is known about interventions with perpetrators of domestic violence, particularly about the three main programs used internationally and in Australia for domestic violence perpetrators, men's battering group programs, anger management group programs and Couple Counselling.

Domestic violence

Domestic violence has been a public issue for several decades. During this time our understanding of it has deepened considerably. Much of our improved understanding has derived from research –frequently feminist research – as doubt as to its existence has forced theorists, social commentators and policy specialists into research as one of the mechanisms for persuading the community to recognise and to address the issue.

Definitions

Domestic violence was defined originally as a physical assault perpetrated by one adult against their intimate partner, most commonly by a male perpetrator against his female partner. However, domestic violence has come to be regarded more broadly and to be seen as a form of oppression or control, that is as patriarchal oppression and control in the family and in society more widely (Healey, Smith, O'Sullivan, 1998). It now includes the notions of physical violence (pushing, shoving, hitting, choking and beating with or without a weapon), sexual violence (rape, unwanted sexual practices, mutilation and coerced prostitution), intimidation (looks, gestures, smashing furniture, displaying weapons and harming pets), threats (to harm the partner, the children, others, property), emotional abuse (denigration, undermining), isolation (cutting of the victim from family, work and other networks), stalking (following, constant unwanted contacts), financial abuse, (unilateral control of money) and spiritual abuse (control of religious expression). It has been argued that

despite the comprehensive definition presented here that many of these forms are still not recognised as domestic violence, that the different forms are regarded as separate behaviours and that the relationship between them is not recognised, (National Council to Reduce Violence Against Women and Their Children, 2009).

Gendered nature of domestic violence

Much controversy has developed about the gendered nature of domestic violence. Once seen as a preserve of male partners, some USA research (Straus and Gelles, 1975; Straus and Gelles, 1985; Straus, 1993) reported that both genders were equally involved. This view still has currency (Hopkinson, 2006). Subsequently, the same researchers, joined by others, showed this to be untrue in terms of the incidence of intimate partner violence, (more women partners were victimised than men, especially in relation to sexual assault), the circumstances of the violence (women acted in self defence and in retaliation to male partner violence), the nature of the violence (women used a restricted range of the forms of violence) and the outcomes (women inflicted far less physical harm). There is also some suggestion that men are more likely to report female intimate partner violence than women are to report male partner violence (Tomison, 2000; Hopkins, 2006).

Incidence

The reporting of intimate partner violence is believed to be far less frequent than its actual occurrence as victims feel isolated, humiliated and that they are to blame. For many victims, reporting may lead to further violence and not reporting is therefore seen as self-protective and protective of children and other family members. Using data from health services in one State, Western Australia, the unreported rate of partner violence was calculated at three times the rate of reported violence (Nechvolglod, 1995). Many victims have experienced poor responses from services and so abandon further efforts to obtain help. Many victims do not believe they have any option but to remain with the abusive partner and so do not report, but options have increased with improved income security measures and more and more responsive services.

Noting these caveats, using the most reliable and precise data on the topic developed in Australia –that reported by the Australian Bureau of Statistics (ABS), physical violence from an intimate partner is believed to affect one in three women over their lifetime and sexual violence to affect one in five (National Council to Reduce Violence Against Women and Their Children, 2009). This incidence is similar to that reported in the USA (Tomison, 2000). The ABS data also shows that women who are physically assaulted are most likely to be assaulted by their male partner, whereas men who are assaulted are most likely to be assaulted by a male stranger (Hopkins, 2006). Looking at sexual assaults, which run at more than double annually for women as compared with men, women are far more likely to be sexually assaulted by their current or past partner than men, who rarely are sexually assaulted by their female partner (Hopkins, 2006).

Most research points out that domestic violence is not confined to one class or one locality. However, it is reported more frequently among lower socio-economic groups (National Council to Reduce Violence Against Women and Children, 2009). Those from the more advantaged groups may share characteristics that protect them from domestic violence such as higher educational levels, more employment and better paid employment, but it may be equally true that they also share more options in taking defensive or evasive action. Thus they do not report as frequently. Also reporting or not reporting has been identified

as a cultural phenomenon even among those in the same socio-economic class group, for example, with Afro-Americans reporting violence frequently as opposed to Hispanic Americans reporting infrequently (Gondolf, 2002).

However, there are groups that clearly suffer more frequently. One group commanding attention in Australia now is indigenous women where the occurrence of domestic violence has reached what is described as epidemic proportions and where special Commonwealth intervention into States and Territories on their and their children's behalf was instigated in 2006. Other groups include the physically disabled, the intellectually disabled, newly arrived migrants and more established migrant non-English speaking groups.

Impact

The impact of domestic violence is only now being calculated and it is possible that the full impact is still unknown and that current estimates are therefore unreliable and underestimated. We are now aware that the effects of domestic violence spread like ripples, moving from the victim, to their children, to other family members, to the family networks, to the social institutions they use and to the community (Brown and Alexander, 2007).

There are no studies on the health of the perpetrator but it is difficult to imagine that it does not have some negative effect. It is known to have a serious impact on the female victim partner. A recent study into the health consequences of domestic violence showed that it contributed 9 per cent to the total disease burden on Victorian women aged 15 to 44 and that it was the leading contributor to death, disability, and illness for Victorian women aged 15 to 44 (VicHealth, 2002). A later national study looking at all violence against women calculated the health impact of domestic violence against women similarly (National Council to Reduce Violence Against Women and Children, 2009). The research showed that the peak age of impact was between the ages of 35 to 44 (the time of life when women were parenting young children) and that health consequences included death by homicide and by suicide, life-threatening sexually transmitted infections, death or complications in childbirth, fractures and bruising, reproductive system injuries and illnesses, mental health illnesses such as depression, anxiety and traumatic and post-traumatic stress symptoms and more (VicHealth, 2002)

The violence is now believed to affect the victim's ability to parent children. It is thought that it reduces the victim parent's overall functioning by reducing their physical and mental health and so diminishes the parent-child bonds and as a result the child's physical and emotional growth (Humphreys, 2006). Humphreys argues that, in some circumstances, the violence is directed at breaking down these bonds so as to maintain the perpetrator's control of all family members.

In addition, the violence impacts directly on the children themselves. There has been much discussion as to how domestic violence affects the children. Once it was thought that the children suffered as witnesses by seeing or hearing one parent attack the other. However, the notion of 'witnessing', of being there but not being involved, does not seem a true description of the experience or, more likely, of the many experiences (Brown and Alexander, 2007). The parents' actions must cause the children to be very afraid of the perpetrator, to be afraid for the victim parent and for themselves, and to feel limited in their ability to express themselves in the home and in many outside social situations. If, as Humphreys argues, domestic violence undermines the mother-child bond, then the violence leaves the children without any fully functioning, reliable and protective parent (Humphreys, 2006). Child survivors of domestic violence have told of the damage it does

to them and the transmission of violence from one generation to another seems linked to witnessing domestic violence between one's parents as well as to experiencing child abuse more directly (Tomison, 2000).

Also it has been suggested that the domestic violence causes other intrafamilial violence. Domestic violence and child abuse commonly co-exist, in part arising as the perpetrator is also violent to the children and in part occurring because the victim is likely to abuse the children. In addition, children take up the torch of violence, abusing each other and their parents (Brown and Alexander, 2007).

Domestic violence is now thought to affect the female partner's working capacity in that the perpetrator causes physical damage that prevents his partner from continuing to work; the violence also causes mental health problems that interfere with work. On occasions, the perpetrator goes to his partner's workplace and harasses her there (National Council to Reduce Violence Against Women and Children, 2009). Some women have been murdered by their current or former partner at work (Cleary, 2003) and accounts of such events show how the violence moves from the perpetrator and the victim into the wider community.

One recent attempt to estimate the cost of domestic violence for the Australian community shows that its cost to the community runs at \$9.883 billion. This total is made up of health costs to the victim, consumption related costs, transfer costs, administrative costs, other health costs and second generation costs (National Council to Reduce Violence Against Women and Children, 2009). One can see an example of these costs if one considers that domestic violence is given as the prime reason for separation in some two-thirds of parental separations (FLPAG, 2001) and what the cost of that separation is in terms of the costs of the services of the family law socio-legal services system.

Thus the impact of domestic violence is huge; it causes fragility in the victims and their children, and in their family networks, and it creates large costs in the services that have been established because of it, often without the realisation that domestic violence lies at the heart of the need for the service.

Victims

Victims' reports of the experiences of domestic violence and the experiences of the consequences are very sad. Most consider themselves severely affected. Many do not take action but continue to suffer and it is now known that leaving the perpetrator creates more risks for the victim than remaining, as post-separation is the time when spousal homicide is most likely (Easteal, 1994). In addition, child homicide by the perpetrator becomes a risk as the largest single group of children killed by a parent are those killed in the context of parental separation and divorce (Tyson and Brown, 2008). Victims belong to all types of families and come from a wide range of social classes, occupations and ethnicities. It has been shown that reported incidence is more common in lower socio-economic groups (Tomison, 2000) but that may be linked to the ability of more affluent victims to escape it without reporting to authorities or accessing formal services (Gondolf, 2002).

Some studies have attempted to identify common characteristics of victims but none have clearly shown any. Various studies have produced a diversity of victims presumably matching the diversity of perpetrators. However, it has been noted that the victim partners of those perpetrators in a variety of treatment services are different from the victim partners who seek help, leave home and use refuges (Gondolf, 2002). The women in refuges seem to be functioning less well than the women partners of men in treatment services, although both groups had long histories of being victims of domestic violence. Researchers have commented that the experiences of the women as victim partners of perpetrators who are receiving treatment services is needed to assist in service development (Gondolf, 2002)

Perpetrators

Some considerable attention has been given to seeing who the perpetrators are and what, if any, common characteristics they share. However, they have been reported as representing a great diversity of people (Healey *et al*, 1998; Gondolf, 2002) and the profiles produced in the various studies tend to reflect the demography of the research sites and its influence on the profiles of the perpetrators. Perpetrators are usually involved in research studies through the services they use, either voluntarily or involuntarily, and descriptions of perpetrators seem to vary according to which of the two groups of service users they are and where the service is located. Much has been written of the relative absence of large scale and longitudinal studies. Very large studies might reveal more about perpetrators, or more importantly more about subgroups within them, that would allow better tailoring of programs to match perpetrators; such work would be valuable in service development. Gondolf's USA multisite work is the closest to that ideal at the moment. Longitudinal studies would reveal the long-term consequences of interventions with perpetrators and their partners for very little is known of the outcomes of such programs beyond the immediate period after the program ends. Gondolf (2002) has pointed out that some research has followed the men for four years and it has shown the surprising trend of the men's continuing improvement over that period. If this trend were to be confirmed in other studies, this would be most significant as it would show long-term advantages of such programs in overcoming domestic violence.

The work undertaken on perpetrators does reveal common themes in the men's lives and these are child abuse, domestic violence in their families of origin, poor educational backgrounds, mental health problems, most particularly depression, alcohol and drug abuse and underemployment. However, in the USA studies, these themes varied from one research site to another and they may not be as discernable or even present in any one Australian group of perpetrators.

Almost nothing has been written of the perpetrators' experiences as service users. Within the domestic violence domain there is a strong view that the priority for service provision remains with the victims and that perpetrators' needs come second to that of the victims. One example of the poor regard in which perpetrators are held is exemplified by two well-known USA researchers who describe all perpetrators as either pit-bulls or the cobras, indicating a dehumanised and dehumanising view of their research subjects (Jacobson and Gottman, 1998). Gondolf has attempted to characterise them using his extensive research databases more objectively and his findings will be used as a comparison data for the perpetrators in this study. However his data is not strictly comparable because of the large number of Afro-Americans in his data sources that have no equivalent in Australia and the higher proportion of perpetrators who were court mandated to the programs.

Although perpetrators are reported to suffer as a result of their domestic violence (Gondolf, 2002), some do not accept this view. It is possible that this study will cast further light on this aspect of the problem.

Intervention programs

Australia's history of programs addressing domestic violence is more similar to that of the USA than to that of the UK, the more common model for Australian community welfare service development. As in the USA, Australian feminist groups (Summers, 2002) developed the first services in the 1970s – refuges and shelters where battered women and their children could live safely and receive other assistance to reconstruct their lives. Over the following decades more services for victims were established by voluntary

groups which sought and gained both State and Commonwealth Government funding. Sexual assault centres were opened, specialist domestic violence centres, accommodation services, counselling services and legal services were all developed.

Government policies

While the earliest of these services were established by voluntary groups, some of whom were unused to community welfare provision (Summers, 2002), their lobbying and research brought responses from the various State governments. In the 1990s, most State governments held inquiries into domestic violence and subsequently undertook the funding of specialist services for victims (Tomison, 2000). The Commonwealth Government also took responsibility beginning with the funding of accommodation services under the Supported Accommodation Assistance Program. In 1997, the Commonwealth Government began a more comprehensive approach to domestic violence with the Partnerships Against Domestic Violence policy and the programs developed by the Office of the Status of Women with the State and Territory governments. The program focused on both preventive and treatment service provision. Subsequently, a number of State governments, including Victoria, the State where this study is sited, developed Statewide strategies for violence prevention. These latter initiatives were particularly concerned to alter community attitudes to domestic violence to achieve its prevention and to have it included as a consideration in all legal and community service provision. None of these latter governmental initiatives placed much additional funding into victim and, most especially, perpetrator service provision. Some States, including Victoria, have introduced special domestic violence courts with special bridging arrangements linking perpetrators with services. Evaluation of this development in Victoria is not yet concluded.

However the Commonwealth Government has just held a new inquiry into reducing violence against women and children and the report from the National Council to Reduce Violence Against Women and Children proposes a plan of action that represents a more extensive approach to the problem than has taken place previously. In particular, the plan, 'Time for Action', proposes increased research into services for perpetrators; that research may lead to such services expanding as well as to services model change. It is worth noting that the report places the issue within a human rights socio-legal framework and argues for individual and societal rights for the elimination of domestic violence and sexual assault. The plan seeks a greater integration of all services for domestic violence and its initiatives seek a seamless range of services that joins the States with the Commonwealth and the services in each domain with the others (National Council to Reduce Violence Against Women and Their Children, 2009)

Perpetrators' services

As noted in the plan, Australia does not have the large-scale criminal justice sponsored and funded service system for perpetrators that is provided, and is mostly federally funded (Healey *et al*, 1998), as in the USA. Services for perpetrators have been slow to emerge in Australia because of the absence of Commonwealth and State legal services interest and funding and a reluctance to provide for perpetrators, coupled with the difficulties in knowing what to provide. The alliances that were developed in the USA between researchers and policy and program development staff on the one hand, and funders and providers of legal services on the other, that created the design and pioneering of perpetrator services based on the Duluth model of service provision, (described in detail in the next section on batterer and anger management groups), were not achieved in Australia. Supporting the slow growth of services for perpetrators has been the avoidance of working with perpetrators noted in examinations of practice in child protection, child

welfare and children's health services, where the impact of the violence on children is clearly felt. Much has been written about the perpetrator's absence from professional intervention plans and actions over many decades and many theories have been advanced to explain this, ranging from fear of confronting the perpetrators, to falling victim to their control, to being unable or unwilling to work with dangerous male clients as the workers are mostly female, to inaccurate stereotyping of the client group, to understandable fear and to a lack of focus on working with any men by the leadership of the service providers (Scourfield, 2002; Tomison, 2002; Fleming, 2007).

Today, the few services established for perpetrators are scattered unevenly across the nation; are designed and provided by a variety of community service organizations; lack consistency in design, operations and staffing; are not integrated with the criminal justice or any court system; and do not have the advantage of any strong source of government interest or funding. Those in Australia, as is the case in the USA, fall into three types, batterer groups, anger management groups and Couple Counselling (Healey *et al*, 1998; Gondolf, 2002).

Batterer groups and anger management groups

Batterer groups and anger management groups are presented together because of their similarities although they are not precisely the same. Theorists see the difference being in the interpretation of the perpetrators' violence. Some anger management groups interpret anger as the trigger to domestic violence and target it as the problem to address. This tends to locate blame for domestic violence with the victim as the person whose behaviour has triggered the anger and the domestic violence (Gondolf, 2002). However, it has also been pointed out (Costello, n.d.) that in Australia both of these two types of groups mix a number of approaches and the distinction between the two is not clear cut. In addition the term 'batterer groups' is not used commonly in Australia, probably because the Australian groups do not lie within the criminal justice system but lie in a fragmented group of various community service organisations in each State and Territory. Also, those few groups that do lie within the Australian criminal justice system use the term of anger management groups to describe the groups in their system, confusing the picture even further (Howells, Heseltine, Sarre, Davey and Day, 2003).

In Australia, anger management groups, those that do and those that do not, incorporate batterer group principles, are mostly voluntary. Perpetrators attend on their own initiative but with courts (Family Court of Australia, Federal Magistrate's Court, State Children's Court and State Magistrate's Court) mandating some perpetrators to attend at times. Mostly, perpetrators are required to find a group themselves; they are not placed in the service by the courts or a legal agency, with the exception of the special domestic violence courts, and even there not all of the domestic violence courts link the perpetrator to the court-ordered service. In addition, perpetrators are not monitored by the courts and at most have to show evidence of attending the required number of meetings as set either by the court or the service. In the USA, monitoring is far tighter.

The USA perpetrator groups have been modelled largely on the Duluth model, which was a community-wide service developed and provided by a consortium of local socio-legal agencies to overcome domestic and other family violence in the Duluth, Minnesota community (Pence and Paymar, 1993). It was an educational program and used a group approach to confront male perpetrators with their violence. It used cognitive behavioural theory with the men in the group to assist them to learn about their violence and ways of overcoming it. It was integrated with court services and services for victims. It took a broad approach to domestic violence and saw it as a number of different types of control that men use to maintain dominance over women.

While most Australian groups are not placed securely in the criminal justice service system, they share many features with the USA groups. As in the USA, the perpetrators are individually assessed by the Australian services as to their suitability for group membership. The groups are usually from one to one-and-a-half hours per week and run for varying lengths of time, from eight to 26 weeks. There is debate about the desirable length of time for groups; shorter length groups maintain membership best but lengthier groups achieve better outcomes in respect of re-assault rates for those who stay the distance (Healey *et al*, 1998). After the assessment of individual members, the service invites those it selects to join, starts the new group, runs it for its set length and then concludes. By way of contrast, a few groups run continuously and are available indefinitely to members, rather like Alcoholics Anonymous.

All have a syllabus and use cognitive behavioural techniques. They teach the perpetrators that they are in control of their own behaviour and that they can change it. They offer tools of learning for making these changes. Today, most are also supported by psycho-dynamic theory and offer some family of origin (the family where the perpetrator was brought up) explanations to the group members for their violence. The groups also offer acceptance and support from the facilitators and the other perpetrators with the same problems. Groups are usually led by two facilitators, who have undertaken specialised training (usually one of these is male and the other female), and they model adult respectful collaborative behaviour to the group.

Although the perpetrator is the main focus of the group, most programs also offer assistance to the victim partner and sometimes to the children. This is done by using a worker to contact the partner after the assessment interview for the program, and usually at least one group experience is offered to the partner, as well as some counselling. It has been suggested that more research should be instigated to see what victims' views were about such programs and what else might be of assistance (Gondolf, 2002).

Perpetrator groups have had their critics in Australia with concerns being expressed that perpetrators do not really stop their violence but instead become more subtle in their abuse shifting it from physical to other types of violence (Costello, n.d.). They have also been criticised for conveying a false sense to the victim that they are safe. Research on such groups in the USA, commonly sponsored by the criminal justice system to provide evidence for the outcomes of these services in view of the funding spent on them, showed initially that the groups had very advantageous results, but later the research found less clear outcomes and considerable disillusion ensued (Appendix A). Subsequently, federal authorities initiated larger scale and more rigorous research and this covered many sites across the USA. This last wave of studies showed clear benefits for the group programs and the previously mentioned findings that results improve over long periods of time subsequent to the group's ending (Gondolf, 2002).

Couple Counselling

A small amount of the research literature on domestic violence proposes Couple Counselling as an alternative to the perpetrator group programs. Those writers describe it as a counselling service for couples experiencing domestic violence that is based on social systems theory as applied to families, suggesting therefore that the violence is an interrelational problem within the family (Hamel, 2006). Thus the solutions need to be designed for the family and not just the perpetrator. For others, Couple Counselling is a coincidental service occurring when a couple reveal domestic violence during counselling for other partnership problems and when the counsellor decides to offer intervention within the Couple Counselling while holding no position that Couple Counselling is the best intervention to offer.

Whichever type of Couple Counselling occurs, there has been little research on it as a means of overcoming domestic violence. It has been noted as being more likely to be used by better advantaged groups, those with more education and income, possibly wishing to avoid exposure and confrontation in a group, even a group with a similar problem.

Conclusion

Domestic violence has been identified as a public issue in Australia for the past 30 years, with service provision supported by governmental funding that has increased slowly in that time. Services have been offered primarily to victims and less frequently to perpetrators although perpetrator programs have arisen in the past 20 years. In Australia, unlike those in the USA, the perpetrator programs are not integrated into a criminal justice community response to domestic and other violence but rather are provided by a variety of community service organisations with service delivery being inconsistent, unmonitored and unevaluated. The recent determination of the Commonwealth Government to recognise the widespread occurrence of domestic violence (affecting one in three women in their lifetime), the harm that it does (being the most serious health threat to adult women 35–44) and its cost to the community (being annually almost \$10 billion dollars) and to overcome it, has led to the Commonwealth Government producing a comprehensive and ambitious plan. The plan suggests that programs for perpetrators are confused, that little is known of their impact and that much more research should be undertaken into them in order to guide further service provision.

CHAPTER 2. RESEARCH METHODOLOGY

Introduction

The history of programs for perpetrators of domestic violence has been a short one in Australia. The programs have not yet gained the strength of theoretical models or of the widespread service provision that they have achieved in the USA, where such services were sponsored by and integrated within the federal and State criminal justice service systems. These service systems spent large amounts of funding on perpetrator programs from the late 1980s and, shortly afterwards, initiated research programs to evaluate the benefits of these new and somewhat contentious services. Australia followed suit with perpetrator programs but with less vigour, with fewer services, less geographic coverage, little integration in the criminal justice service system, less consistency in standards of provision and a varied mix of service providers. The more embryonic pattern of service provision in Australia has meant less research into such programs and less evidence to build service provision upon. This study is one of the few Australian studies into perpetrator programs. It focuses on a range of perpetrator programs provided by Lifeworks Relationship Counselling and Education Services (LifeWorks), a family relationship services organisation that is one of the largest providers of programs for perpetrators of domestic violence in Victoria.

History of the research project

This study described in this report was proposed by LifeWorks and the Rotary Club of Brighton and it was carried out under the sponsorship of Australian Rotary Health, formerly the Australian Rotary Health Research Foundation, and LifeWorks itself. The Rotary Club of Brighton has been a pioneering provider of services for perpetrators of domestic violence (Rotary Club of Brighton, 2008) and it began its domestic violence service provision in 1995 when no other local services, and indeed few others anywhere in Australia, existed. Under the leadership of the President Rob Tucker and a committee led by Stuart McIntyre, the club established a company, Bayside Family Support Ltd, to counsel violent men. The club decided to offer group perpetrator program. The club incorporated a research component in the service and it commissioned the design of an evaluation survey that the workers administered to the men as they began the program and then again once they finished, to learn what the program was able to achieve. That survey has continued to be used over the years.

Some eight years ago, the club moved the perpetrator program that they had operated as a freestanding local service into LifeWorks, a Victorian community service organisation that began some 60 years previously as a marriage guidance council and then expanded into a large organisation offering a wide range of family relationship programs in Melbourne city and outer suburbs and in Victorian country locations. LifeWorks has continued its partnership with the Rotary Club of Brighton in the provision of perpetrator programs and when the research team began the study LifeWorks operated perpetrator group programs at their Melbourne city office, at Moorabbin, and at their Frankston and Werribee offices.

An amended version of the participant survey is used in the groups at most of these locations.

In 2006, LifeWorks and the Rotary Club of Brighton joined with the Australian Rotary Health Research Foundation to set up a research project enquiring into the further improvement and the success of the perpetrator programs with reference to the Couple Counselling program that they ran at their city and Frankston offices. The project was offered as a research tender by the Australian Rotary Health and the Monash University research team won the tender.

The research tender

The research tender asked the researchers to explore the efficacy of each of two interventions, the Men's Behaviour Change Program and Couple Counselling. It wished to explore the clients' views of the programs and their satisfaction with them, the partners' views of the program and their satisfaction with them and staff views of the program. Furthermore, it sought to investigate the impact of the programs on overcoming the men's violence and to assess whether one type of intervention was more successful than the other. The tender also sought to explore the place the programs had found in the wider service system addressing domestic violence.

Research design

The research design was to be a conventional program evaluation design as outlined in the social science program evaluation literature (Grinnell, 1998; Weinbach, 2005; Marlow, 2005), whereby a community service program is described as it operates and its impact, its success in achieving its goals, is assessed. Similar research designs have been used in the studies of perpetrator group programs in the USA, funded by the USA Department of Justice, the major funder of the USA programs and the research about them (Jackson, Feder, Forde, Davis, Maxwell and Taylor, 2003). In this study, the two interventions were to be described and their impact assessed and compared.

Research design difficulties

Many research problems have been identified in reviews of both types of interventions in overseas research in the past. These problems have particularly affected research into the men's group programs, and although some of these are technical problems, others are not. When the group programs for perpetrators based on the Duluth model first emerged in the USA, evaluations of the program were extremely optimistic as they showed substantial reductions in the men's violence. However, this period gave way to evaluations showing far less improvement in the men's violence. This period of disillusion was embraced as evidence of the unremitting nature of the men's violence, regardless of interventions, and as evidence of the futility of these programs. These issues are covered in detail in Appendix A, a literature review of the prior research. However, the research of that time, and subsequently, was plagued with many research design flaws, later acknowledged, and many unanticipated technical difficulties, not fully acknowledged. What is not made clear in the research studies is that the context for the research is affected by the ongoing debate as to whether any interventions should be offered to perpetrators and, if so, what should the rationale be. This context surrounds interpretations of research results and recommendations about perpetrator group programs.

The technical difficulties in the evaluations of these interventions begin with the difficulties around assessing program impact. The most obvious indicator as to the impact of both

the programs has been thought to be the incidence of post-program violent behaviour (Healey *et al*, 1998; Gondolf, 2002; Jackson *et al*, 2003). Since the programs are intended to overcome domestic violence, stopping or reducing it is considered to be an indicator of program impact. However, measuring that impact is difficult as it means assessing the behaviour of the perpetrator and gaining reliable evidence as to their behaviour has presented problems. The perpetrators of the violence may not accurately report their own behaviour and, in fact, their consistent denial of their own behaviour has been part of their problem. Consequently, using supporting reporting from their partners is often proposed and actually undertaken in some studies as a necessary supplementary measure. Partners, too, are thought to underestimate, and to even deny, the perpetrator's behaviour and partner views are not thought to be entirely reliable. Agreement has been reached by researchers that court records are a reliable indicator but they are a blunt indicator as the violence has to reach a certain level and be of a certain type before it is reported. If the programs are not placed within the criminal justice system, such as the Lifeworks programs, reporting and prosecuting violent behaviour is less likely.

Another difficulty in measuring impact is deciding how to assess changes in the perpetrator's behaviour. Current definitions of domestic violence cover a wide range of controlling behaviour and so it is important to include all these behaviours in any review of behaviour. The most obvious way of undertaking such an assessment is to use a range of indicators of violent behaviours and to measure them before and after intervention and then see if these are reduced after the intervention. There has been debate as to the interpretation of change using this kind of approach. For example, if a perpetrator reduces his hitting of his partner but increases his denigration of her, has his behaviour improved or not? Nevertheless, it seems clear while such a review of behaviour is open to different interpretations, it is still important to carry it out.

An associated difficulty is that of when the change should be measured. Some of the earlier USA studies measured change very soon into the programs and these measurements have now been discounted as being too early and therefore irrelevant (Jackson *et al*, 2003). However, that argument has been extended further as evidence is now emerging that the longer the researcher leaves taking the measurements of change, the more reliable the measurement of impact will be (Jackson *et al*, 2003). This is further strengthened by the findings of Gondolf (2002) that improvements can continue to occur for at least four years after the program, suggesting that it is necessary to revise our understanding of the impacts of the program and place them in a much longer time frame. Thus the proposals that such programs should be followed up for many years in order to properly measure impact are well founded.

Another difficulty in measuring impact is the drop-out rate from the programs themselves and from the research. Drop-out rates are commonly reported to be considerable (Jackson, 2003). For example, in one of the USA studies reviewed for its methodology, the drop-out from the 28-week programs was 73 per cent and a further 3 per cent from the research group (Davis, Maxwell and Taylor, 2003). The research reviewed came from programs that were embedded in the criminal justice systems and the complexities of those systems were thought to contribute to drop-outs from the programs and from the research (Jackson *et al*, 2003). Both judges and legal practitioners undertook actions that cut across the programs' continuing engagement with the client group and with the research and these actions were thought to affect the programs and the research. Since the LifeWorks programs are not embedded similarly, these problems may be less severe.

Research concerns

The previous research did point to some issues that were not investigated in the previous research. The most frequently mentioned gap was that of the perpetrators' experiences and views of the programs. Research was focused on assessing impact, not on understanding the client's view of the programs (Gondolf, 2002). This gap is thought to be significant as this knowledge is needed to develop the programs further. There was an even greater gap in understanding the experiences and the views of the victim partners, and there is a recent view that partners need to be considered and included more in the program in addition to the usual measures taken to protect their safety (Gondolf, 2002).

Another gap was that of any full description of the programs being researched. In some studies, the programs were not clearly described and some of the discussion of programs, and the theory underpinning them, indicated they may be different from the way they were presented in any research (Day, Chung, O'Leary and Carson, 2009). An emerging conclusion was that programs are evolving to become more complex, with more components, and are less clearly based on any one model, and, therefore, are more in need of accurate description in any research study (Jackson *et al*, 2003). Added to this is the discovery of the wide diversity among perpetrators that gives rise to a concern that programs might need to be more tailored to the groups they served. So describing the program in detail and the client group it served could assist in better targeting of programs to their particular client group (Gondolf, 2002).

Research plan

The first component of the research plan of the present study was to describe the two types of interventions. Each one would be described in terms of the program goals, policies and procedures, the program components, the program's theoretical underpinnings, the actual operations, their locations, their staffing and their client groups, including the victim partners as well as the perpetrators.

Data sources for the programs' descriptions were to be the extensive documentation Lifeworks held on the two programs in their city and outer-suburban offices, documentation held by the Rotary Club of Brighton, information from staff, from clients and from the victim partners.

The second component of the research plan was to assess the program's impact using information from the perpetrators, their victim partners and the staff in the group programs and in Couple Counselling programs. The indicators for assessing the impact of the program were to be what changes had occurred in the perpetrators' behaviour and their lives more generally, and the source of that information was to be the perpetrators, their victim partners and the program's staff.

This meant seeking research respondents from the various programs and gaining, wherever possible, representation of clients from different locations, as different locations had proved to attract different clients in the USA research (Healey *et al*, 1998; Jackson *et al*, 2003; Gondolf, 2002). It also meant interviewing the perpetrators and their partners during the program and afterwards. The research team did not wish to interview early in the client's experiences with the program as they believed that very early views would not be detailed nor would they give time to allow change. Little was known as to the willingness of the client group to participate, but the research team envisaged difficulties in interviews around engaging with the research respondents, in gaining self-revealing data that was not favourable to the perpetrator or to the victims or other family members and in maintaining their own safety.

Ethics application

An application to undertake the study was made to the Monash University Standing Committee on Ethics for Research on Humans and it was approved. The research team believed the ethical issues lay in maintaining confidentiality of the information between partners and in not allowing any material that might identify clients, their families or the staff members to be presented in the final report.

Interviews

Schedules for interviews with clients, partners and staff were prepared and are included in Appendix B. The interviews were built around topic areas and if the respondent did not cover the whole area as planned, the interviewers were prepared to use prompts. However, the interviewees proved willing to talk at length about the problems of violence and about their experiences in the program. Some of the preparedness of perpetrators to talk in interviews was enhanced by their learning how to talk about these issues in the programs and by their positive experiences with the programs. As almost all the perpetrators had not sought help for these problems previously, nor talked about them with other people, interviewing them early in the program would have produced limited information.

Carrying out the research

The research was introduced to the Rotary Club of Brighton and to LifeWorks in mid-2007. The team was welcomed at a club meeting where the research was explained. The research was publicised at LifeWorks and contact was made with the various sites that provided the services and from where the clients would be drawn as respondents, from the city office, the Frankston office, Moorabbin and the Werribee office. Over the many months of the project, the research team held meetings with the LifeWorks staff as a whole and with groups in the various offices to get feedback on the findings of the research as it progressed.

The Men's' Behaviour Change Groups

The research team met the staff of the Men's' Behaviour Change Groups at the city office, the Frankston office, the Moorabbin location, and the Werribee office. They then attended a number of groups to publicise the research and to seek volunteer respondents. They would explain the research at the beginning of the group and seek volunteers by asking those interested to sign consent forms giving their name and telephone numbers so that they could be approached afterwards. The researchers usually went to the second or third group in a series and that choice was a good one in that the research respondents all spoke of their anxiety and confusion at the start of the series. Some groups spent some time as a whole giving immediate feedback to the researchers. That proved to be valuable information in that some issues were raised that the researchers had not anticipated, such as the need for locally accessible services, as almost all the men were working and many were living at home with families and had limited ability to travel far to a service. Of the group members, at least one-third responded positively and gave their agreement to join the study. Victim partners were contacted independently by telephone after the interview with the man. The men were informed that the partners would be contacted and no man showed antagonism to that idea. Most were keen to see their partner contacted, hoping the contact would help maintain the relationship with the partner and or support their perception of their improvements. Some 25 men were interviewed and they came from

the four sites. However more men volunteered from the Frankston site. From the four sites, only 10 partners and one mother volunteered to be interviewed. Some partners had left and did not wish to be involved; one was interstate but was interviewed by telephone.

Group members' evaluations

After the research had begun, LifeWorks gave the research team a backlog of group members' evaluation forms saved over several years. The staff in the Men's Behaviour Change Program had continued to use these evaluation schedules, administered when the groups began and after they finished and they had kept many of these evaluations. They proved to be a valuable source of data for assessing the program's impact and are discussed in greater detail in the fourth chapter of the report.

Couple Counselling

Obtaining respondent couples as volunteer respondents from Couple Counselling did not prove successful. For some time, the reasons were unclear. Despite general information available in the agency and specific information for staff to give to couples where violence had been raised as a problem, only three couples volunteered. Speaking with staff during the project about this issue raised several possible reasons. One was that violence raised in Couple Counselling was not necessarily identified at the outset of the contact, possibly not until later, and so the couple and or the worker may not have seen the couple as potential volunteers. In addition, it was possible that the workers did not wish to threaten the working relationships they had achieved with the couples by referring them to a research project, especially one that looked at family violence. Also, when violence was identified, the man might be referred to the Men's Behaviour Change Program and so it was possible that the two programs did not run as alternatives but as complementary services and were not, therefore, appropriate for comparison.

The research team

The research team undertook to attend the group series, the explanatory visits to the various offices of Lifeworks and the interviewing of the clients in the two programs. Interviews were summarised while they were being held and completed in detail subsequently. Initially, interviews were shared to establish consistency, to consider the issues arising from them and to decide on any necessary changes. Possible problems over respondents' engagement with the interviewers did not eventuate as the clients were very willing to talk with the researchers. Interviews were held mostly in the LifeWorks offices, usually in the early evenings; a few were conducted by telephone. The likelihood that the respondents might respond differently to the female and the male researchers was ever present but since no respondent showed any difficulties engaging with their interviewer, the need for the other interviewer to take over did not occur. Nor did either of the interviewers ever feel threatened or manipulated. The researchers had the advantage in their interviewing of being experienced professional social workers.

Limitations

The scope of the study was never going to be large, given that the project was going to cover only one community service organisation's programs for perpetrators of domestic violence. However, LifeWorks did offer a number of perpetrator programs and it did offer them at a range of locations in Victoria, thus improving the diversity and representation of

different client groups within the study. In addition, the availability of the past evaluation survey data and the opportunity to combine this with interviews from the various program's clients, their partners and the staff did mean that a comprehensive picture could be gained of the value of the two programs, and especially of the Men's Behaviour Change Program.

Conclusion

The study followed the conventional program evaluation design with a focus both on the process elements of the programs, especially necessary for the Men's Behaviour Change Groups where research had often omitted descriptive program detail, and on the achievement of the goals of the program, as estimated from the evaluation material already held by LifeWorks and the Rotary Club of Brighton and by interviews with the program participants, their partners and the service staff. The willingness of the men and their partners to be interviewed was not known at the start of the program but it had been noted in other research that not all program participants were prepared to join such research. The complicating factor noted in overseas research of the staff in the complementary socio-legal services undermining the research for a range of legal reasons was not likely to occur in this study as it was set in the one agency and not in the wider criminal justice service system.

CHAPTER 3. THE MEN'S BEHAVIOUR CHANGE PROGRAM

Introduction

In order to investigate the outcomes of the Men's Behaviour Change Program and Couple Counselling both of which are delivered at Lifeworks various Victorian sites, each required detailed description and analysis. Previous researchers have argued that any research into programs for perpetrators of domestic violence should incorporate careful program description as, in the past, the programs have been investigated without descriptive detail, limiting the conclusions that can be drawn from the research (Healey *et al* 1998; Gondolf, 2002; Jackson *et al*, 2003; Day *et al*, 2009). Moreover, the lack of precise descriptive detail regarding programs is compounded when, after being established, the programs develop and change without documentation, so that ultimately the programs are incorrectly categorised, incorrectly understood and unwittingly misrepresented. This chapter will present and discuss the Rotary Club of Brighton Men's Behaviour Change Program and the LifeWorks Men's Behaviour Change Program with which it merged in 2002 to form the service LifeWorks now delivers from four sites. The Couple Counselling Program that is delivered from LifeWork's 10 sites will also be described.

The Men's Behaviour Change Program

The origins of the Rotary Club of Brighton's Men's Behaviour Change Program lie in the decision that the club made in 1994 to address the problems of domestic violence by providing a service for male perpetrators (Rotary Club of Brighton, 2008). The club has sustained this decision ever since. It is the longest running activity of the club and it continues, albeit in a somewhat different form, today. The club's long-term commitment to this program has been extraordinary, as has their program philosophy, expressed as 'Men Taking Responsibility for Men's Behaviour'. The program began in 1994 when the club determined to tackle the contentious issue of male violence within the family. Under the leadership of the 1994–95 Club President, Rob Tucker, assisted by club member Stuart McIntyre, the club identified domestic violence as a major community problem, although at that time community recognition and understanding of domestic violence was extremely limited. The club determined to focus their work on the male perpetrators of violence. They understood that there were some services for the victims, the wives and children, but as an all male club, with a community welfare outlook, they believed they had a responsibility to take action and aimed their program at men who were then rarely considered.

The club's assessment was perceptive, for while some services had emerged for women victims, there were almost no services for male perpetrators at the time and indeed there are still only a few today. This picture of the early development of domestic violence services, some services for women victims but almost no services for male perpetrators, was a similar one to that of the development of services some 10 years earlier in the USA (Gondolf, 2002). However, the development of services for perpetrators of domestic violence in Victoria and in the other Australian States departed from the broader pattern of domestic services development in the USA, since the Victorian and the other State services developed within the community services sector rather than within the criminal justice service system.

The club set up a committee lead by Stuart McIntyre to sponsor the development of a program for perpetrators; the committee included members such as the President Rob Tucker, Stuart McIntyre, Herman Mott, Brett Parkin and David Smyth. The committee created an incorporated not-for-profit company, Bayside Family Support Ltd, raised funding, obtained rooms in a nearby house in Hampton Street, Hampton, and engaged counsellors. This was an ambitious project for the club as it was now the creator and sponsor of a local service for domestic violence, the Men's Behaviour Change Program at the house in Hampton. Shortly afterwards, the program was enlarged by extending the service and running another group program at Moorabbin in a local church hall. The program continued at these two locations for the next eight years, funded by the Rotary Club of Brighton. After eight years of sponsoring the service Brighton Rotary sought a more secure organisational base for it. Encouraged by the incoming CEO, Kaye Swanton, Brighton Rotary decided to link its program with LifeWorks, then emerging as a service leader in domestic violence throughout Melbourne and regional Victoria and, in 2002, it transferred its Men's Behaviour Change Program, run from two locations, to LifeWorks for the ongoing management of them. In 2002, LifeWorks became the organisational base for the program. Brighton Rotary provided funding for a further four years, taking their total of funding to the services to more than \$350,000 in a 12-year period.

The program model

Extensive documentation on the early years of the program has not survived. However, there is some documentation from those years indicating the model the program was using. The best of that documentation is the ongoing client research that was carried out with each group the club provided. That research, in the form of surveys that each participant completed, at the start of the group and again at the end, shows that the group was using the USA Duluth model rather than its USA predecessors EMERGE, RAVEN or AMEND or any of the later anger management models.

The Duluth model was a well-thought-out and well-documented model underpinned with feminist theory that ascribed the men's violence to a male need to control women and children at the individual and societal level (Gondolf, 2002). The model focused on a broad notion of power and control, one that extended past physical violence to include sexual violence, verbal violence, emotional abuse, harassment and stalking, financial abuse and control, family and social network isolation, and spiritual abuse and control. The Duluth model of Men's Behaviour Change Groups required the men to be confronted by the reality of their violence and control and by the program's demand that they take responsibility for it. The program taught the men how they manufactured and maintained their controlling position through violence and abuse and it taught them ways of changing their behaviour by understanding it, by achieving a commitment to change and by learning new patterns of behaviour. The groups were designed to provide non-judgmental and non-shaming support and warmth from the facilitators and from the bonds formed in the group among the men to further assist in the change.

The Rotary Club of Brighton Men's Behaviour Change Program took the same wide view of male violence as the Duluth model and in the years of questionnaires supplied to this research team it can be seen that the program used the questionnaire as a supporting tool in the confrontation of the men in regard to their violence and in the developing of a commitment to change. The men were asked in considerable detail about the violence, what exactly they did, how often and what impact their violence had on its victims. Partners and children were included as potential victims but there was greater emphasis

on the partners than on the children. Partners could be heterosexual or homosexual. There were no enquiries about violence outside the family. Nor were there any questions that placed the men in any context such as age, ethnicity, work, family position or history. At the end of the program, the same direct questions were asked again and the perpetrator was asked very clearly in detail about improvements, quantitatively rather than qualitatively. This type of research was a feature of the Duluth model and it was seen as a significant way of developing knowledge to direct program development and to justify funding. The Duluth model included the victims by setting up a contact worker to make links with victims. Victims' safety was argued as a major concern.

V-NET (now NTV)

Preceding the Rotary Club of Brighton Men's Behaviour Change Program, and undoubtedly an influence on the development of the Brighton Club's program and on LifeWorks own prior programs for male perpetrators, was V-NET. V-NET began in 1988 as 'an informal network of professionals who were pioneering group behaviour change programs for men using violence towards their family members' (www.ntv.org.au). It became an incorporated association in November 1994 at the time when the club was establishing its program. The association designed a standards manual for those offering Men's Behaviour Change Programs and their work might be considered the first formal program design in Victoria for services to perpetrators of domestic violence. Shortly afterwards, V-NET joined with the Men's Referral Service Inc. and formed the No to Male Family Violence Prevention Association, known now by the initials as NTV. In 1998, NTV undertook the development of a Graduate Certificate of Social Science (Male Family Violence) with Swinburne University and that educational course became the basic course for group facilitators. Swinburne then developed a further qualification for program managers in this area and is now developing a program for Indigenous facilitators. It remains the only educational institution in Victoria providing courses for perpetrator programs.

NTV established the educational and program theory, the standards and requirements for domestic violence services for male perpetrators in Victoria. It has become the standard setter for Victoria for these programs and State funding is available only to those who comply with NTV requirements. NTV uses the Duluth model with its feminist philosophy and it supports the need for individual as well as for societal change. NTV sees itself as accountable to women and child victims, but they also see the need for perpetrator services, arguing that perpetrators will not change without assistance. They have now assembled comprehensive resources for domestic violence services, especially for male perpetrator services. Ultimately, NTV has grown to be a significant force in addressing domestic violence in Victoria, particularly in regard to its policy development, program design and educational and training support for domestic violence services for male perpetrators, such as the Domestic Violence Resource Centre, that undertakes a similar responsibility for female and children victims of domestic violence.

LifeWorks

When the Rotary Club of Brighton established its partnership with LifeWorks and brought its program into the Lifeworks organisation, it moved its program into an organisation that had an extensive history of domestic violence services. However, it had an even longer history of providing family relationship services dating back some 60 years, that had led it to a concern about domestic violence. LifeWorks had begun in Melbourne in 1947 as the

Church of England Marriage Guidance and Education Council when it sought agreement from its English sponsor, St Paul's Cathedral London, UK, to address family problems that were emerging when the soldiers rejoined their families at home after the Second World War. At that time, it offered counselling to individuals and couples with family problems and it also offered pre and post-marriage education. Subsequently, it became the Anglican Marriage Guidance Council, then the Anglican Marriage Education and Counselling Service and then, in 1996, it was reformed into the LifeWorks Relationship Counselling and Education Services – an Anglican Agency – a year after it had incorporated as a company. In June 2003, it became LifeWorks Relationship Counselling and Education Services. During that time it had offered family relationship services and had been supported by the Commonwealth funding provided for such services and by other community support.

Men's Behaviour Change Group Program

LifeWorks first drew attention to the domestic violence it was encountering in the couples attending its services in 1991 and it, too, decided to provide a Men's Behaviour Change Program, a little before the Rotary Club of Brighton, when the informal network that was to grow into NTV was just beginning. As a Melbourne community services organisation discovering family violence through their counselling programs to marital partners, their interest in moving into this sphere was not surprising, but it was nevertheless pioneering and there were many similar agencies that, at that time, did not take this step. Not only did LifeWorks experience the problems of these families, but they also possessed the new relevant counselling expertise that was being imported into the Men's Behaviour Change Programs in the USA. Thus, in Melbourne as in the USA, LifeWorks enhanced the Duluth model with counselling strategies such as cognitive behavioural techniques, stress relaxation and conflict resolution.

Today the Men's Behaviour Change Program is one of a wide range of services that LifeWorks provides. It provides services to more than 4,500 clients annually and has 10 branches that are located at Melbourne City, the Melbourne suburbs of Bayswater, Broadmeadows, Chadstone, Frankston, Moonee Ponds, Preston and Werribee, and the country centres of Geelong and Wangaratta. It is registered as a Counselling and Mediation organisation under the Family Law Act (1975) and receives Commonwealth funding for counselling, mediation and education. Today it employs approximately 90 full-time, part-time, and sessional counsellors, dispute resolution practitioners and education facilitators.

Included in its services are a number addressing domestic violence, primarily individual, couple's and children's counselling and the Men's Behaviour Change Programs. Counselling services are provided at all locations and the Men's Behaviour Change Groups are provided at four locations: Melbourne City, Frankston, Moorabbin and Wyndham. Usually this means 12 such groups take place each year. The groups at Werribee are now funded partially by State government funding, while the other groups are funded in part by the Commonwealth Government education stream for family relationship services, client fees and LifeWorks own fund raising efforts. (Although the Commonwealth Government now offers a Specialised Family Violence Services funding stream, very few organisations around Australia have been successful in attracting this funding.) LifeWorks strongly supports the NTV philosophy, policies, standards and procedures and uses group facilitators trained through the Swinburne postgraduate courses. LifeWorks have formal family violence policies and procedures laid out in a formal quality assurance policy document.

The program described

The Men's Behaviour Change Program has six clear components. The first comprises the pathways that Lifeworks has laid down to guide clients to the service. The second is the assessment and intake component – the gateway to the program. The third is the actual Men's Behaviour Change Group. The fourth is the contact with the partner and the Partner's Group. The fifth is a follow-on and a maintenance group for the men. This, however, is less stable a component; it has been offered on occasions, failed to attract participants, been withdrawn and most recently offered again. The families in this research study did not have this component available but, as it will be noted, keenly sought a group such as this. The sixth is the ongoing evaluation of the program through the use of evaluation of individual achievement in each group – two surveys, one at the beginning of the group and one at the end, completed by the men who are members of it. A seventh component that the Duluth model includes is the integration of the program into a community-wide integrated services approach with a feedback mechanism operating between the community-wide service system. This component is currently missing, but this is changing as the program does have links with the justice services and with courts, and these may grow closer in the future.

Staff

Before describing each of the program's components, it is important to detail the program's staff. LifeWork's long-term commitment to addressing domestic violence through its various services is reflected throughout its staffing, that is in terms of staff's prior professional education, their ongoing education at LifeWorks, their having to meet NTV training requirements, the organisational structure that supports the staff, and the number of positions dedicated to services addressing domestic violence, including the positions working in and associated with the Men's Behaviour Change Program.

All the LifeWork's domestic violence prevention strategies are led by a Family Violence Coordinator whose role is to ensure that LifeWorks Family Violence Prevention Services are accountable for the safety of women and children as part of LifeWork's integrated, whole-of-family Family Violence Prevention Services. The Coordinator also ensures that LifeWorks Family Violence Prevention Services are maintained at the level of best practice according to LifeWorks policies and procedures, the *NTV Standards Manual* and recent research. Practitioners who staff the Men's Behaviour Change Program are either psychologists or social workers, all of whom have the required postgraduate certificate from Swinburne University, and, in most instances, also have postgraduate qualifications in relationship counselling, family therapy or education. Mostly, these practitioners undertake the intake and assessment components of the program as well as run the groups. All groups are led by two staff members, termed group facilitators, one male and one female. The facilitators that the research team met during the two years of this project were mostly family violence practitioners with many years of experience in leading such groups, both within LifeWorks and within other organisations, and in providing counselling services. A few facilitators were sessional staff members, rather than longer term employees, and these were male and female group facilitators of whom there are relatively few available in Melbourne, thus pushing services into sessional arrangements. Discussion with NTV suggested that, while trained female group facilitators were uncommon in the past, trained male facilitators have become uncommon as fewer are presenting for training in recent years. LifeWorks also engages partner contact workers either directly as employees or through contracting arrangements with individual contractors or other agencies.

All staff working in these and other broader family violence prevention strategies within LifeWorks have ongoing practice support from team leaders and managers and from external clinical supervisors who are themselves experienced family violence prevention practitioners.

Pathways to services

A number of services that male perpetrators of domestic violence and members of their families are likely to contact seeking information and advice about this problem have been prepared by Lifeworks for bridging and referring the men to their service, and LifeWorks cooperates with these services to help the men gain entry to one of their Men's Behaviour Change Program. The most prominent referral source is the Men's Referral Service, a telephone line and internet service that operates through NTV. Another telephone service is Men's Line, a national telephone line and internet service for men. A recent service acting as a pathway is the Family Law Relationship Advice Line operated through the Commonwealth Attorney-General's Department. Of interest is the fact that men access services by telephone more frequently than women and so the availability of telephone points of contact is important in any services for men (Brown and Armstrong, 2008). The courts (discussed further below), police, lawyers and general practitioners also refer men to the service. Another pathway is LifeWorks itself as clients begin by ringing them up for general advice about domestic violence and are then referred for assessment for the perpetrator program. In addition, individuals and couples who do not recognise, or disclose, their family violence but who begin counselling for related problems and then reveal violence may be referred to the program.

LifeWorks has noted that word of mouth referral from other service users, family members and friends is the most significant source of referrals to their services, but the men who were interviewed reported a somewhat different pathway, as discussed in Chapter 5, where they reported difficulties in locating the service. The Men's Behaviour Change Program does not have a strong service visibility in the community. They operate in the evenings, thus necessitating the use of means other than geographical visibility to alert men to the service. It is of interest to note that almost all of the courts, the Family Court of Australia, the Federal Magistrate's Court, the Magistrate's Court (State) and the Children's Court, which taken together refer a large group of clients to the service, do not make 'hot' or 'warm' referrals to LifeWorks when they make orders for clients to use their services. They do not have an officer sit down with the client (or offender) and discuss services and make a referral. Instead, they provide (and sometimes do not provide) clients with a list of services and leave the client to make the connection themselves. This seems a regrettable gap that gives rise to problems for both the clientele and the agencies. For example, the client receives no help in connecting with a service that the court has ordered him to attend. Alternatively, the court may order attendance at a program not knowing much about the program and so making an order for a number of sessions that are actually only half the total program. Also the court may not be concerned with details of the client's progress and outlook, only that they attended the set number of courses as confirmed by the program. The absence of a 'hot' referral, whereby the court actually links the client to the services, means that all the services involved – court and the Men's Behaviour Change Management Programs – cannot give each other feedback about the program partnership they have formed informally if not formally. However, the newly established specialised State Domestic Violence Courts have instigated a stronger linking referral bridge and may move to closer relationships with intervention services in the future.

Assessment and Intake

From the time of assessment and intake, Lifeworks is guided by four primary principles. The first is that the safety of women and children is of paramount concern; the second is that the men must take responsibility for their behaviour and understand that they will be held accountable for it; the third is that the programs will maintain respect and fairness with the participants and between participants and staff; and the fourth is that the program is delivered in the psycho-social tradition (Swanton, 2009).

With that in mind, after a person contacts Lifeworks about their problem or the program, they are given an appointment with a counsellor/family violence practitioner. The family violence practitioner makes an assessment as to the risks the violence presents to family members and whether LifeWorks must make a referral to another agency such as Child Protection, a CAT team, a legal practitioner or a court. The practitioner also assesses the suitability of the client for the group program. The practitioner will do this by seeking a detailed history of the violence, its nature, its frequency and its impact and they will also assess the perpetrator's willingness to own the problem and their readiness to make changes in their behaviour. The intake workers make it clear that perpetrators are required to accept certain conditions of service, for example, the clients must agree to the service contacting their family members and they must accept that the program will contact their partners through the Women's Contact Worker. Clients in effect sign a service contract with Lifeworks as a precondition of starting in the group. All of the clients interviewed accepted the service contract and so issues around it and around clientele who were not accepted to the program are unlikely to emerge in this study.

The groups

At LifeWorks, the groups run as sequential series for 13 weeks, with groups being held in the evenings, the same evening each week, starting around 7.00 pm and finishing at 9.00 pm. This gives clients the opportunity to finish work, have a quick meal and then come to the group. Facilitators usually meet before the group and again afterwards to review the group, its achievements and any problems. The groups are very tightly structured with a clear curriculum and agenda that is set out in writing and covers the events from the time that the men begin to arrive even before the group actually starts. Groups have from 12 to 18 members; attendance is expected to be regular and a small fee is charged to each client.

The first group introduces the program's principles, the group's expectations as to how the men will behave in the group and what is hoped that they will achieve. Group expectations include limited confidentiality in the group, no drugs or alcohol on the day of the group, respectful behaviour to group members (spelled out in detail), support of others in the group, being honest with self and the group, maintaining a commitment to the group and, importantly, an expectation that any violence or abuse that occurs during the period of the group will be self-reported by the man. Achievements include learning respect for women and children, understanding women better, developing better relationships with partners, understanding their own cycle of violence, stopping rage and violence (of all kinds), improving communication skills, learning stress relief, assuming responsibility for one's own behaviour, developing strategies for self-reflection, and improving self-esteem. In that first group the men are invited to tell their story and for this the group may break into two subgroups as does happen from time to time over the series. The technique of telling the story in small groups is repeated through the series and links the men with the group and with their own violence, with understanding their violence and with ways of overcoming it. The group is introduced at this early stage to the use of one major tool to overcome violence, the 'Time Out' tool, and this tool is reinforced over the series. In addition, the

facilitators ask the men to complete the survey. It can be seen from the curriculum of the first group that the men are confronted in the group about their violence from the outset but in a non-shaming, non-judgmental way.

Over the following 12 weeks, the structure of the group emerges as one of starting the groups with a checking-in of the men, involving their progress in general, any events in the preceding week that need reporting and the use of previously learned control tools, followed by educational material on violence, its nature, its causes and ways of controlling it. There are many techniques used to maintain the men's links with the group, such as using small groups, feeding their content back to the larger group, asking the men to reflect verbally and in questionnaires on specific issues to the group and asking the men to complete pen-and-paper exercises. Each weekly group ends with discussion on the group of that week and with a goal being set for the men during the ensuing week. The program has a considerable amount of explanatory written material and books are recommended for further reading.

Around the fifth week, the focus of the educational material shifts to include relating the violence to the partner. The notion of violence is kept broad and is put forward as covering ideas of power and control. At this time, Women's Night (Partners' Night) is held and so the notions of male power and control are repeated and expanded over the next weeks. At the same time more tools of potential self control are introduced, for example the tool of visualisation that encourages the men to visualise themselves using tools of self-control. At this time there is also more explicit reference to the use of the other men as support. The series continues with more explanation and discussion and reflection on male power and an increasing emphasis is given to the men's relationships with their partners and children.

In the last quarter of the series, the education become more intense and more related to the individual men. They are asked to focus on their own sense of power and conversely on their own sense of impotence and to consider how their families of origin might have influenced their violence. This is linked to what role they wish to play in their own family in the future, for example, what kind of husbands, partners and fathers they wish to be. Also the notion of self-care for the future is raised and this theme is continued in the subsequent weeks, with the group being invited to look to the future with the notions of the men's legacy to their families and with self-care. From this point there is a renewed emphasis on communication. The final group is about nurturing their relationship with their partner and maintaining their achievements after the group ends.

Partners' group

At the time that the men are assessed for suitability for the group program they are informed that the program has a contact worker and that she will make contact with their partner, ex-partner if there is still a shared relationship such as jointly parenting children or some equivalent person such as a mother, and that the partner will be invited to a 'Partners' Night', called at Lifeworks a 'Women's Night'. The contact worker's role includes education and information about the program for partners, offering support to partners and monitoring for the safety of partners and children. The women are invited to attend the special night and that is led by the two facilitators in conjunction with the contact worker. In addition, the partners are offered five free counselling sessions as additional support.

At that evening, the women are given information about the men's program, written material about the cycle of violence and they are offered support and asked how they are managing with their partner currently. They are introduced to communication theory and practice some communication exercises. They are invited to join an ongoing support group.

Follow-on groups

At the time of the research, the Men's Behaviour Change Program series ended after 13 weeks. However, there were in some sites, but not all of them, the possibility of a follow-on group, but not one with the same group members or with the same focus. Some group series offered overseas have offered longer groups, but longer groups, while acknowledged as more effective for their remaining members, are known to suffer considerable membership losses, thereby undermining their value. LifeWorks have experimented with longer groups, ongoing and entry groups, the last of which offer some content until the next full series begins.

Funding

Funding the program presents a major problem for LifeWorks. They receive no dedicated Commonwealth funding for the Men's Behaviour Change Program or more broadly for family violence prevention as some of the family relationship service providers around Australia do. This is a result of limited funding being available in this service area and the process of competitive tendering becomes the limiting mechanism for funded service delivery. Only one of their four sites receives State government funding. The program receives a small fee from each client each week. Otherwise it is funded by LifeWorks. This presents LifeWorks with a dilemma; they have to choose between services that are funded and services that are not. LifeWorks recognises the difficulties this would cause its clients, 6 per cent of whom present acknowledging family violence and 34 per cent who identify it later as a factor in their relationship problems. At this stage, LifeWorks maintains its non-government-funded services.

The other intervention: Couple Counselling

Individual and Couple Counselling are core activities and were established before the Men's Behaviour Change Management Groups were introduced. As individual and Couple Counselling developed in family relationship agencies, the service became aware of domestic violence as domestic violence emerged while the family's problems were grappled with by the counsellors and by the family members themselves. Not all couples considered the violence and abuse would mean the end of their relationship and many wanted the support of relationship counselling and other educative solutions for the relationship issues that were intertwined with the violence and abuse.

Individual counselling in marital partnerships has gradually given way to Couple Counselling, a systemic form of counselling where the couple works together on their problems. Couple Counselling did not originate with a specific domestic violence focus and many practitioners believe that it is beyond the focus of their therapeutic contract with their clients and refer their clients to specialist family violence practitioners and agencies. Some oppose this type of intervention for domestic violence (Healy *et al*, 1998), arguing that the Couple Counselling places the violence within the couple's relationship and not with the male perpetrator where they believe it belongs. Others support Couples Counselling, seeing it as appropriate because it can take account of the psycho-dynamic, interactive and complex nature of the relationship system as a whole and the domestic violence within it (Hamel, 2006). Such positions do not put forward any particular way of managing the violence other than in the use of the usual Couple Counselling strategies with the addition of using anger management group techniques, either through referral to anger management programs or within the counselling itself.

Couple Counselling at LifeWorks does not have as many clear-cut components as the Men's Behaviour Change Program; it has two components, assessment and intake, and the counselling itself. However, it does have a clear expectation that all assessment and intake includes screening for family violence, appreciating that many couples have not identified domestic violence at this stage. LifeWorks' counsellors must also maintain vigilance for domestic violence throughout all counselling, checking the safety of the women and the children continuously. Men can be referred to the Men's Behaviour Change Groups at the time of intake or subsequently during counselling. Continuing counselling after the identification of domestic violence would depend on the extent of the violence and the desired outcomes expressed by the clients. Counselling does not have a formal evaluation component such as in the men's groups – counsellors assess outcomes in conjunction with clients during and at the end of contact.

Staff

Relationship counsellors in Couple Counselling are qualified counsellors with either a social work or a psychology degree. Most have postgraduate qualifications in relationship counselling, Couple Counselling or family therapy. There is an overlap between the two groups of staff; some have the qualifications required for either of the two roles and carry out both roles at the same time. Staff are most experienced in counselling. Currently, most are female but some are male.

Intake and assessment

Intake and assessment is a formal process whereby the couple's history and concerns are identified in the form of a 60–90 minute interview. Intake and assessment provides an opportunity to gather information about a client's situation, including the nature and extent of any violence, and the client's level of engagement, readiness, and expectations of service intervention. Assessment is aimed at determining how best to meet the needs of the couple and the best interests of any children. An Intake and Assessment form is completed and it is placed in the client file. The service charges a small fee on a sliding scale set according to the family's income. Fees are waived in cases of genuine hardship and where there is an obvious inability to pay.

Counselling

At LifeWorks, counselling is defined as any therapeutic intervention offered by a qualified counsellor to individuals, couples and families to assist them to analyse and reflect on their relationships and to identify associated strengths and problems, adjust to changed circumstances, and reach solutions that overcome their problems. Counselling can be short-term therapy, therapy using strategic solution focused, or problem solving or conflict resolutions or a combination of some or all of these, or longer term psychotherapy and family therapy. Practice modalities include psycho-dynamic, Gestalt and narrative therapies and cognitive behavioural interventions. Counselling is offered along a service continuum which focuses on relationship maintenance and enhancement and assists couples and families to identify and explore intrapersonal and interpersonal dysfunction, behavioural characteristics and traits impacting negatively on relationships.

Clients are able to access one on one, couple and family counselling for a number of hourly sessions agreed between the couple and the counsellor. All counselling strategies are matched to client's presenting issues taking into account their suitability and the safety

of the family members. These choices are negotiated directly with the client to form part of the service response and the therapeutic contract. These choices also operate within a framework of consideration for all family members, including children, stepchildren and grandparents, and the law relating to the welfare and the safety of family members, especially children. All counselling is confidential except when legislation provides otherwise.

Children's counselling

Children may be referred for counselling for themselves as part of couple or family counselling by their own request, at the request of their parents, or it may be suggested by the parents' counsellor. Children are usually offered such a service only with the consent of their parents. Children would be more than eight years of age and most would be older. Such counselling focuses on the children's experiences in the family and their needs within their family's system. LifeWorks experienced and specially trained child consultants meet with the children individually and as sibling groups and thematically report back to the parents the children's concerns, wishes and what it is like to be a child in that family system. In this way parents are assisted to separate their own needs from that of their children. Child inclusive practice (as this is sometimes called) is a critical principle of counselling practice in families that assists in ameliorating the potentially negative impact of family relationship difficulties on children such as the difficulties caused by domestic violence and parental separation.

Conclusion

Both Brighton Rotary and LifeWorks have had a long involvement in domestic violence services. LifeWorks and Brighton Rotary both developed and delivered Men's Behaviour Change Program and in 2002 they formed a collaboration to continue this work. Moreover, they both delivered a program based on the USA Duluth model that saw the violence as a broad expression of male power and control, rather than delivering a program modelled on anger management. However, as with later extensions of the Duluth model, both LifeWorks and Brighton Rotary incorporated counselling strategies such as cognitive behavioural therapy, psychodynamic reflection, stress relaxation, communication and conflict resolution, as well as some anger management techniques, such as 'Time Out'. LifeWorks has added the Men's Behaviour Change Program to its previously established Couple Counselling and the relationship between them has progressively been spelled out as one of complementarity.

CHAPTER 4. THE MEN TALKING THROUGH THE SURVEYS

Introduction

Asking the men in the Men's Behaviour Change Program about their violence in their families, in concrete detail about its nature, its frequency, its impact on victims and the extent to which it improved following the group program, was an integral component of the Duluth model. The Brighton Rotary groups and the LifeWorks groups maintained that evaluation research tradition. Not all of the men's surveys have been saved over those years but many have. The following chapter presents the men's views of their violence and to a lesser extent their views of themselves. Their views and their experiences are detailed further through the interviews with them and their partners and the program's staff in the following chapter and the survey material presents a strong introduction to the depth of men's lives and experiences with the program presented subsequently.

The surveys

The surveys were designed originally by Dr Ruth Frances, an academic from the University of Melbourne and subsequently, a research consultant. They reflected the thinking of the time, some of which has changed following further research but some of which is still current today. The original survey questions and format appear to have been based on an abusive behaviour inventory such as outlined by Shepherd and Campbell (1992), whose inventory was derived in turn from the Duluth survey format used in Men's Behaviour Change Programs in the USA. Subsequently, those staffing the Rotary Brighton program, together with the committee sponsoring the service, amended the survey and shortened it.

The survey was given to the men at the beginning of the program and again towards the end, under the supervision of the group facilitators, so that some estimation of the reduction of the violence could be made. Obviously, the surveys used only the men's views as material estimating change and this reliance on the men's self-reports has been criticised many times (Healey *et al*, 1998; Gondolf, 2002; Jackson *et al*, 2003). Checks advocated to reduce reliance on what was regarded as the flawed material of the men's self-report include viewing the men's criminal records, a check available only if the program is run in or with the criminal justice system and one that is a relatively blunt instrument, asking for the view from the perpetrator's partner, and asking for a review from the services providing the program, as the man or his partner may have returned to use that service subsequently. At the same time, the designers of these surveys have argued against their unreliability saying that measures of reliability are built in to the surveys by means such as repeated questions on areas that are posed differently each time, the constant asking of extremely specific questions whose specificity makes them hard to falsify, and most importantly the underlying assumption that the survey writer knows the men have been violent to their family members and that they are merely seeking the details of this.

Survey structure

The surveys used by LifeWorks comprised three separate schedules and each of these schedules is written somewhat differently. With the advantage of hindsight gained from reviewing almost 200 men's surveys, it became clear that the men had difficulty with these changes in styles in the three sections and became confused and misunderstood the second section especially (see Table 2 below) and either omitted answers or answered them inappropriately. Considering the emotional content of the surveys, that is, the process of confronting the perpetrator with the exact reality of what they have been doing, the questions would need to be exceptionally clear. Also the surveys assumed good English reading skills.

The first section asked the men about the precise nature of the violence they had inflicted and this included some 14 items of potential violence ranging from restraining the partner's movements to punching her, to throwing things at her, to destroying furniture, to forcing her to have sex and to strangling her. While there was mention of using objects to harm her there was no mention of use of weapons such as knives or guns. The men were asked the frequency of these acts in the past month and in the past three months. This was a confusing feature as many men did not know whether the survey meant in the past month and again in the three months preceding the past month or in the past three months taken as a whole. In this section the men had to say only if they had inflicted this type of violence in the specified period or not. This section is placed as Table 1 below.

Table 1. First section men's survey

UV1: asked the men to answer 14 questions about the level of violence they had inflicted on their partner in the past month and in the past 3 months.			
		Past month	Past 3 months
1	Restrained her from moving, or stopped her from leaving the room		
2	Choked her or held a hand over her mouth		
3	Punched her in the face		
4	Slapped her in the face, body, arms or legs		
5	Pushed, grabbed or shoved her		
6	Punched her on the body, arms or legs		
7	Used an object to hurt her		
8	Threw things at her or around the room		
9	Punched or kicked the walls or furniture		
10	Forced your partner to have sex or some kind of sexual activity		
11	Tried to strangle, burn or drown her		
12	Kicked her on the body arms or legs		
13	Twisted her arm		
14	Dragged her or pulled her by the hair		

In the next section, they were asked about the injuries they had inflicted in terms of their impact on victims, on partners, children and others. This section was the only one to mention the children or people other than the partner or the children. In the other section there was no attempt to distinguish between other members of the family and others outside the family such as colleagues at work, friends or strangers. In this section they had to say how often they had inflicted these injuries. The nature of the questions in this section was different from the previous one as the respondent had to juggle a spreadsheet that covered 21 items regarding injuries and do this for partners, children and 'others'. Also the respondent had to estimate numbers of times whereas he had not been asked to do this previously. The items covered ranged from cuts, black eyes, a variety of facial injuries, burns, bruises, broken limbs, miscarriage, loss of consciousness and internal injuries.

Table 2. Second section men's survey

UV2 asked the men to state the number of times they had inflicted injuries in the past month. ** Please note Question 17 was missed/or numbering faulty			
	Partner	Children	Others
Cuts on face			
Black eye			
Burns anywhere			
Hair lost			
Broken arm or leg			
Cuts on arm or leg			
Broken ribs			
Miscarriage			
Split lip			
Bruises arm/leg			
Broken nose, jaw or cheekbone			
Cuts anywhere on body			
Bruises on body			
Sprained wrist or ankle			
Lost or broken teeth			
Sickness or vomiting			
Number missing			
Bleeding on any part of face			
Bruise/s on face			
Bleeding on body, arms or legs			
Internal injuries			
Blackout or unconsciousness			

Table 3. Third section men's survey

UV3 asked the men: thinking about the past four weeks, before coming here today, how often have you done any of these things to your partner. For each line, please tick one only					
	Very often 20+	Often 10+	Sometimes 5-10	Rarely 1 or 2	Never 0
Threatened her					
Shouted at her					
Sworn at her					
Shouted at children					
Threatened to hurt children					
Called her names					
Questioned her about her movements					
Checked her movements					
Tried to provoke an argument					
Criticised her					
Criticised her family or friends					
Put her down in front of others					
Kept her short of money					
Made her feel sexually inadequate or pressured her to have sex					

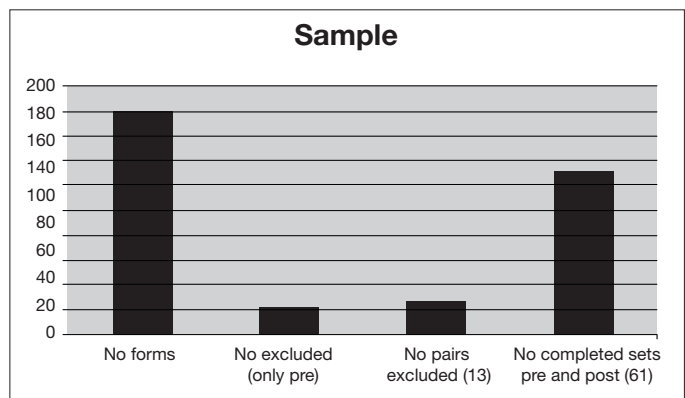
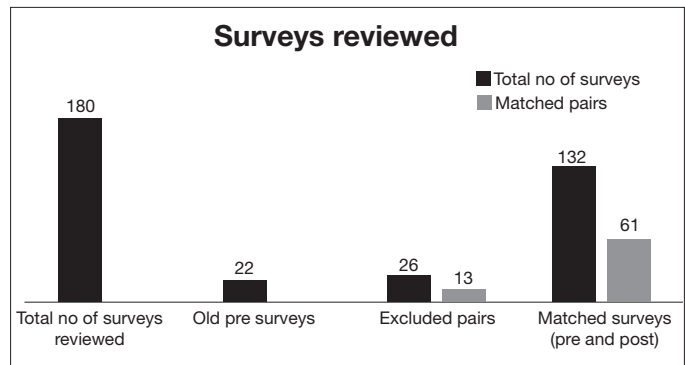
The third section was even more complicated. It asked if the respondent had undertaken any of 20 items of behaviour that might be described as controlling behaviour in the preceding month and also it asked how frequently these actions had happened, using a five-point frequency continuum of: very often, often, sometimes, rarely and never. The items covered mostly actions towards the respondent's partner and not the children or others of any kind. Children were mentioned but mostly as a psychological weapon to be used against the victim partner. Only one item was about a direct action toward a child. Items included were threatening the partner, questioning her about her movements, checking her movements, criticising her, denigrating her in front of others, restricting her social life (no mention was made of her work life), keeping her short of money and threatening to hurt a pet. A final item was threatening to kill oneself and this was set up as a threat being used against the partner. However, it can be seen also as a possible indication of depression in the respondent.

There was no indication on the survey of what use the responses would be put to, who would read it and what would happen to it. The completed survey did not provide details of the group the respondent had attended, its location, the dates or the respondent's own background in terms of age, education, ethnicity or race, employment or current partnership status.

The men who answered

Although 180 surveys were preserved, a number of the responses were not preserved in pairs of responses from before and after the group program. For these respondents, the changes the group had made to their violence were difficult to determine. Some 20 surveys were only pre-group surveys and some 30 were only after the group surveys. A further number, eight, had to be discarded as the men had not filled in enough of the sections or had filled them in with confused answers, thought to be, but not necessarily, due to the structure of the surveys themselves. However the majority of surveys, 122, were pairs that represented surveys from 61 replying both before and after the group program. The following table shows the responses.

Tables 4 and 5. Total surveys reviewed in terms of types of surveys



The men's paired responses

As mentioned previously, the respondents filled in the surveys themselves. In the current program, they fill out the first or pre-form in the second half of the first group meeting. While an explanation of the survey is given to the respondents at the time, some respondents did not seem to understand most of the survey. Those responses had to be discarded as they had many items unanswered. In the surveys included in this analysis of the paired responses, a number had completed some but not all of the sections. All respondents filled in the last section of the survey, the section that asked about controlling behaviour. A very substantial majority of respondents (67 per cent) filled in the first section of the survey. However, only 23 per cent filled in the second section and as this was the most complex and lengthy section, it was probably the most difficult to do. The analysis of the surveys has been conducted primarily from the perspective of measuring change among these men and thus measuring the effectiveness of the groups.

What the men said

Using the survey, this is what the men had to say about their violence in their families and what impact they thought it had had.

Type and frequency of violence

This section was answered by 41 men, 67 per cent of the total of the paired responses. The most common type of violence self-reported was physical violence. Table 6 below shows the frequency of violence reported at the start of the program, recalling that violence here was defined along a continuum from restraining or blocking movement from a room to life threatening actions with most of the items being serious violence such as punching, kicking, strangling or burning.

Table 6. Men's violence self-reported at start of program

Past month	Past 3 months
Restrained her from moving, or stopped her from leaving the room	Pushed, grabbed or shoved her
Pushed, grabbed or shoved her	Restrained her from moving, or stopped her from leaving the room
Punched or kicked the walls or furniture	Punched or kicked the walls or furniture
Threw things at her or around the room	Punched her on the body, arms or legs

After the group program, some 59 per cent reported that they were not being violent in any way to their partners. Thus the men's own report indicated that a substantial group of them had stopped their violent actions to their partner. In addition, for another 15 per cent the violence had moved from violence inflicted directly on the partner to actions involving furniture and walls. These men saw this as an improvement but victims, professionals and the evaluators did not. Some 4.8 per cent or two men reported no change at all.

Of the men who reported no violence to the partner's person, but violence to objects in the home, (some eight men or 20 per cent of respondents), four men (50 per cent of this small group and 9.75 per cent of the total respondents) reported that all violence had ceased. A further three men, or 7.3 per cent of all respondents, reported an improvement. One man, 2.4 per cent of the total respondents, reported no change at all.

Thus 68.75 per cent of men, those who had reported violence to the partner's person and violence to their surroundings at the outset, reported the violence had ceased. This change appeared to be more frequent among those who had inflicted violence on their partner's person. A further 22.3 per cent of men believed their violence inflicted either on the partner's person or on their surroundings had improved. Proportionately more the men who reported inflicting violence on their partner rather than around her reported no improvement. Overall, 7.2 per cent of men reported they had made no change at all.

Injuries and impact

This section, asking about the types of injuries the respondents had inflicted and to whom the damage had been done, was the section that fewest respondents answered. Only 23 per cent of the total respondents, 14 men, answered this section. This section was possibly the most confronting as it forced the respondent to acknowledge that what he had done had caused physical harm. It was also the most difficult for a respondent to follow as there were 21 items of harm put against three categories of people and some of the categories could have included both many people and many kinds of people.

All of these respondents reported injuries being inflicted prior to the groups. Clearly people who were prepared to acknowledge injuries were the only ones who answered as no one answered who claimed not to have inflicted injuries. The most common injuries inflicted were bruises (to arms, legs and face) and cuts. Since no mention had been made of the use of knives the causes of the cuts is not known. Twelve men, almost all of these respondents, 85.7 per cent of the men reporting causing injuries and 29 per cent of the total respondents, reported no injuries had occurred during or following the end of the groups. Two men reported new injuries of bruising and presumably they were part of the group who reported no change in the first section. Their responses indicate that among those where no change occurs new injuries also occur at least of the severity of bruising.

Control

The largest number of respondents to answer any section (97 per cent) answered this one even though it was the final one and thus traditionally the least well and least commonly answered, indicating possibly that the respondents were happier to report controlling behaviour than violent and injurious behaviour. This section may have been easier to answer as there was no confusion within it about time lines and no confusion caused by having to report about a number of people simultaneously. The section asked the respondent to say whether they had carried out certain behaviours primarily against their partners and how frequent this behaviour was without setting any time limits for considering the behaviour. The behaviours included threats to the partner and or the children, swearing at the partner or the children, denigrating the partner, criticising her and restricting her social life or her money and more.

Almost all of the respondents said that they had exhibited one or more of these behaviours either before or after the group programs. Of the total respondents to the survey, only 4 per cent said they had not. The following table, Table 7, shows the reported controlling behaviour in terms of frequency of reporting and the degree to which it improved.

Table 7. Change in frequency of controlling behaviour acknowledged before and after the groups program

Behaviours (Question)	Admitted to pre	Behaviours (question)	Admitted to post
Shouted at her (2)	52	Shouted at her (2)	43
Swore at her (3)	45	Swore at her (3)	33
Called her names (6)	37	Criticised her (10)	32
Criticised her (10)	37	Called her names (6)	24
Criticised her family or friends (11)	32	Criticised her family or friends (11)	23
Questioned her about her movements (7)	27	Questioned her about her movements (7)	18
Threatened her (1)	26	Shouted at children (4)	15
Tried to provoke an argument (9)	25	Threatened her (1)	13
Shouted at children (4)	21	Tried to provoke an argument (9)	12
Put her down in front of others (12)	18	Put her down in front of others (12)	12
Checked her movements (8)	11	Checked her movements (8)	11
Used kids in an argument against her (17)	11	Restricted her social life (16)	7
Made her feel sexually inadequate or pressured her to have sex (14)	10	Kept her short of money (13)	3
Threatened to kill yourself (20)	9	Used kids in an argument against her (17)	3
Made to hit her without actually doing so (15)	8	Threatened to kill yourself (20)	3
Kept her short of money (13)	7	Made her feel sexually inadequate or pressured her to have sex (14)	2
Restricted her social life (16)	6	Made to hit her without actually doing so (15)	1
Threatened to hurt children (5)	4	Threatened to hurt children (5)	0
Threatened to hurt a pet (19)	3	Threatened to take the kids away (18)	0
Threatened to take the kids away (18)	2	Threatened to hurt a pet (19)	0

The table shows a clear reduction of these behaviours rather than their cessation and this will be taken up in the following chapter in relation to the victim partner's views of the situation. It is also important to note that the table does not confirm the view that the men's physical violence was reduced by its conversion into non-physical violence, that is, into more verbal violence and increased controlling behaviour. The table shows that the men's verbal threats and their other controlling behaviour reduced following the program.

It is difficult to assess the significance of the extent of the reduction in controlling behaviour since there is no baseline for such behaviour in families not seen as needing to undertake such programs and thus there is no comparison possible. While the behaviours specified in the first two sections were not seen as typical among Australian families by the writers of the survey, some of the behaviours in this third section possibly are, for example, shouting at a partner, criticising a partner or criticising a partner's family and friends. It is interesting to note that some of these items that might occur in all families, such as shouting at and criticising the partner, were the most common items acknowledged.

Suicide

At the end of this section a question was asked about the man threatening to kill himself; the question was placed in the section of threats made against the partner. Sometimes this action is constructed by those observing it as a threat against them. It may be a threat against them but it may be as well, or instead, an expression of depression and of genuine ideas of suicide. Some 15 per cent of the total respondents answered that they had made this threat and for 5 per cent this behaviour or feeling did not change.

Additional material

As the study was finishing, the research team was given an additional number of surveys that had come from just one group that had taken place in 2008. There were 15 paired responses in this material, implying that the almost the whole group had remained in the program and had completed the evaluation schedules. It was interesting to note that respondents were still having difficulty with the survey and as before the difficulties were with the first two sections, rather than the final one. The results from this one group were very similar to that of the previous groups, suggesting that there had been no change in the group program's efficacy over the past few years, although the numbers of responses were really too small to be conclusive.

Conclusion

Using the men's own reports of their behaviour before and after the program, it can be seen that among the men who answered the section about physical and sexual violence to their partners 59 per cent of them ceased their physical violence to their partner's person and all other associated violence. A further 15 per cent ceased being violent to their partners but were still violent in their presence. Only 7.2 per cent reported no changes in their violence at all. The injuries reported to be occurring by a few men (presumably by those men) after the program stopped indicated that their continuing violence did have serious results. The surveys did not allow us to see what, if any, factors may be associated with the men who achieved no change but that question was possibly to be clarified in the interviews reported in the next chapter. An important finding was that the reduction in the men's physical and sexual violence was not accompanied by a displacement of this behaviour into increased threats of violence, verbal and emotional violence and control. Men reported a marked reduction in this behaviour as well, but not a cessation.

CHAPTER 5. TALKING TO THE MEN, THEIR FAMILIES AND LIFEWORKS STAFF, FACE TO FACE

Introduction

This chapter continues the theme of the men from the Men's Behaviour Change Program TALKING. This time they are speaking through interviews rather than through surveys, speaking about themselves, their families, the program and its impact on them. They are joined by their families who were also interviewed. These are the discussions with the 25 men who participated in the program at the four different LifeWorks locations during 2007 and 2008 and who volunteered to be interviewed about their experiences. Eleven of their partners or ex-partners and one mother also volunteered to be interviewed. In addition, the researchers spoke with some of the men's groups as they explained the research study to them. The chapter presents accounts from the small number of couples, who had received Couple Counselling, including children's counselling, for family violence, and who volunteered to be interviewed. Finally, the picture is completed by material that derives from interviews with the staff from the Men's Behaviour Change Program and from Couple Counselling.

The men who volunteered to be interviewed from the Men's Behaviour Change Program

The men and their partners who volunteered to be interviewed were clients from the Melbourne city office, the Werribee office, the Frankston office and the Moorabbin site. More men and partners came from the Frankston site than from the Moorabbin site, the Melbourne city office site and the Werribee site. The greater numbers interviewed from Frankston were due, in part, to one of the researchers living near that location and to the closer working relationship possible between the Frankston staff and the research team for the research project. In addition, one of the groups at that location was strongly inspired by one member and almost all members of that group volunteered to be interviewed.

The demographic information about the men and their families differed from one location to another as had been the case in the USA studies suggesting, as has been pointed out previously, that male perpetrators of family violence are a diverse group of people spread widely throughout all communities and that they cannot be categorised in any stereotypical way. Furthermore, efforts to describe them as a group tend to become descriptive of the community in which the programs are offered rather than of the men themselves.

Men's ages

The men's ages ranged from 21 to 64, an age range wider than reported overseas. This may reflect the greater number of voluntary clients as compared with overseas programs and thus also reflect the wide age range of LifeWorks clients in general. The modal age group was 40-45 an older modal age than reported elsewhere. The 21-year-old was exceptional in terms of his youth (and other factors) and the closest in age to him among the research participants was a man in his thirties, although some groups had other members in their

twenties whom the researchers met but who did not volunteer to be interviewed. This young man had been court ordered to the program, as had the other men in their twenties that the research team had met, and he reported finding the age gap between him and older men in the group difficult at first, but a difficulty that faded over time. Leaving him aside, the men interviewed were in early to mid- middle age. The man at the other extreme of the age range commented like the youngest man, on his own atypical age, but he did not feel this was a problem at all.

Men's education

Three men had reached a university level of education; the three had professional education at universities and all now worked successfully as professionals. All of the other men had attended secondary schools; only one had matriculated and most had not progressed as far as that. Some three-quarters of the men reported poor progress at school and also a lack of interest in their schooling by their parents. Some men attended many different schools due to their parent's frequent changes of location and family crises. Two men had never finished a complete school year at any one school. One man had received his early education in an overseas country and the others had received all of their education in Australia.

Men's employment

Despite common unhappy school experiences and reported parental disinterest in schooling, almost all of the men had learned a skill for employment and, in addition to the three university graduates, one-half of the men had tertiary education from a TAFE for a trade qualification such as for carpentry, plumbing, building and aircraft construction and one was currently working in a building apprenticeship. Only two of the men were not in employment, a much lower proportion than has been reported in the USA studies, but this lower rate of unemployment may reflect the better employment position in Victoria than in the various USA states at the times their studies were carried out. Of the two who were unemployed, one had reached retirement age and after some consulting work had retired. The other was receiving a Commonwealth income security benefit and return to work training, after being out of work for almost two years.

The men's jobs ranged from higher-level roles, such as professional roles, senior executive roles and middle management roles, to owning and operating a trade-based business, such as building or plumbing (the modal role), to being a projects supervisor or manufacturing team leader or a sales team leader, to an employed tradesman. Only the person who was unemployed reported any work difficulties. He had no problems in gaining work as he was highly skilled and had worked as a team leader in a manufacturing industry but he did have difficulty in maintaining employment due to his on the job violence. (He was not the only person with on-the-job violence issues and the employer's views of this violence, not always antagonistic, will be discussed further.)

Place of birth

Four of the men had been born overseas and this represented a slightly lower proportion than is the case throughout Australia where some 25 per cent of the population has been born overseas. These men came as children ranging in age from four to eight from

Eastern Europe, Asia, Europe and New Zealand. One other man's parents had been born in Europe. None of them saw their migration experience as relating to their violence. No participants identified as indigenous men or women. It is possible to argue that the nature of the groups meant that they did not attract indigenous people or the overseas born and that the program is not specifically embedded within any of these communities. At the same time, the locations of three of the research sites are in communities that have a low incidence of indigenous people and of the overseas born and so their absence may relate only to this. Certainly, this issue is one for further exploration in areas with higher incidences of indigenous people and the overseas born and the children of overseas born.

Family background

The men's family backgrounds were extremely disturbed and disturbing. Only one man did not speak of childhood abuse, another spoke only of severe emotional abuse but all the rest spoke of severe physical abuse. It might be argued that the structure of the program, which asks them to reflect on their families of origin, encouraged them to paint a picture of abusive families but the men did not speak of the families like that. Rather they spoke slowly and haltingly of them as 'strict disciplinarians', a phrase spoken many times. When pressed for details of this, they spoke of being hit, punched and kicked in the face, head, body and limbs as punishment, but also for no reason; they spoke of being hit with belts across the head and face and they spoke of unprovoked attacks. One man had been hit so severely at age nine in front of a police station when he and the father went to pick up his lost bike, that the police came out to stop the violence, but took no further action. Another spoke of falling out of a tree and breaking his leg and being hit on the body and the broken leg for climbing the tree. The abuse they spoke of was severe physical abuse, and not sexual abuse, as well as constant criticism, denigration, and an absence of care and affection.

The men were abused by their fathers and one by a father and then a stepfather, but two of the men were abused physically by their mothers as well. One man explained it as 'the abuse was constant and he did not know that anyone lived any differently', but most did know that other families did not live like this. Occasionally, alcohol was involved, in two families only, but mostly it was not. One man's father suffered psychotic episodes and was hospitalised for them and was extremely violent during them, threatening to kill his family and strangers with weapons he had stored. He was violent to his wife and children at all times. Most of the men were silent about their mothers and avoided discussing them. Two were abused also by their mothers but three felt their mothers attempted to protect them, although unsuccessfully. Humphreys has suggested that father's domestic violence erodes the mother-child bond (Humphreys, 2006) and that seemed evident here.

Accompanying the abuse was a description of harshness of upbringing extending to refusal to use health services for the child if they were sick, expectations of considerable work in family enterprises such as farms or on building sites, a parental disinterest in schooling, an absence of family social activities, and isolation from people and services. One man started working on his father's building sites at nine years of age and did not subsequently have another school holiday. Also, for some there were family crises such as mental ill health or financial crises and the families moved houses, cities and countries. The families were isolated from social networks and the violence to the children never attracted intervention. Another man spoke of his grandfather's violence to his father, his father's to him and his to his children. He believed he could identify an intergenerational cycle of violence extending over four generations.

The man who spoke of no physical violence but of totally uncaring parents, who took their three sons nowhere, could not find words to explain what his family life was like. He said no one could imagine it and his partner confirmed this. 'No one cared about anyone', they both said. Difficulty in explaining the behaviour of families of origin was widespread. Many of the men could not explain their families or understand them and staff commented that many of the men remained frightened of their parents even when their parents were old or had died. Some seven men were in contact with their mother and two were in contact with their father.

The men's journey to the program

All of the men spoke of knowing they had problems with violence for many years. As one said, '...the first time I was violent was my first day at school when I was sent to the time out place for hitting another child'. However, most of the men did not report being violent in any context until some years into their marriage or partnership. However, the youngest participant's mother reported him as being violent towards his sister from the age of 12 or so, and then to strangers in the street, in punch-ups near pubs and finally to an onlooker after a car accident, and it is possible that this may have been true for other men too. Four men reported constant physical fights between their father, themselves and their brothers, similar to a free-for-all, and more men may have been violent like this at earlier ages than they reported.

The men said their partnerships began without violence and that it had taken some years before it appeared; their partners confirmed this and most had no idea that this was likely to develop. The number of years that the men reported being aware that they were violent, and that it was a serious problem, ranged from three to 20 years. They all gave thought to taking some action but deferred it continually while their home situation deteriorated around them. Only three men had sought any previous help; one of these had rung Men's Line but took no further action, one had consulted two psychologists, stopped seeing one because he changed his work place nearby and stopped seeing the other as he did not like her approach, and one had been referred, as a result of becoming clearly psychologically ill at work, to a psychiatrist who treated him in hospital for some months. What is also noticeable is that the other men did not use any community services for any reason, not even health services.

What brought the men to the service was a crisis, not necessarily the first one but the worst one. For example, one man attacked his partner on a public road in their car as an extension of a physical fight that had begun some hours previously involving four members of his and his brother's family. His wife called the police and gained an intervention order that barred him from his home for six months. Another hit his teenage daughter in punishment while she was staying with him and that led to his ex-wife, her current husband, his daughter and he fighting in his driveway; in turn that led to the Family Court ordering him to a Men's Behaviour Change Program. For these men (one-third of the total number of men) the crisis was caused by a court's intervention into their violence and their family life, but for others, the remaining two-thirds, the crisis was their own realisation that they were in serious difficulties. For these men different events prompted recognition of a crisis and then prompted actions to seek help finally. One man, who also began a physical fight in a car on a freeway, turned as he attacked his wife and caught sight of the fear on his daughter's face and was reminded of his own fear of his parents as a child. Another woke up to find his wife badly bruised and realised he must have done this the previous night while drunk. Another realised from neighbours' actions in contacting the police about an incident in which he was not involved that his friends, relatives and neighbours regarded him as a very dangerous person.

All the men, whether court-ordered or self-referred, had to locate the service, as the courts did not make links for them. The men raised this as a problem as it meant they had to find a group program and one that was sufficiently close to home or work to allow them to manage work and family. An additional problem was that some groups had long waiting times thus delaying the men in regaining what had been withdrawn by a court order. Ironically, for most of the men, their partners and ex-partners did much of the work of locating a service. Both men and their partners rang one of three telephone line services, Men's Line, the Men's Referral Service and the Family Relationships Advice Line. One rang Dads in Distress as well. None of the men had any previous knowledge of LifeWorks in any capacity. One man had attended what he now thinks was a Men's Behaviour Change Program some years previously that he did not find useful as it seemed unstructured, and another had heard of such groups and located this one through the local council where he was a volunteer.

The men's abuse in their family

The men were asked directly about their violence and their abuse to their partners and they found it difficult to speak of it and seemed ashamed. When asked specific questions they gave specific answers and when their descriptions were compared with that of their partners they did not differ except in their lack of understanding as to the impact of the violence on their partners. All the men accepted responsibility for their violence. As they attributed it, in part, to their upbringing, they did say they did not blame their partners. At the same time, to some extent they did. For example, one man who had been violent to previous partners said that he warned his present partner to stay away. Another thought his violence was made worse when his wife was not coping with their life. Another thought his partner's attitude to some of his doings (or lack of) led to his irritability and his attacks. Yet, another thought that while he should not have done what he did, his wife had behaved exceptionally badly to his children and so his behaviour was a consequence. Some of the men thought that their violence had led to violence from their partner and that this had in turn made their violence worse. At the same time, one-quarter did not think their partner was to blame in any way; they assumed all the blame.

Their violence was serious. All men exhibited physical violence. The most common was hitting and punching and the violence included imprisoning in the house, pushing, choking, strangling, and throwing furniture. One man used a weapon, a knife. Some used very detailed threats, including threats of murder. Some would do this several times a week, others several times a month. Alcohol was involved with only two men. Indeed, some men were careful never to drink because of their fear of inflicting even more violence.

Violence to children

The men did report violence to their children to the researchers to a greater extent than they did in the surveys. Every man in the participant group except the youngest had children and just over half were living with children when interviewed. The men reported hitting children as punishment, that they acknowledged as excessive and undeserved, a possible legacy of their childhoods. They could see no way of controlling their children otherwise. The man who had hit his teenage daughter did so because she had moved in a girlfriend to live permanently in his home, although he had told her he would not agree. Another man had thrown his twelve year old son's new TV through the window because he would not turn it off at 10.00 pm and go to bed even though his father had asked him to do so repeatedly.

Violence at work

The researchers were surprised to learn that at least five of the men had been physically violent at work. Some used this violence quite deliberately and had not been ashamed of it until they came to the program. For example, a team leader kept control of his team and kept his team unchallenged by other teams by punching the men on his own or on other teams if he thought it would achieve what he wanted. His employer had no problem with this. A project leader who supervised many projects around Melbourne and who could not be on site with all the projects all the time would use physical violence to keep his men under control. Another man was employed because of his violence at work and he was given the most difficult locations to control and he was paid more because of it. However, one man who had a long history of violence on the job no longer thought he should use it. This was the reason he had been referred to the program although he was violent to his partner as well. His early employers had tolerated his on-the-job violence, but when he moved industries the new employers would not.

Violence to other family members

Two men spoke of incidents of physical violence to their brothers in the recent years preceding the program. One thought his brother was as violent as he was and said they continued to fight as adults as they had as children. In this family, the men's wives became embroiled in the fights and encountered physical and verbal abuse and retaliated. In the other case, the man had been violent with his brother whom he described as having become depressed after his wife died and in frustration he had attacked him. Nevertheless, they remained close at the participant's instigation and the man was very concerned for his brother.

Impact of the program

All the men were extremely positive about the program and its impact and they believed it had in effect saved their lives. As one man said, 'I was drowning and the program pulled me out of the sea and on to the deck of the boat'. All the men thought that the program had lead them to being able to stop being violent physically to their partners and their children. It should be noted that they placed more importance on what they did to their wives than to their children. Also for those who spoke about being violent at work, they had now stopped the violence at work. The men spoke of their violence-free position as one that needed their own constant maintenance, a constant working on self-control and a constant using the tools that the program had taught them. They believed they had worked hard to overcome their problems. Of concern was the fact that they saw their achievements as fragile; they did not think they would ever be free of the problems that led to the violence and they thought its return was an ever-present threat. They were fearful and anxious about their futures, even 12 months after the program with no return of the violence.

The men pointed out that achieving and maintaining success in the program meant they had been forced to change more than the violence in their lives. One man had changed his job as his violence was integral to his employment. His employer was his best friend and so he had been forced into finding new friends from among his wife's friends, a group he had not liked previously. He became quite depressed subsequently. Another man similarly had to give up his friendship with his ex-wife and her current partner who lived nearby. His reflections at the group led him to think he was over-involved in their crises and violence and his difficulties with them, centred on their crises, led to his and their mutual violence.

Another man had had to learn new ways to manage people at work and had decided that he might plan for early retirement because his new ways of managing his team were more stressful and less effective, although he realised the new ways were the preferable ones.

Only one man seriously doubted he might not be able to remain violence free. He saw himself as making a great effort and thought that he had achieved much. And he had. Over the 18 months since the group finished he had been accepted by his formerly estranged wife and their adult children, to whom he had been exceptionally abusive and for which he had served a prison sentence. He now had regular contact with them all and had been invited by his ex-wife, with his current partner, to his daughter's wedding. He now saw his own father once a year (previously would not see him at all) and another teenage son. He feared he might become violence to his current partner and really thought she would do best to leave him.

Of the 25 men, some 24 were violence-free according to their own and their partner's reports some 12 months after the program. The man who did relapse had expressed great fears that he would but had not doubted it was possible for him to abstain. His violence had ceased completely after attending one group series and then he became depressed and was also diagnosed with a chronic physical condition. He returned to another group but subsequently became violent again. His wife and children left him and they do not anticipate returning; his depression has worsened and his overall functioning has deteriorated. The family member of one other man expressed doubt as to his long-term outlook, but as yet nothing has happened.

Some 20 of the men had partners at the time they began the program; two had been court-ordered to remain away from home and three had no partners at the time. One of their strongest motives was to retain the partnership. However, two men lost their partners during the program or immediately afterwards. This was an immense blow to them and they were unable to relate it to their violence as they had stopped it. When speaking to the partners it was clear that almost none of the men realised the impact of their violence, and especially that the partner's tolerance ebbed away over time. By the time the men came to the program there was often little left. To the partner any hint of a return of violence or controlling behaviour was unacceptable. It seemed that some groups, including men and partners, not necessarily in the same group, looking at the relationship changes and looking at transitioning during and after the men's group might be helpful.

Experience in the program

The men had similar views as to the program and their experiences within it. They said they approached starting the program with considerable trepidation; they knew nothing about the program and could not even imagine what it was like. They found the first three weeks hard to recollect as they were so anxious in this time. 'It was just a blur', one man said. Of major concern at the beginning was meeting the other men in the group. The men were surprised to find they could work with the other men. As one said, 'I thought they would all be ordered to attend by the court, not want to be there and not be like me'. He had been court ordered to attend! Ultimately they found strong bonds of acceptance in the group and some groups continued afterwards informally where the men lived in the same locality. The men liked the learning atmosphere and the written material and the tools to use for self-control. They liked the use of their own experiences and they appreciated the group facilitators whom they saw as 'salt of the earth' and 'tough but fair' and didn't let anything go past'. All of these comments indicated that the confrontation level was acceptable. They liked having one male and one female leader; few of the men realised that the two leaders were modelling male and female collaboration.

The things that upset the men in the group were to do with the other men. They disliked any dishonesty, any unwarranted absences and any changes of the group's composition. Some also mentioned being fearful for some other men's wellbeing, seeing some as becoming very depressed.

The two things that the men wanted most to change (after the event, so to speak) was the availability of written materials for after the group had finished, and the extension of the group in terms of a longer group or a follow-up group. This related to their considerable fear of maintaining their freedom from violence. The staff did inform the research team that they had tried longer groups at times and they had had higher drop-out rates. One possibility might be to offer a longer series but to make it a two-part series with the second part focusing on maintaining a life without violence and maintaining partnerships. The men, and their partners, wanted better referral services to make the groups easier to access. The timing of the groups suited and they could see no better times possible.

Partners' views of the program

As mentioned, only 20 men had partners at the time they attended the program. Of these men, some 10 partners and one mother volunteered to be interviewed. These women were all working and their jobs ranged from full-time senior executive positions to part-time sales positions. Two were university graduates but not married to the two male graduates. They were all women of great competence.

These women did not see themselves as being involved in the men's violence in the same way that the women in the Couple Counselling did. They were clear that it was the men's problem and not theirs; some five were the man's second wife and although they had not known the previous partner or of any previous violence they discovered afterwards that there had been a history of violence with the first wife/partner. Only one of any man's partnerships was less than 10 years long.

Three of the women had attended the partner's groups and all had spoken to the women's contact worker. They all confided a great reluctance to come to the women's group in part because they had kept the problem secret for many years. They believed no one other than themselves knew of the problem although that was patently untrue. However, three did come and they found the group very useful and supportive. Two maintained the group after it finished at the agency. This was the only service they had used for help with the problem. The low incidence of attendance at the group would suggest further consideration of the support that partners could be offered.

Couple Counselling

At the outset it had been planned to include interviews with couples who were having counselling and who had problems of violence. However, the research encountered unexpected difficulties and only three couples volunteered, one from the city office clientele and two from Frankston. Talking subsequently to the counsellors, it was suggested that the reasons for the low volunteer take up might be that the men were referred anyway to the Men's Behaviour Change Program, that the couples were more reluctant to break their privacy than the men in the groups, that the couples did not have the support of the group to take this step; and that it was difficult for counsellors juggling the sensitivities of the family violence in their practice to refer couples to a family violence research project. One of the points raised was found unlikely to be correct as the men encountered in the group program did not report attendance at Couple Counselling and the couples interviewed had been offered, but did not, access the men's groups.

The couples

As mentioned previously, the couple's social backgrounds were probably more typical of their local community than of anything else. They may have been more financially secure than the men in the groups as none mentioned fee problems even though they had on average more than 20 sessions and for one couple many more, including individual, couple, children and family. All of the men and the women worked. Two of the six were university graduates. They were distinguished by their view that family counselling was the best strategy for dealing with their problem, which they saw as their primary but not their only problem. They did not suffer less serious violence; in fact one of these families had the most serious violence identified in the study, intense violence involving a weapon that was life threatening on a number of occasions. As in the men's group, the violence in the partnerships, all first marriages, was of long standing. Also the couples identified severe childhood physical and emotional abuse for the perpetrator of the violence. One couple had been born overseas and had come here in part to escape from the man's abusive father. These couples were very satisfied with the counselling service and saw it, as the men had done, as a lifeline that had saved them. As the Couple Counselling does not have a set time limit, the couples received help a number of times over years. For one couple, the violence had not stopped but has lessened. It was always episodic and the episodes are less frequent, less intense and less dangerous. All of these couples remain with each other. All have children in early adulthood now and, in one family, the child has encountered domestic violence with their own partner.

Conclusion

Speaking to the men and the women who were clients in the Men's Behaviour Change Program and in the Couple Counselling revealed a vast amount of human misery arising as a result of domestic violence. The male perpetrators all recounted childhoods of severe physical and emotional abuse and harsh childhoods even when these were affluent ones. Their abuse was not recognised outside the family although it was so severe it was hard to understand that it had not come to public attention. They were a most anxious group of men and a number of them were depressed and some were receiving assistance for this. Their domestic violence had been inflicted on their partners (and sometimes on several partners) for many years. The violence was serious, sometimes life threatening, ongoing and involved their partners, their children, their work colleagues, strangers, and other family members.

The men and their families had grappled with these problems for years before taking action and all regarded either the Men's Behaviour Change Program or Couple Counselling as lifesaving. The men were frightened to manage without the lifeline of the programs but at the completion of the study only one of the men from the Men's Group and one of the men from the Couple Counselling had become violent again.

CHAPTER 6. CONCLUSIONS AND RECOMMENDATIONS

Introduction

In the final chapter of this report, the research team presents the conclusions of the research and recommendations arising from them. The conclusions begin with the answers to the questions that began the research study, a comparison between the benefits of the Men's Behaviour Change Program and the Couple Counselling at LifeWorks, but go further and include consideration of the nature, causes and victims of domestic violence, descriptions of the Men's Behaviour Change Program, the quantitative measurement of the outcomes of the Men's Behaviour Change Group program, the men and their partners' views of this program and of Couple Counselling, the move to an integrated model of service provision for domestic violence within LifeWorks and the wider community, the possibilities for changes in the current programs and the need for much improved funding of interventions addressing domestic violence and the need for future research.

The answers to the questions

The study began with several questions posed by the sponsors of the research. The first was the question of the extent to which the Men's Behaviour Change Program was successful. Looking at the results of the surveys that the men completed before and after the group program, it can be seen that for 69 per cent of the men the program was successful in overcoming their domestic violence, mostly physical violence inflicted directly on their partners. In addition, for a further 22 per cent of men, the program had reduced their violence. Only 7 per cent of men reported no improvement at all. Importantly, that change was not accompanied by a displacement of the physical violence to another kind such as emotional violence. Moreover, the men's violence was severe and life-threatening, and yet the program did allow them to change. The second question was whether the Men's Behaviour Change Program was more or less successful than the Couple Counselling. That question proved more difficult to answer in that few couples volunteered for the study, whereas the target number of men did; however, the question lost its force as it emerged that the clientele for each program wanted to use the program they chose rather than another one, because of the way their domestic violence was interpreted by them and by others.

Thus it can be argued that in order to address domestic violence, an agency needs to offer a range of services to take account of the range of clientele and the range of views they hold about their problems (Shaw *et al*, 1996). In fact, LifeWorks, as a major provider of domestic violence services in Victoria, has moved from its two core streams, the Men's Behaviour Change Programs and individual, couples, children and family counselling, to a more seamless and integrated approach to family violence, where a variety of services are available and clients can use a number of approaches and also move between them. LifeWorks experiences in addressing domestic violence has led to their recognition that one type of strategy, intervention or program or another is not sufficient for the clients with domestic violence that present at their agency. For example, the Men's Behaviour Change Program appeals to men, young, middle-aged and older, who have recognised they have a problem with domestic violence and who, while linking their partner to the violence in a variety of ways, do not see their violence as part of a wider marital problem. Whereas,

Couple Counselling appeals to couples where domestic violence exists, but is not always recognised by the perpetrator, and where the couple places the issue within a context of family or marital difficulties and seeks assistance to overcome the family difficulties, including the violence. There are many similarities between the clients who access the two different styles of service and the reasons as to why one group accesses one program and not the other lie on the one hand in the clients' view of the problem and on the other on external agencies such as the courts' view of the problem.

Victims and perpetrators

The study answered questions that were not posed at the outset. It showed that almost all of the perpetrators had been victims of severe physical abuse in childhood that had gone undetected over many years. The relationships with their parents were very poor and the families had rarely been integrated into neighbourhood and other networks of friendship, school, religious or sporting and social activities. Despite often poor school achievements, the men progressed to post-secondary education and gained training and skills, including university qualifications, and all except one were enjoying or had had (one person had retired) successful careers. They were not men with drug or alcohol abuse problems, nor did they have histories of criminal offences either for domestic violence or another matter.

The violence they experienced in childhood resurfaced in marriage and partnerships and over many years, sometimes with several partners, it became recognised as a serious problem. Despite the emergence of their violence at work, violence there was a problem for only one man, whereas violence at home was a problem for every man. They did not see themselves as happy men but as men struggling unsuccessfully with a serious problem that they originally would not admit to and, when they did, they did not know how to overcome it.

Their relationship with their partners appeared to be the most meaningful aspect of their lives but while recognising their violence they did not really appreciate its impact on their partners and they expected immense tolerance from them. They did not understand that their partners could not tolerate this behaviour indefinitely or that the changes that they had made through the program would not wash away the past.

The men inflicted violence on their children but seemed less aware they were doing this or the impact of it on the children, even though they had been victims of parental violence themselves and even though they realised they were behaving the same way as their parents had. Their wives undertook many measures to protect the children as well as themselves; the men noticed what the women did for themselves but not what they did to protect the children. The vulnerability of the children when coupled with that of the men's partners is of concern.

Expansion, funding and integration of the programs

Since this research began the Commonwealth Government has announced its support for a national plan, 'Time for Action' to reduce violence against women and their children developed by the National Council to Reduce Violence Against Women and Their Children, chaired by Libby Lloyd, AM. The plan proposes many measures to achieve its goals and it, too, brings together services for victims and their children and services for perpetrators, arguing that both service streams need attention.

Speaking to the clients of both the Men's Behaviour Change Program and the Couple Counselling revealed that clients found the two different programs valuable. However, the clients for the Men's Behaviour Change Program commented on the poor availability of

groups that reach the NTV standards and that are accessible to them in terms of waiting periods and convenience to their work and home. What the men did not know is that these groups are not fully funded by any government but instead rely on the agency providing them to contribute their own funds to underwrite the program. The fees the men contribute are small and do not cover the cost of the program. However the Couple Counselling, probably a more expensive program as its sessions extend over a longer period and it includes fewer clients at the one time, is covered by Commonwealth family relationship services funding including that from the Department of Families, Housing, Community Services and Indigenous Affairs and the Commonwealth Attorney-General's Department. Both require an infrastructure base, namely organisational sponsorship, supporting family violence policies and procedures, training and supervisory staff and experienced well-qualified family violence prevention practitioners, including Men's Behaviour Change Program facilitators. In addition, both should be run in conjunction with each other as complementary services and as part of a wide range of domestic violence services by those agencies such as LifeWorks, who are major service organisations in this field.

Not only should agencies providing domestic violence services be able to obtain better funding for an integrated range of the services to victims and perpetrators (and it should be noted that these programs for perpetrators also provide for victims at the same time), but these services should be better integrated within the community in which they are located. This means that all the service providers, no matter what their role, should come together to provide a 'seamless delivery' (National Council to Reduce Violence Against Women and Their Children, 2009) of services so that services could cooperate to ensure they are able to be easily located and accessed by clientele and professionals and that there is good linkage and feedback between services for individual clients and for ongoing service development.

Program changes

The clients of the Men's Behaviour Change Program were very satisfied with the groups and asked for very little change. However, they were consumed with their fears that they would relapse into violence, speaking of their violence in the same way that alcoholics speak of their alcoholism. Maybe there are similarities. They all wished for longer groups or for additional groups but the overseas research mentioned previously has shown that the longer the groups run the greater the drop-out of its members, yet the more effective the group is in overcoming violence with those who continue to the end. Another issue was that the difficulties the men had with rebuilding relationships with their wives and partners following the groups. The men thought that, having ceased to be violent, their relationship was now protected. However, their partners did not see the position like that. Thus the men and their partners need some further assistance in order to re-establish their family life and family intimacy. The men had little understanding of their relationship with their children, although some spoke of the need to improve it. Hence, developing post-group services, such as follow-on groups for re-establishing family relationships with partners and children may be an important component of the service range. This links to the problem of the partners, who seemed to need more services than they realised. They seemed during and after the groups to be remote from the developments at the groups and they seemed to be maintaining an isolation that they noted but were unable to overcome.

The research showed that the Men's Behaviour Change Program provided by LifeWorks was a well-documented program with a strong theoretical base akin to the Duluth model. Its facilitators planned each group meeting in detail beforehand and kept records of attendance and group meeting events. One of the tensions in such group programs is

that of meeting the needs of the group and those of the individuals within the group and this tension has begun to concern the theorists writing in this area (Day *et al*, 2009). Concerned to improve group achievements, it has been suggested that there needs to be more individual-focused components in the program. In the LifeWorks program, the men were assessed individually before they were accepted into the program. In line with this thinking, it might be feasible to introduce another individual component at the end where each man discusses with a facilitator what their progress has been, what their future needs are, what additional services they might need to seek and what linking the facilitator might need to do with the man.

The theoretical literature has also suggested that more might be done to improve attendance in the groups as a number of men do drop out. LifeWorks staff did follow up men whose attendance was slipping and sometimes it was successful but sometimes it was not. As the study did not gain any volunteers who dropped out, it cannot comment on why men did. Men who stayed mentioned the tight time lines of fitting the group into their home and work lives but they were able to do this even when for some they had to travel some distance to attend. Thus, any further study might consider following up men who drop out to see if there is anything that can be done to improve drop-out rates. The literature has also suggested a new theory for such groups but that does not seem relevant to this program; rather the theoretical underpinnings of the program worked well but additional components arising from the men's views expressed in the research should be incorporated in the program, especially in some kind of follow-up group series.

The theoretical commentaries on such programs have not had much, if anything, to say about the children of the perpetrators. This study showed that the children were affected both by direct and indirect abuse and that this was not acknowledged by the perpetrators and not as much as might seem desirable by the partners. Achieving a stronger consideration of the children in the program is suggested, noting that this issue is a complex one because of the men's own abused childhood.

Further research

There is almost no research into perpetrators of domestic violence in Australia and this study is just a beginning. While it sheds much-needed light on perpetrators, their partners and their children, on some of the services on offer, the way that they help families and the extent of their efficacy, much more needs to be done. In particular, more needs to be done through studies that cover larger populations than this study, populations that include more respondents, and respondents that come from different types of Men's Behaviour Change Programs that are sponsored by different agencies. Moreover, studies need to be done that follow the perpetrators and their families for more years. This study drew from two populations. The first was that of 61 men who had attended Brighton Rotary Men's Behaviour Change Groups at two sites over several years and who had successfully completed before and after group surveys. This material showed that most of the respondents were able to overcome their violence through the groups but the data did not extend beyond the life of the group. The second was from current LifeWorks groups whose members volunteered to be interviewed. These men and their families were followed up for one year. They revealed the difficulties in maintaining their changed behaviour but again almost all of them did it. However, they were a very small number although followed for a longer time. For both populations the longer-term outlook is unknown. It is IMPORTANT to know more of the longer term as the programs seek permanent change and we do not know from this data whether this has been achieved. Thus the next step is to conduct a study that covers a larger population, one with many

more programs and respondents and more sites, and one that follows the respondents and their families for a much longer time. In this way we will build the evidence for the development of services to overcome domestic violence as the national 'Time for Action' plan has proposed.

Conclusion

This study began two years ago when domestic violence, while recognised, was insufficiently addressed. In particular, services for perpetrators were low in priority and few in number although increasing. Today, there is more public recognition of the need for such services but they remain seriously underfunded and therefore the efficacy they can achieve as shown in this study is undermined. The study showed that services for perpetrators are actually services for the perpetrators and their adult and child victims, all of whom gain considerably from services to perpetrators. The study showed that services should include a range of strategies and interventions integrated within any one organisation as well as within local service networks. The study showed that some changes to the program would be advantageous, especially post-program maintenance. Finally, the study showed that there is still much to learn about providing these services and proposes further research upon which to base service development.

BIBLIOGRAPHY

- Australian Bureau of Statistics. (2009). *Families in Australia*
- Brown, T. and Alexander, R. (2007). *Child Abuse and Family Law*, Allen and Unwin, Sydney
- Brown, T., and Armstrong, J. (2008). 'A New Model of Mediation: Mediation in One Family Relationship Centre', a paper presented at the Inaugural Conference, FRSA, November, Cairns
- Brown, T. and Tyson, D. (2008). 'He's No Killer; He Was a Loving Dad', Preliminary Findings from a study of filicide in the context of parental separation and divorce, a paper presented at AIC International Conference on Domestic Realted homicide, 3–5 December, Gold Coast, Qld
- Brown, T., and Tyson, D. (2009). *Filicide in the Context of Parental Separation and Divorce*, a Keynote Invited Paper, Judges Annual Conference, Family Court of Australia, Melbourne, 9 November
- Cleary, P. (2003). *Just Another Little Murder*, Allen and Unwin, Sydney
- Costello, S. (nd). *Invitation to Collusion: A Case For Greater Scrutiny of Men's Behaviour Change Programs*
- Day, A., Chung, D., O'Leary, P., Carson, E., (2009). Programs for Men Who Perpetrate Domestic Viloence: An Examination of the Issues Underlying the Effectiveness of Intervention Programs, *Journal of Family Violence*, No. 24, Springer Press, pp. 203–12
- Easteal, P. (1994). Violence Against Women in the Home: How Far Have We Come? How Far To Go? *Family Matters*, No. 37, April 1994, pp. 86–93
- Family Law Pathways Advisory Group (FLPAG). (2001). *Out of the Maze: Pathways to the Future for Families Experiencing Separation*, Commonwealth of Australia, ACT
- Fleming, J. (2007). If We Get Mum and the Kids In We Are Doing Well, *Children Australia*, Vol., 32, No. 3, pp. 13–20
- Goldkamp, J. S. (1996). *The Role of Drug and Alcohol Abuse in Domestic Violence and its Treatment: Dade County's Domestic Violence Court Experiment, Final Report*, Philadelphia: Crime and Justice Research Institute
- Gondolf, E. W. (2002). *Batterer Intervention Systems*, Sage Publications, California
- Grinnell, R. (1997). *Social Work Research and Evaluation, Quantitative and Qualitative Approaches*, F. E. Peacock Publishers Inc., Itasca, Ill.
- Hamel, J. (2006). Gender-inclusive Family Interventions in Domestic Violence: An Overview, in Hamel, J., and Nicholls, T., (eds) *Family Approaches to Domestic Violence: A Guide to Gender Inclusive Research and Treatment*, Springer Publishing, USA
- Healey, K., Smith, C., and O'Sullivan, C. ((1998). *Batterer Intervention: Program Approaches and Criminal Justice Strategies*, Office of Justice Programs, National Institute of Justice, US Department of Justice, Washington, USA

- Hopkinson, Shane. (2006). Are Women as Violent as Men?, *Newsletter, Queensland Centre for Domestic Violence and Family Violence Research*, pp. 4–8
- Humphreys, C. (2006). *Relevant Evidence For Practice, in Domestic Violence and Child Protection*, ed. Cathy Humphreys and Nicky Stanley, Jessica Kingsley Publishers, London, pp. 19–25.
- Jackson, S., Feder, L., Forde, D., Davis, R., Maxwell, C. D., and Taylor, B. G. (2003). *Batterer Intervention Programs*, National Institute of Justice, Washington www.ojp.usdoj.gov/nij
- Jacobson, N., Gottman, J. (1998). *When Men Batter Women*, Simon and Schuster, USA
- Marlow, C. (2001). *Research Methods for Generalist Social Work*, Brooks Cole, Thompson Learning, USA
- National Council to Reduce Violence Against Women and Children. (2009). *The Cost of Violence Against Women and Their Children*, National Council to Reduce Violence Against Women and Children, ACT
- (2009) *Time for Action*, National Council to Reduce Violence Against Women and Children, ACT
- Nechvoglod, R. (1995). *Domestic Violence in South Australia: A Preface to Planning*, Domestic Violence Resource Unit, Adelaide
- Pence, Ellen and Paymar, Michael. (1993). *Education Groups for Men Who Batter, The Duluth Model*, Springer Publishing Company, New York
- Rotary Club of Brighton. (2008). *A History of the Rotary Club of Brighton: 37 Years of Service*, Rotary Club of Brighton, Melbourne
- Russell, R., and Jory, M. (1997). An evaluation of Group Intervention Programs for Violence and Abusive Men, *ANZ Family Therapy*, Vol. 18, No. 3, pp. 125–36
- Scourfield, J. B. (2002). Constructing Men in Child Protection Work, *Men and Masculinities*, Vol. 4., No. 1, pp. 70–80
- Shaw, E., Boiuris, A., and Pye, S. (1996). The Family Safety Model: A Comprehensive Strategy for Working With Domestic Violence, *ANZ Family Therapy*, Vol. 17, No. 3, pp. 126–36
- Shepard, M. And Campbell, J. (1992). The Abusive Behaviour Inventory, A Measure of Psychological and Physical Abuse, *Journal of Interpersonal Violence*, Vol. 7, No. 3, September, pp. 291–305
- Straus, M. A. (1974). Measuring Intrafamily Conflict and Violence, The Conflict Tactics Scale, *Journal of Marriage and the Family*, Vol. 41, pp. 75–88
- (1990). The Conflict Tactics Scale and its Critics: An Evaluation and New Data on Validity and Reliability. In M. A. Straus and R. J. Gelles, *Physical Violence in American Families: Risk Factors and Adaptions to Violence in 8,145 families* (pp. 49–73), Transaction Publishing, New Brunswick, New Jersey
- *Straus, M., Hamby, S., Boney-McCoy, S., and Sugarman, D., (1996). The Revised Conflict Tactics Scale: Development and Preliminary Psychometric Data, *Journal of Family Issues*, Vol. 17, No. 3, May, Sage Publications, USA
- Sneddon, C. (2009). *Scoping Violence Against Women*, Australian Domestic and Family Violence Clearing House [www](http://www.adfvch.org.au).

Summers, A. (2002). *Damned Whores and God's Police*, Penguin, Sydney

Tomison, A. (2000). *Exploring Family Violence: Linking Child Maltreatment and Domestic Violence*, National Child Protection Clearinghouse Issues Paper, No. 13, Winter, Australian Institute of Family Studies, Melbourne

VicHealth and Dept of Human Services, Victoria. (2004). *The Health Costs of Violence, A Summary of Findings*, Victorian Health Promotion Foundation, Melbourne

Weinbach, R. (2005). *Evaluating Social Work Services and Programs*, Pearson Education Inc., Boston

*See this article for summary of previous articles by Straus on Conflict Tactics Scale

APPENDIX A. LITERATURE REVIEW

Programs to overcome the re-occurrence of the violence of one partner against the other emerged first in the USA more than 30 years ago, as organisations providing assistance to the victims of violence extended services by developing programs for the perpetrators in the hope of attacking the problem more directly. These programs, known as Men's Behaviour Change Management, Men's Anger Management Groups and Batterer Intervention Programs, were underpinned by a recognition of intimate partner violence inflicted mostly on women that was associated with the work of the feminist movement of that time (Jackson, Feder, Forde, Davis, Maxwell and Taylor, 2003). The programs were diverse from the outset, but the DULUTH model became the best known, followed by the AMEND and EMERGE models, all of which are based on somewhat different program principles. Many others, often smaller and not as tightly integrated into larger community programs, have developed. They are less well-known but not necessarily less valuable (Healy, Smith and O'Sullivan, 1998).

From the outset, vigorous efforts were made to evaluate the new services and early results suggested that the outcomes were very favourable and the programs successful. Programs expanded in numbers of clients per program and in numbers of locations. In the USA, the US Department of Justice strongly supported the expansion of these programs, particularly any based on the DULUTH model, and later the AMEND and EMERGE models, and they became an integral part of the criminal justice system.

However, more recently, larger and supposedly more rigorous evaluations of these programs have cast doubt on their efficacy. Those tracing the results of these studies over the past 20 years suspect that as time goes by the results are seemingly less and less promising (Healy, Smith and O'Sullivan, 1998). The most recent work, that of Edward Gondolf, who is currently one of the most prolific writers and researchers in this area, appears to confirm these deflating results (Gondolf, 2005). Much of the funding, reviewing and publicising of this work has been carried out by the major stakeholder, the US Department of Justice, and the department is generating a growing wave of doubt about the worth of the programs it has supported for almost three decades. At the same time, the department has urged caution in interpreting the data because of a growing number of design flaws identified in the research. The flaws are now so numerous that the results of the studies are in doubt (Jackson, Feder, Forde, Davis, Maxwell and Taylor, 2003; Gondolf, 2005).

There are other reasons for caution in accepting the interpretation of the results as meaning that all of these programs show only poor outcomes. These reasons are based around the fact that new programs are developing that have not been included in the evaluation research, some of which are extensions of existing programs and some of which are further developments where the programs are more tailored to the clientele and their other problems. The Lifeworks interventions, past and planned, fall into this category that has not yet received any separate research evaluation.

Definitions

Family violence is a broad term and has been used interchangeably with domestic violence although it is also used to cover domestic violence, child abuse, sibling abuse and elder abuse. All of these are forms of abuse that take place within the family and they are known to be interrelated in that one form is associated with another and that it is often hard to place one form in a category separate from the others (Brown and Alexander, 2007). In this study, as a study of violence in the family, it is important to be clear about the meaning of the terms used, and so family violence will be used when it covers all forms of family violence and the other more specific terms, that is domestic violence or intimate partner violence, child abuse, sibling abuse and elder abuse will be used otherwise.

Literature review

The research literature has identified many models of intervention but the ones that receive most research attention have been the large programs located within the criminal justice system where the various levels of government fund the service. The models incorporate many different features. Programs vary according to whether they offer services that include psychotherapy, education, cognitive behavioural therapy or a mixture of any two or all three. The service is usually given within groups, although some individual counselling may be incorporated both for the offender and the victim. The victims are little involved in some programs but more so in others, with the trend being towards growing victim involvement, at least for their own safety. Some models offer short-term intervention, such as a program for eight weeks, and others offer long-term intervention of 36 to 42 weeks. Some include a follow-up component and others do not. Some are open to everyone with a history of violence and others are tailored for specific client groups, according to class, culture, gender, severity of violence and risk posed. Clients come to some services only through court referrals and other services accept more widely, including voluntary clients. A notable absence from the literature is discussion of the features of the smaller programs such as those provided by Lifeworlds and so no discussion of the features of those programs, as distinct from the larger ones, has yet emerged.

Many evaluations of the larger programs have been undertaken and some of the most recent as well as some in the less recent past have been carried out with what has been thought to be considerable rigour. Healy Smith and O'Sullivan (1998) have identified the best of these studies and have shown how their results have indicated less impact from the programs over time. Since their review, there have been a number of even larger studies that covered multiple sites and multiple types of the larger sort of programs carried out by different research groups in many different places. The most recently undertaken were the Broward County and the Brooklyn studies (Jackson, Feder, Forde, Davis, Maxweel and Taylor, 2003) and the most recently published is the Gondolf multiple-site study (Gondolf, 2005). These studies have shown increasingly little difference between the experimental groups that received the service and the control groups who did not.

However, these results have been placed in doubt as it has been argued that even in these studies there have been many design flaws. These include an excessive loss of respondents as many either do not finish the program or maintain contact with the research team, poor and doubtful data on re-offending both from community sources and victim and perpetrator sources, bias in the assigning the subjects to the various types of programs rendering the research unreliable, lack of cooperation from the local socio-legal community, comparison

of different programs and sites being invalid due to major differences between programs and indicators of successful outcomes (Parker, 1995; Healey, Smith, O'Sullivan, 1998; Jackson, Feder, Forde, Davis, Maxwell, Taylor, 2003; Gondolf, 2005; www.opdv.state.ny.us/criminal_justice/corrections/bip/bipintro.html)

There is one conclusion that has not been challenged and it is that the clients who do not finish these programs do not succeed in changing their behaviour, but no attention had been given to incorporating features to maintain their presence in the program in the research literature. Another recent issue is the suggestion that the research would profit from dividing the clients into categories of personality type, or of offending type, as the evaluations might show different outcomes for each type and therefore give more clear results (Goldkamp, Gondolf, 2005). One of the researchers has tried to do this but felt it was not successful (Gondolf, 2005), but another attempted it rather differently and found it did give more promising and clearer results.

APPENDIX B. INTERVIEW SCHEDULES AND CONSENT FORMS

First interview with male partners using group program

The following are the topics to be covered in the interviews. Topics are to be introduced by the researchers and then left open for comments. The respondents may lead the researchers in directions other than these suggested below.

- Background to the problem as seen by client and what they estimate is their partner's view
- Any relevant background factors in problem
- Reasons for choosing Lifeworks program, including source of referral, any court orders for referral, degree of clarity about referral, acceptance and understanding of the problem and its impact on others such as partner and children
- Expectation of the service and where these have come from, self, others, partner
- Priority of expectations, ideas about impact of program on respondents' behavior
- Concerns about service
- First impressions of services, of the content and the respondents' and partners' feelings at this point
- Changes in expectations for respondent and for partner, ideas about likely impact of program on respondent's behaviour
- Ongoing impressions and any detecting of change of behaviour of self, other family members, people at work and others in groups
- Ultimate expectations for self and partner.

Second interview with male partners in group program

The following are the topics to be introduced by the researchers and then left open for comments. The respondents may lead the researchers in directions other than these suggested below

Views of gains made in groups for self, in all areas but violence will be raised as a possible area.

- Views of gains made for partners
- Relationship of changes to expectations
- Views of staff impact
- Views of service
- An example of one best experience in group
- An example of one bad experience in group
- Changes in own behaviour and attitudes and feelings
- Changes in partner's behaviour and attitude and feelings
- Changes in children's behaviour, attitudes and feelings
- Concerns or issues about future.

Interview with staff

The following are the topics to be covered in the interviews. Topics are to be introduced by the researchers and then left open for comments. The respondents may lead the researchers in directions other than these suggested below.

- Past experience in working with perpetrators and victims of domestic violence
- Expectations of impact on clients and families of Men's Behaviour Change Management Groups (optimism levels)
- Experiences with above and any changes in expectations as a result of experiences of above
- Expectations of impact on clients and families of Couple Counselling (optimism levels)
- Experiences with Couple Counselling and any changes in expectations as a result of experiences of above
- Views as to whether violence is the same in both programs in nature, extent, frequency, stage of development
- The greatest difficulties in getting changes re violence in both programs
- Best change seen in both programs
- Least change seen in both program
- Suggestions for change
- Impact on worker of programs, on self and others and on agency.

First interviews with women partners

The following are the topics to be covered in the first client interviews. Topics are to be introduced by researchers and then left open for comments. The respondents may lead the researchers in directions other than these suggested below.

- Background to the problem as seen by woman partner,
- Any relevant background factors in problem as seen by woman partner.
- Any knowledge of reasons for choosing Lifeworks program, including source of referral, any court orders for referral, degree of clarity of referrals and reasons,
- The partner's views on clients acknowledgement, acceptance and understanding of the problem and its impact on others, including partner and children.
- Expectation of the service and where these have come from, self, others, partner.
- Priority of Expectations, ideas about impact of program on respondents' violence.
- Concerns about service
- Concerns for self or family members
- First impressions of service's impact
- Changes in expectations for respondent and for partner, ideas about likely impact of program on respondent's behaviour,
- Ultimate expectations for self and partner.
- Need for other services for self, partner, other family members.

Second interviews with partners

The following are the topics to be covered in the interviews. Topics are to be introduced by the researchers and then left open for comments. The respondents may lead the researchers in directions other than these suggested below.

- Views of gains made in groups for self in all areas, but violence will be raised as a possible area
- Views of gains made by partners
- Relationship of changes to expectations
- Views of contact with worker
- Views of own group processes
- Views of own group content
- An example of one best experience in program
- An example of one bad experience in group
- Changes in own behaviour and attitudes and feelings
- Changes in partner's behaviour and attitude and feelings
- Changes in children's behaviour, attitudes and feelings
- Concerns or issues about future
- Estimation of likely future.

CONSENT TO PARTICIPATE IN MONASH RESEARCH

If you wish to participate in the Monash Study investigating the experiences of those using the Lifeworks services, the Men's Behaviour Change Management Groups and the Couple Counselling service as explained in the Explanatory Statement attached, could you please provide your name and business or home number so that the research team can contact you to arrange an interview.

Thank you very much for your participation

Name

Telephone number (landline or mobile telephone number)

An Evaluation of Interventions with Domestic Violence Perpetrators

Thea Brown and Ralph Hampson

