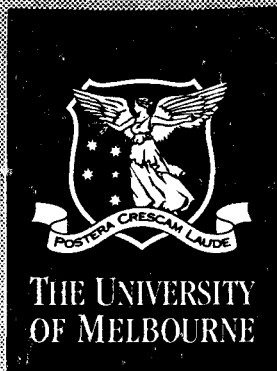


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PROGRAMS FOR MEN WHO ARE VIOLENT IN THE HOME:

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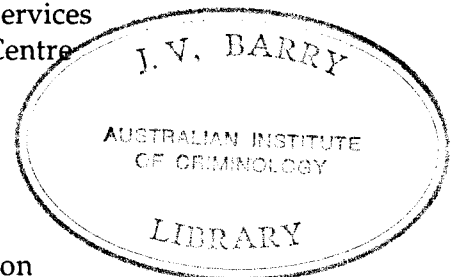
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EXECUTIVE SUMMARY

Overview

This study provides details, descriptive process information and a profile of men who attend groups for violent men. It is not a longitudinal study, and cannot measure what happens to these men and their women partners in the long term, or whether these men behave differently in future relationships. However, we have some indication of whether or not in the short term there are changes in men's behaviour, attitudes and proneness to violence.

There are too many differing interpretations and levels of meaning in determining "success" or "effectiveness" to give definitive answers in a study of this kind. What can be revealed, however, is how helpful the participants and partners believe the group to have been to them as consumers, and whether or not participating groups have made any efforts to address feminist concerns about working with men.

By using a number of different approaches to data collection, the study has tried to provide a broader picture of what occurs in these groups, and at the same time ascertain how this is impacting on women and families on an every day basis.

The strengths of this research are fourfold: (1) systematic assessment of each group with regard to the concerns expressed by women's services; (2) provision of important and hitherto unknown demographic information about the client profile of groups for men; (3) examination of information gathered from separate sources and in different ways; and (4) inclusion of qualitative interviews which provide a level of construct and criterion validity difficult to achieve in purely quantitative studies.

The study has been constructed within a feminist research ethic and has utilised guidelines for the conduct of such research (Mies, 1983). It provides a multi-faceted picture of what is happening in intervention programs for men in Victoria which was otherwise unavailable until now.

Information relating to the actual costs involved in providing each individual men's group is not readily or easily available. Only three of the participating groups had received direct funding for the men's group, one from state government sources, one from federal government sources, and one from non-government sources. The five community health centre groups were staffed by generalist workers, who conduct the men's group as part of their normal duties. Groups G and F are also resourced by family support workers who also provide other counselling services within their agency.

Almost all groups and program staff are accountable to centre management, or locally based committees of management. Annual reports are freely available from all agencies except one, and information about group philosophy, aims and objectives are available on request from all participating groups.

All except one of the groups was situated within an agency setting, which also offered a range of support services to women. We conclude that the groups for men in the present study are embedded in the context of a model of health and welfare service provision to men and women.

The Groups

Five of the eight groups were in community based health and welfare agencies which provided a range of family and individual services. The others were auspiced by a neighbourhood house, a church based welfare agency and a non-government marriage guidance agency. All had philosophies which emphasised the rights of women and children to live free from violence, and most stressed the importance of the man's accepting responsibility.

All participating groups had two leaders: a primary leader who was an employee of the agency and a secondary leader who was not necessarily an employee. Funding for most of the community health centre based groups had been provided indirectly, in that the salaried generalist workers who led groups saw this as just one of their responsibilities within the agency. Some other groups had received "one off" grants from the Commonwealth and one group had received support from the Uniting Church. Men attending also generally were required to pay a fee of around \$120.00.

Most programs for male perpetrators had evolved in response to perceived demand at the local level, and participating generally was on a voluntary basis. Staff running group programs often considered that medical practitioners and others referring perpetrators to programs could have unrealistic expectations about the extent and immediacy of impacts on a man's violence.

All groups would be prepared to accept men who had court appearances pending, and most staff believed that a group could cope with "one or two" such individuals.

Some but not all groups invited men to participate in a support/discussion group before committing themselves. Three required men to sign written contracts of non-violence, while others obtained verbal agreements. Groups varied in their criteria for including or excluding participants. One had an "open door" policy. Others would refuse to accept men with drug or alcohol problems, or with psychiatric illnesses.

Most groups stated that they tried to maintain contact with women, but in some instances this was via the male partner. All leaders stated that they routinely advised women that attendance at the program was no guarantee of a change in behaviour. Only two groups had a well developed curriculum outlining program contents and several leaders said the program was "constantly evolving". Techniques and strategies used included standard educational handouts, group discussions, anger management exercises, stress management, role playing, psychodrama and other therapeutic techniques.

Program Staff

Virtually all program staff had tertiary training and qualifications in health or welfare related disciplines. Hardly any believed their own initial training had been adequate to equip them for this work. All emphasised a need for further training in family violence, and specifically for training to do group work with violent and abusive men.

Staff understandings of the program philosophy were generally consistent with official statements about program philosophy and family violence and stressed the educative role of the program regarding the unacceptability of male violence against women in the home.

Program staff reported regular contact with women and women's services, and believed that the first priority of their work with men should be the safety of partners and children. Getting the men to take responsibility for their actions was an important aspect of their work.

Most staff believed their work with men to be effective most of the time, although they also had ideas on ways their programs could be improved. Some men were thought to be more likely to benefit than others, in particular those who were motivated to attend and were committed to change. Staff criteria for "success" included the cessation of violence and men taking more responsibility for their violence. Indicators of success were the men's regular attendance at the group and feedback from female partners.

In general staff considered their work to extend beyond the individual men in the program, to women and children, and to the community.

Men

Around half of the men who attended the participating groups were not living with partners or in ongoing relationships. Service providers may therefore face some difficulties in obtaining accurate feedback from a female partner and thereby assessing the impact of the group on men's behaviour.

None had been required to attend groups as a part of a court or correctional order. A substantial proportion had never had any involvement with police or legal system. Most had heard about the group from a social worker, female partner, or a telephone counselling service. These findings suggest that the groups in Victoria may be dealing with men in slightly different circumstances to many overseas programs, which are often linked to the criminal justice system, and with men being mandated to attend.

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In general the men were between 25-35 years old and had low educational attainment and socio-economic status.

The majority of these men reported being physically violent (although this type of violence was alleged to be infrequent), as well as abusive in a number of other ways. An average of approximately 20% reported that their partners had needed treatment for physical injuries, depression, or psychological problems as a result of the violence. Most of the men stated that their violence was mainly aimed towards their female partners.

After the Program

Approximately a quarter of the men did not complete the programs. Men who dropped out tended to be in more difficult social and economic circumstances: they were more likely than the men who stayed to be unemployed and not to be currently living with their partner. They were also more frequent and heavier drinkers than the men who stayed in the programs. There is some indication that the men who did not complete the program were more likely than those who did to report more frequent violence towards their partners. However, there was little difference between the groups on the "proneness to aggression" scale.

After commencing the program there was an increase in the proportion of men who reported that they were not violent towards their partners. Nevertheless there were some men who continued to report violent behaviours and not all men were confident about

ensuring their partner's safety. A smaller proportion of the men obtained a score indicating "prone to aggression" after attending the program, however, a significant proportion (70%) of the population still achieved a score above that which indicated a prone to aggression. In terms of more general gender attitudes, there is some evidence of a slight shift away from the acceptance of traditional values.

The Men's Experience

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A substantial proportion of the men in this study had previously sought assistance. A theme that ran through the responses of the men who had not previously sought assistance was a lack of awareness of the prevalence of violence against women and a feeling of being "alone" with the problem.

While some men were disappointed with the other forms of assistance they had sought, others had found counselling and other discussion groups helpful. Approximately half the men found the activities involved in the current programs, including experiential learning exercises, role playing and relaxation strategies, to be helpful.

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The men's attendance was voluntary. Overseas programs tend to involve men whose attendance is the result of a court order: this is far less likely to be the case in the programs in Victoria. In general the men were motivated to attend the program by some specific incident such as their partner presenting them with an ultimatum or actually leaving or impending court appearances; or by an awareness that the violence was progressively becoming worse.

Issues men reported discussing in groups included their own childhood experience, male socialisation and gender roles in our society, moving out of home, and the legal status of domestic violence. Many of the men reported feeling uncomfortable, and finding it difficult to discuss, some of these issues. They also reported having their ideas and behaviours challenged by the group.

The majority of the men believed that attending the group had been a worthwhile experience. They maintained that they now thought differently about violence and were aware of broader definitions. Almost all the men believed that the program had been effective in changing their attitudes about violence and their actual violent behaviour. Many men also commented that since attending they found it easier to discuss personal feelings and emotions.

The Women's Experience

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Overall the women reported being more frequently the victims of violence at the hands of their partners than was indicated by the men. This was particularly noticeable in regard to the frequency of physical violence after program commencement. In general the women indicated a decrease in the frequency of both physical and non-physical violence after their partners had commenced the program. However, many of the women were still victims of physical violence and/or non-physical abuse.

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Close to half of the women believed that program participation had brought about some changes in their partners behaviour in general, had made some real difference to her life, and had been effective in changing his attitudes. However, the other half of the women either said they did not know, or in general tended to be uncertain about the effects of the program to that point in time. Some degree of uncertainty is probably to be expected. Most

interviews with the women were conducted before their partners had completed the program.

While some women felt safer since their partners had started the program, in general the women expressed reservations about their safety and in particular their safety if they were to leave their partner.

Most of the women were interested in knowing more about the program. While some women had received information from the group and found it to be helpful and informative, others had not been contacted at all. Few program participants either discussed the program with their partners or passed on materials. Neither did women appear to be familiar with the range of services that were available to them at the agencies to which the men's programs were attached. Women who had participated in either a support group for women whose partners were attending the group, or a program available to all women who were survivors of domestic violence, found these to be helpful.

Overall women interviewed in the course of this study tended to support the idea of a men's program and thought it had been a worthwhile experience for both them and their husbands. Most of the women had sought help from a number of other sources and had not been satisfied with the outcomes. They believed that the men's program offered another potential means of addressing the problem of their partner's violence.

Conclusions and Recommendations

The study has provided a detailed account of a selection of Victorian programs for male perpetrators of family violence, and assessed them in light of critiques from feminist and other groups. Methodological and ethical factors made it impossible to explore all issues with equal thoroughness.

Unlike many programs in the United States and other countries, these Victorian initiatives tended not to have strong formal links with criminal justice. Almost all men taking part in groups had not been compelled to be there by a court order and were participating on a voluntary basis.

Attendance data revealed a distinct bias toward men who had failed to complete secondary education, were in trade or labour occupations or who were unemployed. Further thought needs to be given to ways of encouraging more affluent and educated men who are abusers to acknowledge problems and seek assistance.

The study did not support arguments that funding for male perpetrator groups imposes a significant drain on resources which might otherwise be channelled into services for abused women. Most groups in fact had been established not as "stand alone" specialist programs but in the context of a range of services already being provided by community health or other welfare agencies.

Most program participants already had separated from partners at the time of entering a program. This was seen as significant in light of concerns that a male perpetrator's participation in a group may indirectly be encouraging women partners to remain in unsafe relationships. A substantial proportion of the women interviewed did not, in fact, believe that the man's participation in a group had "made them safer", and several stated that violence and other abuse did not stop immediately a program commenced. We strongly

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recommend that programs make even greater effort to ensure that female partners are neither directly nor indirectly exposed to misleading messages, or encouraged to see enrolment in a program as reason to remain in a relationship.

Assessing groups' actual impacts on attitudes and behaviour was difficult. Men involved in programs scored lower on self reported assaults and abusive behaviour than previously, and did tend to register some reduction in their scores for proneness to aggression. Even after exposure to groups, however, more than 70% still were at nine or above on an anger and aggression scale: scores which the devisers would see as signifying continued potential for violence. The majority of women interviewed were not prepared to state that their partner's participation had rendered them safer or had led to an immediate cessation of abuse.

Overall, the data suggest that all eight programs participating in this study could be classified as educative and pro-feminist rather than therapeutic. All had adopted a very broad definition of violence which included both physical and non-physical coercion, and all had put emphasis on teaching men to recognise and acknowledge the various forms of abuse. It is important that programs continue to locate learning about violence and abuse in contexts which identify and critically assess broader issues relating to male socialisation, power and control.

Ethical factors - we did not want to intrude on women or put them in danger - made it difficult to assess programs' support for women partners. However discussions with women indicated that while staff practices generally were consistent with stated philosophies, one or two programs could achieve improvement in their liaison with partners and monitoring of men's behaviour, and in the messages they gave about the criminality of family violence. Some programs were not as effective in promoting women's safety as their rhetoric would indicate.

Overall the research suggests that, in Victoria at least, group programs should not be relied on to transform men from violent to non-violent and should not be viewed as an alternative to formal sanctions. Overloading groups with men whose only reason for being there was that they had to attend as part of a court order may well simply have the effect of undermining effectiveness.

For men who enter programs on a voluntary basis and "stay the course" participation does, however, seem to produce some immediate shift in proneness to aggression. In light of this, and the finding that women partners found them of value, the researchers would see it as inadvisable to withdraw support for male perpetrator programs. While group programs can at best only be viewed as a stop gap, immediate response withdrawing support for them would, we think, merely result in their being quietly maintained or reinvented at the local level. Programs need to be in the open, and the Victorian Network for the Prevention of Male Family Violence be given further support in its efforts to improve standards and accreditation procedures. This in turn may assist women who may want to view and use them as one of the resources they can try to invoke in dealing with a violent partner. Other resources must, of course, continue to include arrest and other police interventions, court orders, and the availability both of women's shelters and of residences for men.

CHAPTER 1: INTRODUCTION

1. Introduction

In response to a wave of community concern relating to unacceptably high levels of family violence and violence towards women, and concerns about the escalating costs of family violence, individuals and government departments have been interested to learn about anything which might help prevent or reduce family violence.

Providing support to victims has been the main focus of government policy prior to the early 1990s, and this has led to the establishment of a wide range of community based services for the victims of violence and abuse such as women's refuges and specialist family violence services. In more recent times, the National Strategy on Violence Against women has promoted legislative reform, community education, anti-discrimination/sexual harassment measures, professional education, housing initiatives, protection orders, and police powers to seize firearms, as further means of responding to violence in the home (National Committee on Violence Against Women, 1992). In Victoria, community education has for some time been considered the most effective long term solution to violence and abuse, in conjunction with speedy response of police and the justice system, and with adequate resources and support being readily available to women wishing to leave violent or abusive situations.

In recent years some discussion has turned towards consideration of programs directed at the male perpetrators of violence in the home:

"While victim's needs must remain paramount, it remains the case that the source of the problem is not being addressed. Perpetrators and potential perpetrators must be targetted in public education campaigns, in service provision, and in research programs. It is surely bizarre that the focus on victims has excluded attention to perpetrators. We would find it unbelievable if a wave of bank robberies resulted only in attention on banks, or if an outbreak of fraud cases concentrated only on those defrauded." (Mugford, 1989)

The concept of working directly with men has its origins in the existence of similar groups in the USA, Canada, New Zealand and more recently the UK. Development of group programs and counselling for violent men in Victoria first occurred around 1985, in response to initiatives in legal reform, and following public meetings regarding the appropriate responses to family violence.

Family violence workers, refuge workers, women's services and other health care professionals have been divided on the topic of direct intervention with abusive men. There is some disagreement about whether such programs are an appropriate form of intervention, about what type of program and content is appropriate, and about how men should be referred to such programs.

Critics have been concerned that the existence of groups for men might operate within a therapeutic framework which could lead to public perceptions of family violence as a form of "sickness" needing "treatment", and thereby allowing men to avoid taking responsibility for their violence by blaming a "condition" beyond their control. Others have been critical of program content and the mechanics of delivery, sources of funding, and lack of

information about the value or effectiveness of this form of intervention. Concern has also been expressed that men's attendance at counselling or group programs might directly or indirectly jeopardise women's safety.

Whatever the verdict on these broader arguments of principle, recent discussions indicate that some workers on the ground, confronted with problems of violence in family and other contexts, perceive a need for initiatives to help men to cease their abusive behaviour, and have participated in the development of programs on an "ad hoc" basis to meet such perceived local needs. Pressures to find ways of dealing with violent men mean that there is an urgent need to know much more about the practices, content, context and potential effects of various types of programs, and to assess what their role could or should be.

It is in this spirit that the present study was established. Our primary objectives are to provide more information about the programs, the men who attend them, and the impact of attendance upon them and their families.

2. Program content

options | There has been considerable discussion about what might be the most effective way of working with violent or abusive men. Options (apart from criminal justice responses) currently in practice in Victoria include 1:1 counselling, couple counselling, group work with men, ongoing support groups for men, residential programs for men, and various combinations of the above.

There is virtually no information on the impact of one to one counselling on violent men in Australia. Couple counselling is considered both in the literature and by many workers to be an inappropriate and ineffective way of dealing with abusive men (Hart, 1992; Gelles and Maynard, 1987; Eisikovits and Edleson, 1989). It is considered by many agencies to be inappropriate to continue counselling couples if it becomes clear that violence or abuse is occurring in the relationship. Feminist based agencies in Victoria usually do not support couple counselling, because they believe it to be unethical and possibly dangerous. It has also been suggested that couple counselling could have legal consequences for service providers by exposing them to liability for damages arising out of intervention (Hart, 1990).

Hart (1992) reports that couple counselling is not believed to lead to any significant reduction of violence. Outcome studies have shown that around 50% of men in couple counselling were still violent and abusive towards their partners within 6 weeks of the counselling taking place. Follow up studies six months later revealed that almost all of the men had reverted to using violence (Taylor, 1984; Eisikovits and Edleson, 1989).

There has been little evaluation of group programs for violent men in Australia. The few studies which do exist have suggested that groups for men might have some success in preventing physical violence, but are much less clear about the effectiveness of groups in reducing other forms of abuse, or in changing attitudes (Wehner 1985; Poynter, 1989; Hughes, 1991). These studies usually have, involved very small numbers of participants, and very subjective outcome measures.

Poynter (1989) argued that groups were successful in realising nearly all of their goals and objectives, and reduced men's physical and non-physical abusive behaviours. The findings of an evaluation conducted at Melton Community Health Centre (Victoria) claim that one group was successful in significantly reducing physically abusive behaviours, and in

reducing the level of conflict experienced in the family environment (Hughes, 1991).

More extensive and rigorous research on group programs for violent or abusive men have been conducted overseas. However, findings from these studies are neither clear nor consistent. There are many difficulties in conducting research in this area, as most previous researchers have discovered (Follingstad, 1990). This may be partly due to the inadequacy of existing notions of evaluation, (Gondolf, 1993), as well as a range of other issues including: sampling problems; comparison/ control group problems; small numbers in most studies; the inadequacy of most measurement instruments to deal the complex nature of family violence, and the difficulty of operationalising ways to measure changes in non-physical abuse or attitudes (Follingstad, 1990; Dobash & Dobash, 1990; Yllo & Bograd, 1988).

There is considerable debate about what format, style, and content of group programs may be most effective. One extended longitudinal evaluation has suggested that groups meeting for 12 weekly sessions were just as effective as groups meeting twice weekly for 16 weeks. Recidivism was about 10% less among men who attended the 12 week group. (Edleson and Syers, 1989). However a follow up study of one Canadian 16 week group claimed that 84% of the men were reported to be violence free by their partners 2 years after attending the group Dutton (1986) .

Several studies have suggested that groups which emphasise education may be more effective than either therapy or self- help style groups. US studies have shown that men participating in self-help groups were much more likely to be using violence and terroristic threats 6 months after attending the group than those attending educational style groups (Edleson & Syers, 1989). Adams (1988) describes various models of group, and argues that the pro-feminist model is the most effective. However he concedes that a mixture of pro-feminist and cognitive behavioural models might also be appropriate. It is clear that differences in content, circumstances of men's attendance and the personal style of group leaders must all contribute significantly to the effectiveness or otherwise of these groups.

Another relevant factor to be considered is men's involvement in the justice system. Various approaches involving arrest have been tried overseas, sometimes leading to premature conclusions and public policy outcomes as in the Minneapolis Police Studies (Sherman & Berk, 1984). It was suggested in this study that arrests of violent men deterred further violence better than attempts at mediation, or locking men up to cool off for a while. There followed a proliferation of pro-arrest policies in other cities and states. However, efforts to replicate the original findings failed, and revealed that alternatives to arrest (such as community based programs) might be just as effective, and might reduce the possibility of men then retaliating against their wives for their being arrested (Sherman, 1992).

The Duluth Domestic Abuse Intervention Program in the USA involves men appearing before the courts being mandated to attend educational groups as part of a suspended jail sentence. Similar programs exist in the UK, where men are placed on probation, with required attendance at a men's group being combined with other sentencing arrangements. In Scotland, this strategy has been supported by women's services, primarily because the groups are seen as an additional legal sanction, not an alternative other penalties.

Whether or not men are voluntary clients or mandatory clients must have some impact on their motivation to attend, and whether or not they are prepared to actively work towards change. For example, mandatory drink-driver education programs have demonstrated that mere attendance does not necessarily constitute either active participation, or any willingness to learn.

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A major point to emerge from one recent review of international research on men's programs is that the approaches most commonly used in evaluation studies are themselves inherently flawed and are doomed to be inconclusive. Edward Gondolf (1993) maintains that around 30 typical evaluation studies have now taken place in the USA, and that the results are still mainly inconclusive. He suggests that the form taken by most evaluation studies is inadequate to provide definitive answers, and does not address the concerns of feminist based opposition to the groups. He suggests four other possible ways in which groups could be evaluated. These are: consumer based assessment; systems analysis; social impact assessment, and ethical decision making. Gondolf's beliefs about consumer based assessment are that:

"It would establish a more inclusive set of outcomes relevant to the victim and her goal of safety and autonomy. The objective of the evaluation in this process becomes: how might the batterer program better contribute to these needs?" (Gondolf, 1993)

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He then goes on to describe ways of operationalising a set of criteria to assess how well a group addresses women's needs, such as whether or not the program allows women "time out" from the relationship in order to assess her own needs; being free of intimidation or threats if she tries to get help; whether the program contributes in any way towards more decisive responses from police and courts; and to what degree does the group monitor men's actual behaviour while he is attending the group. Barbara Hart (1988) has also developed a very similar set of criteria, by which domestic violence workers might for their own purposes assess any given group or program.

3. Concerns about programs for violent men in Australia.

In Australia concerns have been expressed both by those opposed to working with men, and those who do work with men about the further development of these programs. A major concern is that the existence of groups for men may lead to the criminal justice system using male programs as a diversionary strategy, or as an alternative to custodial sentences (Interviews with program staff; Dankert, 1990; McCarthy, 1990; McFerran, 1989; Federation of Community Legal Centres, 1992).

Men's group providers in Victoria generally believe that it is important to employ a comprehensive and integrated strategy across all sectors, they have expressed concern :

- i) that programs for men should be conducted in a responsible and appropriate manner, and should not develop in isolation, either from those working with victims, from other program providers, or from policy makers responsible for co-ordinating the overall government response, at federal, state and local levels;
- ii) that programs should address the safety of women partners and children as a priority, and this should be reflected in their processes and practises;

- iii) that groups for men should not be seen as an alternative to legal sanctions, where men's behaviour would normally attract those sanctions, or be used as a diversionary strategy by the criminal justice system;
- iv) that groups for men should be involved in evaluation in order to ascertain what practices, processes, and content are most effective in bringing about changes in attitude and behaviour;
- v) that groups for men are about men taking responsibility for their behaviour, and working towards long term individual and societal change, rather than looking for "quick fix" solutions;
- vi) that people who lead or facilitate groups for men must have a thorough understanding of the nature of family violence, and of gender issues in social relations, and have worked through their own personal issues in this regard.

V-NET (1993) Draft Policy Document)

Concerns expressed by women in services about the development of programs for men in Victoria are that they:

- i) may take scarce government funds and resources away from services to victims
- ii) may influence women's decisions to stay with violent partners, and therefore jeopardise women's safety
- iii) may not be effective in bringing about a reduction or cessation of violent behaviour
- iv) may be effective in reducing physical violence, but may lead to an increase in verbal violence and other controlling behaviours
- v) may, by offering "therapeutic intervention" or by using an "anger management" approach, allow men to excuse or minimise their violence, instead of focussing on the imbalances of power between men and women at all levels, or on men accepting the full responsibility for their violence
- vi) may be working in isolation and may not be in touch with the concerns of women's services
- vii) may be conducted by people who do not have any understanding of the nature of gender issues in social relations

(Dankert, 1990; McCarthy, 1990; McFerran, 1989; Federation of Community Legal Centres, 1992)

In examining programs for violent men, this research hopes to be able to provide information regarding some of these concerns.

4. Summary.

In Australia, there is a dearth of information about group programs for violent or abusive men. We do not know enough about ways these groups work and whether they are effective in reducing or terminating violence towards partners.

The present study reviews: (1) how groups work in theory and in practice, (2) what types of men attend; (3) what impact on men's attitudes and behaviour; and (4) women partners' perceptions of the program, their partners' behaviours and their own safety. We also attempt to gain some sense of how the group is located within the community and what interaction, if any, there is with other parts of the overall community response to family violence.

CHAPTER 2: RESEARCH DESIGN & METHODOLOGY

1. Introduction.

Most evaluations of programs for violent men to date have consisted of what Gondolf refers to as "input-output" designs, which may account for the outcomes but which may not take into account the actual components of the programs (Gondolf, 1993). It is now considered that there is an urgent need to examine both the process and the outcome of groups for men. This study attempted to address both of these issues.

It is difficult to define and operationalise what is meant by "success" or "effectiveness" when applied in the context of groups for violent men. Existing definitions of "success" generally consist of the cessation of physical violence over a period of time, such as 12 weeks, one year, two years and so on. However, this is clearly insufficient if women are still experiencing other forms of violence and abuse which contribute to their continuing fear and inability to leave, if they wish to do so. Effectiveness, as defined by family violence workers, would have to include stopping or reducing physical violence, verbal abuse, sexual abuse, psychological abuse, as well as promoting women's safety, autonomy and justice (Gondolf, 1993). All of these things are difficult to operationalise and assess.

In conducting this research, we were cognisant of recent arguments which stressed the need to evaluate programs, not just at the "declared" or official level, but also at the "administered" and "received" levels. Adam Jamrozniak (1984) believes that any evaluation of group programs must use a framework which takes into account four "versions" of the program being evaluated. The first he describes as the "manifest", or officially approved version of the program, which in this case would be the official philosophy underpinning the group and what the group is claimed to be achieving. The second is the "assumed" version, which in the present study would be how the program staff interpret the program philosophy. Thirdly, there is the "extant" version, the objective reality of what actually happens in practice. Finally, there is the "requisite" version: which he says is the recommended, or desirable version; in this case, the group as program staff would like it to be, or as the men attending would like it to be; or as women partners would like it to be. (Jamrozniak, 1984)

Most recently emerging literature on programs for violent men has highlighted the need for broader and more appropriate evaluation processes. Gondolf (1993) says:

"The expansion of batterer programs over the last five years has brought increased questions about their effectiveness. While many batterer program evaluations suggest a modicum of success in reducing violence, numerous methodological and conceptual limitations make them inconclusive."

Gondolf goes on to suggest that other approaches to evaluation, such as consumer based assessment, community or systems analysis, social impact assessment, or ethical decision making, might produce a more useful form of evaluation of groups for men.

In the present study, we have attempted to confront some of these difficulties and to incorporate ideas about the need for a broader evaluation of the groups involved. By looking at the program documentation and philosophy we hope to shed light on the intent and the content groups. By speaking with as many women partners as possible, we have looked at how men's attendance at these groups impacts on women's lives. We have questioned men about what occurred during the group as an indication of the extent to which the official version of proper content matches men's experiences. In addition, the

overall design has been structured in such a way as to allow for some assessment of areas of concern by all interested parties, and to provide information which can be used by policy makers and service providers. This chapter describes the final research design and procedures.

2. Research Design

Methodological difficulties in doing research about the effectiveness of intervention programs for men include: the difficulty of obtaining satisfactory control or comparison groups; problems of obtaining accurate base line data; difficulties with surveys being administered by program staff who may inadvertently complicate or confound the process; sampling problems; and background variables beyond the control of the researcher (Gondolf, 1993; Follingstad, 1990; Dobash & Dobash, 1990; Eisikovits and Peled, 1990).

In developing this study, the research team was aware that some criminologists would see a quasi-experimental design, with men assigned to programs on a random basis and with some possibly receiving no treatment, as the only way ultimately to evaluate these programs. We also were aware that some commentators may be critical of any study that did not include strong "outcome" measures (eg. data from police records or other independent sources on whether or not assaults were continuing). However for a number of reasons it simply was not possible to satisfy all of these criteria. Managers of the 8 programs which volunteered to take part in the study all considered that it would be unethical to deny a place in a program to a man, once he had approached them or had been referred. The fact that programs were geographically dispersed made it impossible to refer men to them on a random basis. Finally resource constraints meant that it was not feasible to conduct extensive record searches.

The investigators chose to use a battery of different methods of examining the process, content and impact of the programs under scrutiny. They include:

- i) A survey of male clients before and after commencing the program
- ii) In depth interviews with program staff
- iii) In depth interviews with a sub-sample of male participants
- iv) In depth interviews with a sample of female partners
- v) Examination of program documentation and process, including examination of the process of referral, program history, philosophy, source of funding and content, information from Dept H&CS internal survey (1992).
- vi) Direct observation of some groups

Several pilot studies were necessary in order to develop a process which maximised men's likelihood of involvement, and to find instruments which would give maximum information without reducing men's willingness to co-operate. Between October 1992 and January 1993 several pilot studies were carried out to determine the best way of approaching men with regard to involvement in the study, and how men coped with a range of different measurement instruments.

On reflection, we are not disappointed that a more scientific model could not be used. As Edward Gondolf and others point out, despite the fact that approximately 30 such studies have been carried out in the U.S., the picture is still inconclusive. Rather than merely

making another contribution to this mass of accumulating and contradictory evidence, we feel we have at least been able to make headway in understanding what programs try to do, and in answering some key policy questions.

2.1 Sample

Eight Victorian suburban agencies conducting groups for men volunteered and were able to take part in this study. Pilot studies took place between October and December 1992, and data collection took place between January and September 1993. Groups normally consisted of anywhere between 6 and 15 men in each group.

It is important to note that all programs in this study involved staff who participated in V-NET. This network presently consists of some 62 individuals and agencies, mainly working within Victoria's health, welfare and corrections system, who are currently working with violent men towards changing their attitudes and behaviour. V-NET liaises with government departments and other community networks. The network meets monthly and works on issues of accountability, standards of practise, supervision and training of workers. It conducts on-going in-service training workshops/ seminars for people working with violent men. In addition, the V-NET liaises with tertiary institutions, assists in placement of tertiary students, assists researchers, and acts as a clearing house for the exchange of information between Australian workers and interstate/ overseas workers.

V-NET
re
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Demographic information was obtained from a total of one hundred and sixteen men, (including pilot studies). After pilot studies and questionnaire development and modification, a sample of eighty seven men was tracked through attendance at seven groups. Twenty four men dropped out at some stage of the program, thus follow-up data were collected sixty three men.

A total of fourteen (out of a possible total of sixteen) group leaders were interviewed, three leaders were female and eleven male. Thirty two male participants, and twenty nine female partners (not necessarily the partners of men interviewed) volunteered to be interviewed.

2.2 Procedure

In the early stages of the project, agencies were visited in order to establish links with program staff, and discuss how the study was to be conducted. Pamphlets, handouts and any other documentation about the men's group was collected from each participating group. Permission was obtained to access material from a previous Department of Health and Community Services survey of groups. Program staff were interviewed.

A short questionnaire was routinely completed for male clients either at the intake interview by program staff or by the men themselves on the first meeting of the group. The men were told that this information was gathered routinely by the group, and that it might at a future date be used for research purposes, in which case they would be asked for permission before this information was released. Most men completed the questionnaire without any difficulty, and apparently without feeling pressured.

Several weeks later, after men had been attending a group regularly, the topic of research was discussed (in the group) and the men asked by program staff if they were interested in being involved in the study, either by agreeing to release the previously collected information and filling out a similar questionnaire at the final session of the group, or by volunteering to take part in an interview about their experiences before completing the program. Men were also asked at this time if they thought their partner or ex-partner might be interested in speaking with a female researcher about their experiences.

By this method, questionnaire data at commencement and termination was obtained from men attending seven different groups. Information at commencement stage only also was obtained from men who took part in several earlier pilot studies.

2.3 Instrumentation

Quantitative data were collected from eighty seven men pre and sixty three men post group commencement, by means of a thirty six item survey type questionnaire (see Appendix A). This survey included demographic information, as well as self report measures about the type and frequency of violence or abuse which had taken place, use of alcohol, and four attitudinal questions.

These attitudinal questions included items commonly used in scales measuring attitudes towards women, such as "Do you believe that men are naturally more aggressive than women?"; "Do you think women are better at child care than men?"; "Do you think women are more emotional than men?"; and "Do you think that a man should be the head of the household?".

In addition to this, a six item brief anger and aggression questionnaire (BAAQ) for measuring proneness to anger and aggressive assault was included. This scale had been used in previous studies of groups for violent men, and had been proposed as an indicator of whether or not aggressive individuals should be released from psychiatric institutions. The scale has been developed by Maiuro, Vitaliano & Cahn (1987) for the identification of anger and aggression levels in violence prone men. It has been used with similar samples to that in the present study, that is for domestic batterers, as a brief anger-aggression screening measure.

Questions are:

- i) When I really lose my temper, I am capable of hitting or slapping someone.
- ii) I get mad enough to hit, throw, or kick things.
- iii) I easily lose my patience with people.
- iv) If someone doesn't ask me to do something in the right way, I will avoid, delay doing it, or not do it at all.
- v) At times I feel I get a raw deal out of life
- vi) When I get mad I say threatening or nasty things

In discussions for BAAQ scale its authors warn against its use in clinical contexts for samples of men dissimilar to those for whom it was developed. The samples on which the measure was developed were entirely male, largely court referred, and biased towards lower socio- economic strata. Although most men in the present study are not court referred, they are similar in almost all other respects. That is, they are male; biased towards lower socio- economic strata; and many have had involvement with police and intervention orders.

In terms of construct validity the scale has been rigorously tested and according to its designers:

"may be best viewed as a measure of overtly expressed anger characterised by generalised irritability and a tendency to act in an aggressive and violent fashion" (Maiuro et. al, 1987, p171)

It is considered to possess a satisfactory degree of item stability and reliability ($r=.84$). The findings of controlled experiments indicate that the BAAQ is able to discriminate samples with anger and violence problems from non-violent men in samples similar to the ones used in Maiuro et al's study (1987).

In terms of measuring changes arising from interventions, the measure has a high degree of criterion validity, and is:

"sensitive to changes in psychological status and support interpreting resulting scores as a measure of current proneness to anger dyscontrol and assault". (Maiuro, 1987, p173)

This scale was included as a means of assessing any short term changes in the men taking part in the research.

Quantitative data were analysed using SPSSx.

Qualitative data were collected in fourteen semi-structured interviews with program staff. Interviews encompassed staffs' beliefs about their work, the process and content of their program, as well as their understanding of the program philosophy (see Appendix B for interview schedule). Additional descriptive information about the groups was obtained by collecting program handout, pamphlets, and information from a 1992 Department of Health & Community Services internal survey of groups for men (see Appendix E).

Thirty two interviews were conducted with male participants. Issues covered included their experience of attending the men's group, their understandings about who or what was responsible for their violence, what impact they believed the group had on their attitudes and behaviour, and their future plans for personal development (interview schedule at Appendix C).

Twenty nine women were interviewed about their experience of men attending the men's group, and what impact this had on them. Women were asked about how safe they believed themselves to be, and whether or not they had made decisions about staying or leaving on the basis of their partner's attending the group. They were asked about the nature of any contact they might have had with the group, or program staff, what they had been told about the group, and by whom. (interview schedule at Appendix D)

3. Problems and dilemmas

3.1 Selection difficulties

Many groups were approached to take part in this study, but logistical problems precluded several from becoming involved. The study has also been limited by the small numbers of men who normally take part in the groups, and the availability of groups at different participating centres throughout the year. Some centres offer only one group in the course of a year, whilst others are able to offer more than one. Starting times were staggered throughout the year. Having said this, it must be pointed out that this is a multi-site, multi-group study, which has not to the knowledge of the research team been attempted before in Australia.

Because Victorian groups are not connected with any court mandated or statutory clients, the researchers did not have any control over how men arrived at the groups, or which men decided to attend a particular group. In part for this reason, there is no random assignment to groups in an experimental sense.

3.2 Involving women in the study.

As with male participants, several different methods of obtaining information from women were attempted in pilot studies. When this study and pilot studies were commenced, some programs were not routinely contacting partners. Other groups were only prepared to involve female partners if men gave their permission for them to be contacted; consequently some of these men were not willing to give this permission (program staff interviews).

It was believed to be inconsistent with the philosophy of the study to put any form of pressure on women already living in extremely difficult situations, or at a time of crisis. The idea of survey questionnaires was felt to be too intrusive, in some situations possibly provocative, and somewhat crude with regard to establishing and clarifying exactly what women said they were experiencing. It was decided to gather information from women by face to face interview only, with a female interviewer.

The formula which eventually proved most successful was for program staff to discuss the research with women when they were doing a routine telephone call, or when the women were attending the agency for counselling, or attending a women's group.

Women who had volunteered were contacted by the researcher (female) and were told more about the study and exactly what was required. Women were offered:

- i) an interview in their own home, at a convenient time when their partner was not around;
- ii) an interview at the centre where the group was conducted;
- iii) a telephone interview with the researcher at a time nominated as convenient by the woman;
- iv) an interview at some other location which was comfortable for the woman and nominated by herself.

Whenever women were interviewed they were also given a copy of the interview schedule so that if they wanted, they could add any thoughts which came up afterwards and mail them back to the researchers.

Women who volunteered to be interviewed did not always want to be tape recorded. Reasons given often involved husband or partner's perceived senior status at work, or they thought program staff might not like it if women were critical of the men's group. There were also instances where men had "volunteered" their partner to be interviewed, without actually discussing this with the woman first.

On several occasions, the interviewer arrived to find herself the first on the scene (from the woman's perspective), to be faced with a crisis or near crisis situation. In these situations, the researcher abandoned or postponed the interview, instead giving the woman information about her rights, exploring with her possible options, discussing alternative sources of help, supporting her in her decision, and informing the men's group leaders that this woman's situation was cause for serious concern.

Seven of the women interviewed were not living with partners. Some had separated permanently, and others were still living in the family home while he had moved out, either temporarily or permanently. Some said that they were still committed to the

relationship, but refused to live with their partner until the violence or abuse had been dealt with.

As was the case with interviews with males, women partners in the study were a self-selected sample: we were only able to interview women who had volunteered. Women who did volunteer said they had done so because they felt they had something to say, and urgently wanted people to hear it, regardless of whether it was positive or negative.

3.3 Ideological dilemmas

Some problems arise from ideologically based beliefs about what is ethically or morally correct practice for feminist researchers, particularly where abused women are involved. Conflicting views exist on the topic of abused women's involvement in research of this type. On the one hand it can be convincingly argued that it is unethical to make further demands on women at a time when they may be going through a family crisis, or that being involved might place them at further risk. On the other hand, it is not possible to gain a clear assessment of the impact of programs for men without obtaining information from those who are in the best position to judge, that is, the victims. The researchers in the present study made the decision to involve women wherever possible, but to do so in ways which minimised the likelihood of any negative consequences.

Another major dilemma facing family violence researchers is the conflict between feminist criticisms of the methods of social science, and the need to generate solid and replicable data. We have attempted in this study to reconcile the need to obtain detailed information, currently unavailable, about men who attend, with a quantity of other information relating to the conduct of groups, and the possible consequences of men's attendance, including what this means for women partners.

By the additional use of qualitative and descriptive information, it has been possible in this study to generate a substantial quantity of new information about the process, content, practices and impact of these groups, both on the men attending and on the partners of men.

The researcher has endeavoured to find a "best fit" solution to all of these methodological and ethical considerations. Given the constraints of time and resources, we have endeavoured to provide as broad and detailed a picture as possible to use a variety of different information sources, and to provide both quantitative and qualitative information about the programs investigated.

3.4 Defining the problem and the outcome

In considering what groups for men are aiming to do, it is necessary to make judgements about what is defined as violence, or abuse, as well as what level of change in attitudes or behaviour constitutes success. Invariably responses depend on how one defines violence, and abuse, what level of change is considered success, and who is asking the questions. It is unrealistic to expect researchers to provide clear and definitive answers, satisfactory to all parties, about the effectiveness of group programs which are addressing complex issues, attitudes and behaviours.

What exactly is meant by stopping men's violence? Does it mean the cessation of physical violence, or behaviour which is definitively illegal? Or does it mean stopping every form of abuse? Does it mean effective in the judgement of the man attending (as is defined by most commonly used self-report measures), or effective in the judgement of his partner, or program staff? In operationalising this research we have looked at:

need to define probt established system
- talk to men?
13
↓

- i. program staff criteria for determining whether or not a group program was "successful";
- ii. change in attitude/proneness to violence measures, and other indicators of severity or frequency of violence, completed by men when beginning and after having commenced the groups;
- iii. men's own beliefs about how helpful/effective the group was;
- iv. Women partners beliefs about how effective and helpful the group was in terms of changing attitudes and behaviour, and whether his attendance had made any difference to their lives;
- v. Reports by men and women regarding whether or not police were called during the time of attendance, whether or not court orders were taken out during this time.

4. Conclusion.

This study is intended to provide detailed, descriptive process information and provide a profile of men who attend groups for violent men. It is not a longitudinal study, and cannot measure what happens to these men and women in the long term, or whether these men will behave differently in future relationships. However, we have some indication of whether or not in the short term there are changes in men's behaviour, attitudes and proneness to violence.

There are too many differing interpretations and levels of meaning in determining "success" or "effectiveness" to give definitive answers in a study of this kind. What can be revealed, however, is how helpful the participants and partners believe the group to have been to them, as consumers, and whether or not participating groups have made any efforts to address feminist concerns about working with men.

By using a number of different approaches to data collection, we have tried in this study to provide a broader picture of what occurs in these groups, and at the same time ascertain how this is impacting on women and families on an every day basis.

The strengths of this study are fourfold: (1) the systematic assessment of each group with regard to the concerns expressed by women's services; (2) the provision of important and hitherto unknown demographic information about the client profile of groups for men; (3) examination of information gathered from separate sources and in different ways; and (4) the inclusion of qualitative interviews provide a level of construct and criterion validity difficult to achieve in purely quantitative studies.

The study has been constructed within a feminist research ethic and has utilised guidelines for the conduct of such research (Mies, 1983). The study provides a multi-faceted picture of what is happening in intervention programs for men in Victoria which was otherwise unavailable until now.

CHAPTER 3: THE GROUPS

Information from Interviews with Program Staff,
Program Documentation and Handouts, Annual Reports,
Department of Health & Community Services, Internal Survey 1992)

1. Introduction.

In Victoria, groups for men are mainly located in community based health and welfare agencies, and those taking part in this research follow this pattern. This is different to many overseas intervention programs which are often located within or as an adjunct to the criminal justice system.

Within community based agencies there is a tradition of service provision by means of small group work. Groups are considered an economical and effective means of providing services, usually as an adjunct to 1:1 counselling services. Most Australian community health and welfare agencies routinely conduct a range of different groups/ classes, such as stress management, assertiveness training for women, and quit smoking groups.

The purpose of this chapter is to provide descriptive information on the eight groups participating in the study. Information has been obtained by means of staff interviews, review of program documentation and hand-outs routinely given to referring agencies and prospective clients, and from an internal survey conducted by the Department of Community Services and Health, Victoria.

2. Profile of Groups

2.1 *Description of groups involved.*

For the purposes of confidentiality, throughout this report participating groups are referred to by the letters A-H.

Group A is held at a Community Health Centre situated in a mainly residential and light industrial area in the outer southern region. This group first commenced in 1989, and serves three suburbs. The aims and objectives of this group are:

"To help men stop their abusive behaviour. To help men take responsibility for their violence. To help men plan to keep their families safe. To help men identify and change attitudes of power and control over others (especially women). To help men identify their insecurities and understand how these effect their behaviour." (Program documentation, 1993)

This centre has a family violence team which facilitates the men's group as well as several other groups relating to violence, including: a group for women victims/survivors of family violence; a group for women victims/survivors of sexual abuse; a group for mothers and children who have experienced family violence. A number of other single sex personal development groups are available for women and men at this agency.

Group B also takes place at a Community Health Centre located in the heart of a busy eastern suburbs residential and commercial area. This group also commenced in 1989. The surrounding area has several large tertiary institutions, schools and colleges and has been a favoured location for many industrial and commercial enterprises. This group aims:

Different criteria in each state? - Mark

"to assist men to develop and practice ways to stop their violence, to confront the potency, range and criminality aspects of their violence, and to accept responsibility for their behaviour" (DH&CS Survey, 1992)

again Another Community Health Centre based group, Group C, takes place in the outer eastern suburbs, near a small shopping centre in a mainly residential area in the commuter belt. This area has developed rapidly in recent times to meet the needs of first home buyers and young families. This centre also serves three suburbs, and the men's group first commenced in 1989. The aims of this group are:

"to have men recognise the power imbalance between the genders, to encourage attitudinal changes towards power and violence, and to establish behavioural changes which prevent/ reduce/ eliminate their use of violence in their family relationships and in the wider community" (DH&CS Survey, 1992).

This centre also conducts a range of other group programs, which it categorises in its annual report as: Therapeutic Health Care Groups; Health Education Groups; Self Help Groups. The men's group is included in the category of Therapeutic Health Care Groups.

Group D was originally auspiced by a Neighbourhood House in a South Eastern region, however, group sessions are actually conducted in a room at a nearby Community Centre, which has more space available. The group first commenced in 1992, as a satellite to Group A, and in conjunction with a local government social services department. Unlike other groups in this study, Group D is not located within an agency setting which provides other health or welfare services: it hires the room on a sessional basis. The geographic area is described by Australian Bureau of Statistics as one of the top 5 growth areas in the state, and is mainly residential. Its stated objectives are:

"stopping abuse, ensuring safety of partner, increasing self esteem in participants, and increasing awareness of feelings, thoughts, beliefs and values and how these affect behaviour (DH&CS Survey, 1992)

Group E takes place at a Community Health Centre in the outer Southern Metropolitan Region, which first began conducting a men's group in 1992. At the time of participating in the study, the men's group program alternated between two Community Health Centres in the region. The first for the year was held at a Community Health Centre located near a small shopping strip in a mainly residential area, but only a short distance away from a very busy commercial and industrial centre. The second group for the year was held at another Community Health Centre further south in a mainly residential and tourist area. The aims of this group are:

"to ensure the safety of individuals and families, to provide men with the opportunity to take responsibility for change, to create an environment which will challenge and support men in the process of change, to enable men to develop greater intimacy in their relationships through improved communication skills, to encourage men to provide a different model of male behaviour and attitudes for the general community (program documentation, 1993).

Group E is part of the "Men's Anger Management Program" and is one component in the centre's range of family services, comprising family therapy counselling (seeing families, individuals and couples), "Parenting Your Teenager" program, as well as a range of other health related services including drug and alcohol services, a youth health program, women's health program, exercise programs, self help groups, health education and promotion activities, HIV/ hepatitis prevention program.

Group F is one of three groups in this study not attached to a Community Health Centre. It was established in 1992 by a church based, non-government welfare agency in a busy Northern Metropolitan Region. It is located in a busy commercial, industrial and residential area. According to program documentation, this agency seeks:

"To provide the community with an integrated approach to healthy sustainable living" (Annual Report, 1993)

The men's group is part of a:

"comprehensive program of education, support and skill development for both survivors and perpetrators of violence, which will empower them to stop the continuation of violence in their domestic and social relationships, and which will assist them to build relationships which are supportive and sustainable" (Annual Report, Group F)

This agency also offers a range of other educational, pastoral and recreational programs. It has developed a formal plan to provide family violence services, and includes a men's program which aims:

"To stop violence: especially in its physical form, but also in sexual verbal, emotional, social and economic forms. The program advocates and teaches moving from relationships of power and control to those of equality and respect. The program providers believe that men can change and can learn other ways of relating to their partners and others." (Program documentation, 1993)

There is a policy and procedures document relating specifically to the family violence program, which is publicly accessible on request.

Group G is the third example of a group not held at a Community Health Centre. It takes place at the premises of a large non-government marriage counselling agency in the Western Metropolitan Region. It is one of four similar groups conducted by the agency at different geographic locations, as part of a range of family support services. This particular group is located in a mainly industrial, commercial and residential area, which has been heavily affected by the recession. The men's group aims:

"To confront participants with the criminal nature of family violence, to have them accept full responsibility for violence, and to promote an understanding of the social and personal determinants of family violence. It aims to teach effective alternative strategies for managing conflict in relationships in order to prevent further violence, and to facilitate the rehabilitation of family relationships and/or to prevent the perpetration of violence in subsequent relationships (DH&CS Survey, 1992)

again Group H takes place at a Community Health Centre in the southern metropolitan region, in a residential area close to a large shopping centre. The group commenced in 1992 and differed from other Community Health Centre based groups, in that it was overseen by a family violence collective, acting as a formal reference group. The aim of this group is :

hm - judgemental philosophy. Too soft or encouraging men to attend/affirming program so far?
"To help men live a future without using violence or threats and to learn even more responsibility in caring in their relationships with their wives/girlfriend/partner and family" (Program Documentation, 1993)

In summary, most of the groups in this study (5 of 8) were associated with Community Health Centres which offer a range of other support services to the general community including such things as dentistry, podiatry, health and medical programs, generalist counselling services, and other group programs (such as quit smoking programs, stress management, womens' groups etc). Community health centre based groups for men are normally conducted outside normal agency operating hours.

Most groups in the study showed a very similar philosophy about the nature of family violence and the provision of service to men. This generally contained statements about men taking responsibility for their violent behaviour, and the criminal/legal implications. All groups mentioned the rights of women and children to live without violence, and to feel safe in their own homes. Three groups explicitly state that they believe that violent men want to change, and given the opportunity will do so. Individually stated philosophies are reproduced at Appendix G.

2.2 Accountability.

An issue in any evaluation is accountability. According to program documentation and information provided by management of Community Health Centres, program staff conducting men's groups report directly to a centre manager or senior executive officer. The centre manager in turn reports to a board of management on all aspects of running the centre, including financial management, administration and service provision. This takes place at management committee meetings. The Community Health Centres' board of management is responsible for the development of all services and financial administration of centre, including the men's groups.

The Family Violence Intervention Program (FVIP) which includes Group F (a non-government agency) is accountable to the "Ministry and Management Committee", and all policy decisions are the responsibility of the Centre's management committee. In addition to this, the policy document also states that:

"It is important because of the nature of working with violence, that the FVIP maintain a high standard of service delivery, and be accountable to the wider community." (Program documentation, Group F, 1994)

In addition to looking at formal program documentation, we were interested in program staff perceptions of accountability, and whether or not they perceived that the "group as a whole" was accountable to anyone. Staff were asked several questions about accountability mechanisms relating to the conduct of the group and about to whom program staff are accountable.

As will be discussed in Chapter 4, all participating groups had two group leaders, a primary group leader, who was usually an employee of the agency providing the service,

and a secondary group leader, or co-leader, who was not necessarily an employee of the agency. With the exception of one, all primary group leaders who participated in this study were employees of the agency where the group was actually held. We therefore asked these primary group leaders to whom they were directly accountable. Primary group leaders from Groups B, C, and E confirmed that they were directly accountable to their Centre Manager. Group leaders from Groups A and F said they were accountable to the Centre's Committee of Management. This is generally consistent with the description of management structures described earlier.

The Primary Group Leader from Group D was accountable to the Co-ordinator of Community Services, Local Government. Both co-facilitators at Group G were accountable to their agency's Supervisor, Professional Practice. Information was not available from Group H, however, it is a Community Health Centre, and as such, the management process is unlikely to be very different to other community health centres.

Secondary Group leaders, who were often not employees of the agency, were also asked about to whom they were directly responsible. These group leaders gave a range of slightly different answers, which included:

- * Clients/ participants
- * Co-facilitators
- * Management Committee
- * Primary Group Leader
- * Community Health Centre
- * Local family violence network
- * other family violence workers
- * Leaders are accountable to each other
- * Centre manager
- * Self
- * Supervisor
- * Partners of participants

In addition, we asked whether group leaders were accountable to any professional body or organisation. Several group leaders said in this respect they were accountable to the Australian Psychological Society (APS), The Australian Association of Social Workers (AASW), and for V-NET (the men's program providers network).

Group leaders of Group E said they were not accountable to such a body, and information was not available from Group H. Most secondary group leaders said they were not accountable to such a body or organisation, but again, some cited APS, AASW depending on the level of their training and qualifications.

Finally we asked whether or not groups had any formal reference group or network who formally supervised or reviewed the conduct of the group. Groups A, B, D and E said no. Some said they were accountable to the Health Centre Committee of Management in this regard.

Groups B and E said that V-NET was informally overseeing the practices of their group. Whilst this network is concerned with standards of practice, and there are a number of agreed upon practices and principles in place, the network does not yet oversee member groups, either formally or informally. Some members of V-NET are involved in a peer

supervision group, which may be what was meant here.

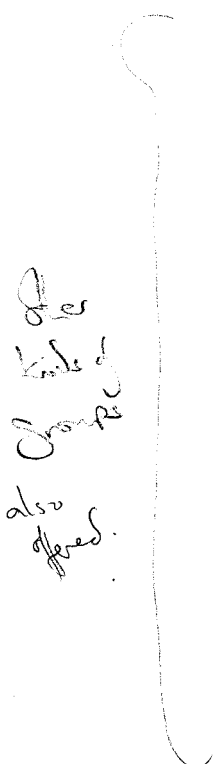
Group C cited a local family violence network as overseeing their work. Group F said they were trying to get such a reference group together, but had not had much success so far.

Group H is formally overseen by a reference group, comprising workers from DH&CS, Family Mediation Centre, Salvation Army, Family Court Counsellors, and community participants including survivors (DH&CS survey).

2.3 Context of service provision.

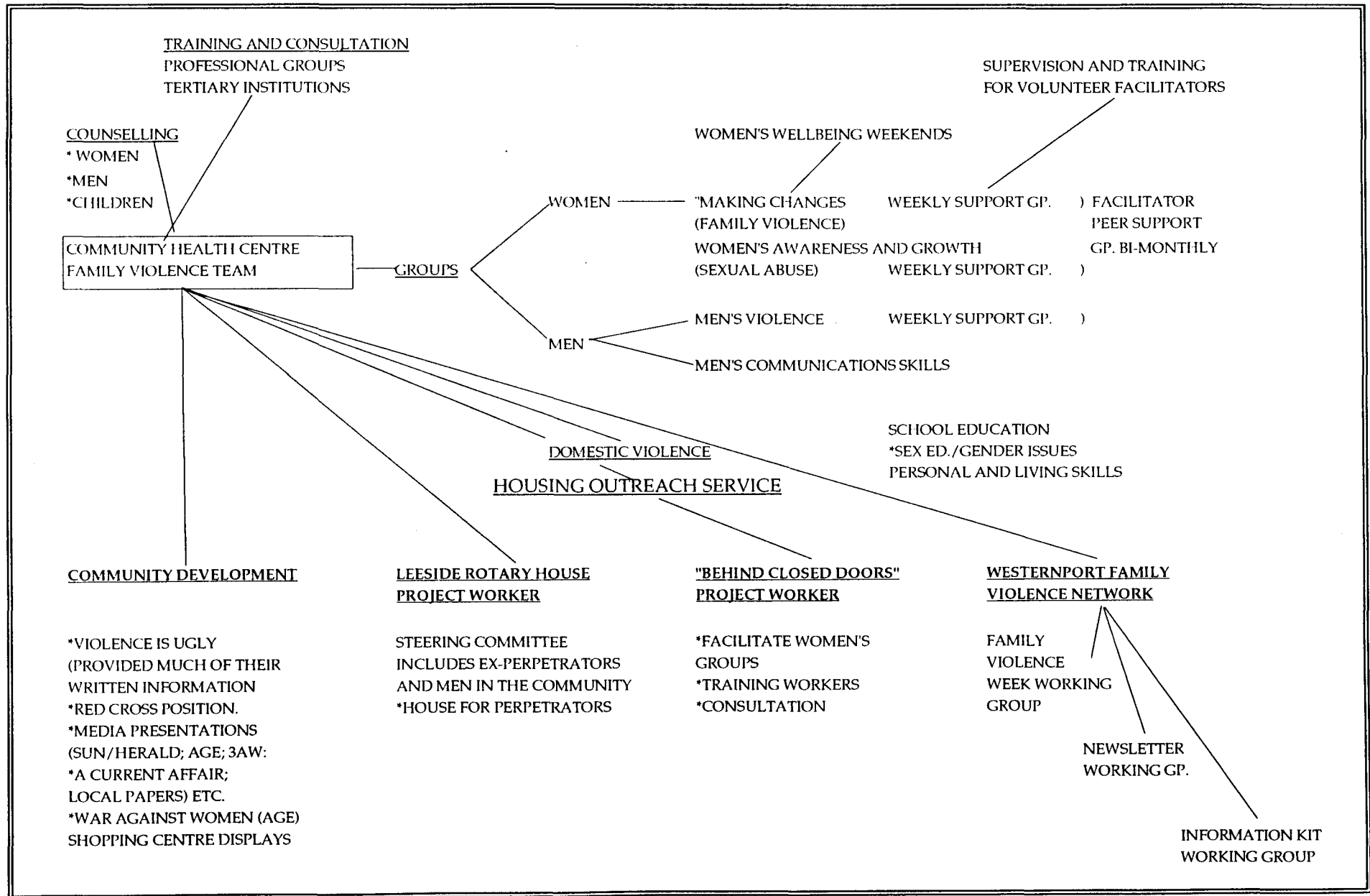
With one exception (Group D), all agencies said they provided the men's group as only one part of the agency's family violence or family support program, which also included individual counselling, information and support services to women, adolescents and children. A typical example of how a men's group is normally embedded within the context of provision of a wide range of support services is shown at Illustration 1. All program staff said that they normally met regularly with other workers and management regarding the agency's provision of family violence services, in addition to involvement with other community family violence networks.

The range of other family or individual services typically offered at Community Health Centres, and non-government welfare agencies where groups for violent men were held, included:

- 
- i. counselling for women, children, adolescents, men (Offered at agencies where Groups A, B, C, E, F, G and H were located);
 - ii. Special support group for women in living in violent or abusive situations, existing independently of men's group (Offered by agencies where Groups A, B, E and G were located);
 - iii. Special group for women partners of men attending group (Offered by agencies where Groups C, F and G were located);
 - iv. Advocacy, information, referral service for women (Offered by agencies where Groups A, B, C, E, F, G and H were located);
 - v. Couple counselling (Offered by agencies where Groups C, E, G¹ and H were located);
 - vi. Personal development courses for women or men (Offered by agencies where Groups A, C and E were located);
 - vii. Educational classes/recreational classes (eg. English language for migrants, community languages, literacy, creative activities, yoga, sports activities) (Offered at agencies where Groups E and F were located);

¹ At this non-government marriage guidance agency, couples normally present together, asking for help as a couple. If workers become aware that violence or abuse is an issue, it is usually suggested that couple counselling be temporarily suspended while the man attends a group conducted by the same agency to deal with this. He and his partner are normally then seen separately, with couple counselling or family counselling resuming after the group has finished. His female partner may be invited to attend a support group for women.

Illustration 1, showing service provision context of men's group.



- viii. Community drop-in/community meals (Offered at agency where Group F was located)
- ix. Spiritual development/exploration groups (Offered at agency where Group: F was located);
- x. Personal Development courses for women only (Offered by agencies where Groups C and G were located);

(Based on Annual Reports and other information supplied by each group)

Only one agency (Group A) mentioned offering childcare facilities for women attending support groups.

Group D had been initiated in co-operation with Agency A, by workers from a local council social services department. Other support services were not in this instance available at the same geographic location as the men's group, neither was the group connected to any other services at the venue where the group was actually held. Where necessary, group leaders said that participants could be referred to other appropriate services via a local council social worker.

Most agencies provided additional services (besides the men's group) specifically for men seeking assistance in stopping their violence or abuse. This generally included the option of 1:1 counselling, information/referral, and an ongoing support group which continued after the violence/abuse group had finished. Access to one of two Men's Houses was available through several groups, although these residential options were specifically associated with Group A and Group F.

Group A encouraged intensive involvement with the agency through a variety of these services. Men were encouraged to take up further personal development by attending classes or groups dealing with other issues, such as communication skills, or literacy & numeracy Skills.

2.4 Funding

It is extremely difficult to tease out the actual costings for the provision of one group (the men's group) in agencies which run a number of other group programs. Annual reports tend to "lump" all group programs together, and financial reports are usually not detailed enough to allow for any accurate assessment of the actual income and expenditure relating solely to the costs of the men's group. However, Annual Reports are available on request to interested members of the public at all agencies where groups for men are conducted.

Recent discussions with H&CS indicate that in the future, a more accurate way of assessing exactly what costs are involved will be to look at the service agreements between H&CS and the agencies, as they will be required to provide unit costings, which will theoretically will make it easier to identify what funds/ resources are being used for men's groups, and require that the agencies systematically gather data on who is using the agencies and so on.

In 1991, the Victorian Department of Health & Community Services (H&CS then CSV) funded 6 programs targeting violent men. The total amount of funding that year was \$25,625. Of the six agencies funded that year, only 2 took part in the present study (Groups

G, A). Group A used the money to fund a community education program targeting men; Group G used the funds to provide a support group for women partners (Group G). During 1992, H&CS funded 7 projects targeting men, the total amount being \$36,527. Only one of these agencies (Group G) took part in the present study.

In 1993, during the life of the present study, Department of Health & Community Services gave grants in connection with men's groups to only two of the agencies involved in the present study. Group D received \$3,500 for the years 1992-3 for the provision of a men's group. The statewide non-government agency managing Group G was in 1993 given a one-off grant from DH&CS to pilot a change in service delivery model, targeting all members of families in which violence had been identified. This grant covered a range of services, and included a grant of \$5,627 to provide a men's group - however this was a different group (at a different location, with different group leaders and was not included in the present research). The Annual Report of the Department of Health and Community Services indicates that for 1993, the total grant, for violent men's groups was \$14,772.

During the same time period, the SAAP (Supported Accommodation Assistance Program, which is joint Federal and state funding) spent a total of \$8.25 million in providing assistance to women and children who were victims/survivors of domestic violence. This amount was made up of: Womens' Refuges - \$6,339,313; Domestic Violence Outreach Services - \$955,000; and Information and Support Services related to domestic violence - \$1,200,000 (SAAP Service Systems Review - 1994).

In the present study, Group H obtained a "General Practice Grant" of \$19,723 for the purposes of providing two groups for the years 1992-1993, from the Commonwealth Department of Community Services and Health. This type of grant must be obtained by a medical practitioner in connection with a community-based health project. (More recently, such a grant has also been obtained by Group E).

During 1993, Group F, which is a non-government agency, received a grant of \$10,000 from the Uniting Church towards the provision of a program for violent and abusive men.

Other Community Health Centre groups for men are funded more indirectly, in that the group is conducted by generalist workers within the agency, the men's group being one of the tasks considered to be part of their normal work. These workers would often be involved in conducting other groups within the agency (such as Quit smoking groups, exercise groups, self-esteem and confidence building groups, women's support groups etc)

Where grants have been obtained, either from government departments, or from other sources, staff say the money is used to provide the services of one or both program staff. Groups for men are sometimes co-facilitated by workers from outside the agency, either voluntary workers, tertiary students on placement, or workers from other agencies who are developing an interest in this work. Sometimes the secondary group leader is unpaid, and provides their assistance on a voluntary basis. This occurred at the time of data collection at Groups B, C, D, and F.

Six of the groups (Groups B,C,D,E,F,G) require that men pay to attend, with the fee being in the order of around \$120 for the complete program. Men are permitted to pay as they go if their financial situation was difficult, or fees are waived rather than exclude men purely on financial grounds. These agencies report that they do not have any difficulty in getting men to pay: the group is presented to men as an "investment". Fees collected from men

went towards paying a co-leader/co-facilitator, or towards materials used, such as reading materials, photocopying, postage; or to pay for the hire of a group room outside of the agency.

2.5 The groups' origins

All participating groups except one said that their group had come about as a consequence of their agency's work with women living in violent or abusive situations.

"The program originated through requests for such a service. Both male and female clients at both health centres involved, and other agencies, had heard of similar programs elsewhere and were requesting access to such groups"... "Requests for service through self-referral" (Group E, program documentation).

"Through assisting women and children in domestic violence, it was recognised that work needed to be done with the men." (Interviews with program staff, Group A)

"It was initiated in response to an increasing number of men and women (both victims and perpetrators) attending the Community Health Centre seeking counselling on account of domestic violence" (Program documentation, Group C)

"An increasing number of requests from women who choose not to leave violent relationships, but who want assistance with stopping the violence" (Group G, Annual Report, 1992/3)

Staff usually cited community demand and their agency's decision to respond to requests from women and men as the reason they had decided to establish the group.

"There is a huge demand, with many men phoning and asking for some type of program... I have worked as a marriage guidance counsellor. I found in this work that so many men couldn't communicate, therefore they needed help; they needed to do work on themselves without their partners" (Program Leader, Group A)

"Community demand" (Program Leader, Group C)

In the case of Community Health Centres, staff felt that they were already working with violent or abusive men who approached the centre on an individual basis, and that they believed working with these men in a group might be more effective.

"We were already seeing these guys on a one to one basis. We believe that working with abusive men in groups is more effective and speedy than individual counselling in most instances. The centre has to make effective use of resources and time." (Program leader, Group C)

One group originally came about in slightly different circumstances. There had been a feeling amongst local family violence workers that a group was needed in this particular area. A man was referred to attend a men's group (by a certain date) by a magistrate, however at that time there was nothing available. Local council social workers decided to

establish a group with an experienced leader from another group acting as co-facilitator, and so this group originally came about somewhat earlier than would have otherwise been the case. In retrospect this worker felt that this had not allowed sufficient lead-in or preparation time to establish the necessary links with support services. (Program staff, Group D)

3. Program Entry

3.1 The referral process.

The term referral, as used by program staff, means the way in which men first heard about the group, or refers to the person who suggested that they attend. It does not mean the formal referral process in the sense used by medical practitioners involving letters of referral. There are in this sense, no formal referrals taking place. (See Chapter 5 for our analysis of how men first heard about groups).

The way men hear about and attend the group, and whether this is voluntary or mandated by courts is believed to be a significant factor in the impact a group might have. (Gondolf, 1990; Gondolf, 1993; Ganley 1981; Goolkasian 1986). The groups included in this evaluation differ from those in many of the overseas studies in that in the present research the men attended in a voluntary capacity and had not been referred to attend by a court.

Many program staff described men as being "self-referred". There is some dispute about how "self-referred" men actually are in situations where a female partner has said that she will leave unless he takes active steps towards changing his behaviour. These men may be primarily motivated to attend for fear of losing their partner.

Many groups stressed that they preferred men to make the initial contact themselves as a means of encouraging them begin to take personal responsibility for their actions. Most program staff said that they would prefer men to be able to find out about groups for themselves more easily, from the phone book, from other men, or for groups to be more widely known in the community.

If a man's partner or someone like a general practitioner first contacts the group, they are given information about the group, or sent pamphlets explaining what the group is about, and are urged to ask the man to make direct contact with workers. If the man is seen and then decides not to attend or is believed to be unsuitable for the group, the referring person is advised of what has occurred and invited to contact workers to discuss other possible options.

Most program staff cited several fairly common sources of referrals, including the following:

- i. Men hearing or reading about the group and referring themselves;
- ii. Psychiatrists referring men to group;
- iii. Female partners hearing about group and urging men to attend;
- iv. Men being told about group by other health/ welfare/ counselling agencies;
- v. Men being referred by facilitators of other men's groups if their own group was currently full, or there was a group closer to where the man lived);

- vi. Men being told about the group by private practitioners, or other counsellors, including other workers in same agency (eg. midwife/baby care nurses, doctors);
- vii. Men being referred by other men who have previously attended group ;
- viii. Men being referred by Department of Justice, Corrections Division (men being referred by Community Corrections Officer, as part of personal development plan);
- ix. Men being referred by Department of Health & Community Services duty social workers or child protection workers;
- x. Men being referred by their doctor or General Practitioner, after seeking help at medical practice;
- xi. Men being referred by drug and alcohol agencies;
- xii. Men being referred by clergy/ religious leaders;
- xiii. Men being told about the group by telephone counselling agencies, such as life-Line, Red Cross Men's Referral Service, or other domestic violence services.;

Staff were unable to quantify which of these was the most frequent way that men came to the group, and said it varied from one group to the next. The type of referrals at any given time may reflect what is going on locally with regard to community education or media campaigns on the topic of family violence, or workers involvement with family violence networks. (More information on this topic as a result of the surveys completed by participants in this study is given in Chapter 5.)

3.2 Expectations of the group

Staff believe that referrers often have unrealistic expectations of what the group can or will do for men. Some commented that referring agencies know little about the groups:

"Most referrers don't have realistic expectations, family members often have unrealistic expectations. Miracles, basically. There is an expectation that places are always available, that programs run continuously, and that the group will change the man's attitudes straight away." (Program Staff, Group C)

"Referrers expectations are often unrealistic, many think the group is only about anger management, and that the men are going to change overnight." (Program Staff, Group H)

Many program staff said that referrers often assume that attendance at the group will automatically bring about a cessation of the man's physical violence, and are not always concerned with other types of abuse or violence the men are involved in.

"Some referrers, for example CSV, Office of Corrections [sic] make an assumption that the group will stop men from being violent. We have an

intimate knowledge of just how likely these men are to be violent. Generally counsellors are more enlightened and realistic in their expectations." (Program staff, Group A).

Comments were made about workers in some agencies assuming that men were "having problems with their anger" (which could presumably be "fixed"):

"Referrers expectations can be varied. Many see the man as "having a problem with his anger", and are glad there is somewhere they can send him." (Program staff, Group B)

"It varies a lot. Often referrers think that the problem can be "fixed" and then he can go back and do other stuff with their agency."
(Program staff, Group E)

Program staff said that other agencies sometimes saw the group as a convenient place to "dump" difficult or intractable clients:

"For other referrers, its a bit hit or miss; they don't really care what happens as long as they have somewhere to send him." (Program staff, Group E)

"They expect we'll take them off their hands and do something with them."
(Program Staff, Group F)

Program staff believed that where these sorts of assumptions were being made, referrers did not take into account that, if the program was to have any significant impact, there had to be a considerable level of commitment on the part of the man to work towards change. Program staff believe that referrers need to understand and be able to communicate to men that working towards change is a long term process, perhaps needing hard work over several years. They believe that when men realistically appraise their situation, there is more likelihood of them persevering in their endeavours, having the necessary commitment to change, and being able to cope with set backs, disappointments and conflict without resorting again to violence or abuse:

"There are no "quick fix" solutions. Men must understand that they will need to work on themselves long after the life time of this group: usually they are looking at working hard over approximately two years; and even then they will still be having to reflect on their attitudes and behaviour from time to time"
(Program leader, Group C);

"After doing the initial work here, it's really a life-long process of growth. It's really important that men realise this." (Program leader, Group B)

"If they send men to us, the men need to know that this is only the first step on a long journey" (Program Leader, Men's Group).

Most groups attempt to contact new referring agencies and provide them with more detailed information about the men's group, as well as educating them on their philosophy, practices and procedures:

"We send out a flier, with a brief summary of the main goals of the program, or

speak on the phone for about half an hour about the program. Ideally, we would like to be able to visit referrers, and to do some outreach." (Program Staff, Group C)

"We give everyone in the local region a copy of our philosophy, describe our courses, and send a memo about the different kinds of groups." (Program Staff, Group A)

"We tell them on the phone what the program is about, and we send out a flier which says a little bit about it, and when the next program is starting." (Program Staff, Group F)

Some groups said that they regularly give talks locally about the group, and philosophy and purpose:

"We give talks about the aims of the group, do mail-outs, send out fliers, and have a 4-5 page summary of the aims and objectives of the group which we send out." (Program Staff, Group B)

3.3 Court/ Correctional System Referrals.

Almost all groups involved in the study said that they had been approached at some time to accept referrals from courts or community corrections offices. In the case of community corrections offices, the approach was sometimes made by the man himself (saying he was acting on the instructions of his community corrections officer) without any preliminary contact from workers concerned to ascertain whether or not the group would be suitable for the man, or whether the group would be prepared to accept him.

All groups were prepared to accept men awaiting a court appearance in connection with criminal assault charges, intervention orders, restraining orders, or who were on bail, although some made caveats saying it would depend on the individual circumstances. Similarly, staff said they would probably accept men who were referred by a magistrate or other court officer. Again, this was conditional upon certain features of the individual case, and upon men's readiness to take responsibility for their actions:

"A court referral would be accepted conditional upon the man's motivation to attend, and his preparedness to accept responsibility for his behaviour and the process of change." (Program Staff, Group E);

"The program accepts men who are currently awaiting court appearances for either criminal assault charges, intervention or restraining orders. To date, none of the clients have been office of corrections clients on community based orders." (Program Staff, Group D).

Staff usually believed that a group could cope with one or two such clients, but any more than that would seriously change the dynamic of the group, which relies a great deal upon peer pressure from other men with varying levels of motivation. Some staff were not enthusiastic about court mandated referrals, suggesting that a different sort of group, within the correctional system might be more appropriate:

"The program would accept men currently awaiting court appearances. This group prefers to limit the number of non-voluntary clients, as some men only attend to fulfil conditions of the court order. This group has accepted Office of

Corrections clients. Non-voluntary clients have a lot of other issues, and may possibly need a different type of group to this." (Program staff, Group C)

There was concern about courts making referrals without adequate knowledge of how the groups usually operated, or what sort of men might not be accepted into a group. This had on one occasion led to a group being started prematurely, and without the necessary contact or support services for women partners in place:

"In the last group there were men who had attended on account of court orders. One was sent from a magistrate, and part of his sentencing was that he was to attend and complete a program such as this by a certain date. This was not so much policy as court ordered. There wasn't at that time a date for a group to start, and this put pressure on the group to start up." (Program leader, Group D)

In this instance there had been no other group available in the region (or in any other region): others were already in progress, or were not due to commence until after the date the court had specified. As it was he had to travel a considerable distance to attend.

Program staff were also concerned about potential misuse of the group. They believed some men might try to use their attendance at the group in order to make a good impression in court, to avoid intervention orders, or to make a more favourable impression with regard to custody and access of children:

"Court referrals are accepted, however it would be stressed to such men that attendance is not for the purpose of influencing court outcome. Men would be encouraged to attend court in order to assent to orders rather than to defend themselves." (Program Staff, group G)

The issue of whether or not to give reports to courts regarding men's progress was also an issue about which program staff had strong views, several having been asked to provide such reports. Some program staff felt strongly that a group should give courts no more than an attendance report, together with a letter indicating that mere attendance was no guarantee of change in attitude or behaviour:

"Generally, court reports would not be issued. We have done so on only one occasion, where the man was also in 1:1 counselling, and was known more intimately. We have refused on other occasions where we only know the man in the group." (Program leader, Group A);

"Men are only accepted on the premise that the program will not provide them with any court reports." (Program leader, Group D);

"We would only issue a letter saying that the man had attended regularly, or was attending. We would tell the court that we cannot guarantee any change in attitudes or behaviour." (Program leader, Group C).

Whilst all groups were prepared to accept the occasional referral from courts in certain circumstances, Chapter 5 will show that there is no evidence in the present study to suggest that groups are often used in this way.

3.4 Typical intake process.

Most groups follow a similar intake process. The agency (group leader) receives a phone call from a man saying he has problems with violent or abusive behaviour. He is then given a verbal briefing on services that the agency provides, and is told where the facility is located. Sometimes he is invited to attend a men's support/ discussion group before committing himself to joining a group:

"The man has to make the initial contact. If appropriate he is placed on a waiting list. If he indicates that his partner or children are not safe with him, we advise him to leave the relationship, and provide him with accommodation possibilities. Written information is sent out to him in the mail. If he remains interested, he is asked to ring and make an appointment for an interview. He attends an interview just prior to the group beginning." (Program leader, Group B).

Some men call agencies for information, or perhaps even attend the centre for an interview, but then do not make it as far as attending the group. Program staff were not always able to comment on why this might happen, but some had been involved in this type of situation and had ideas about what might have occurred:

"One man didn't turn up after the first assessment. He was very threatened by the idea of our contract on non-violence." (Program leader, Group A);

"This has only happened once, and whilst we are uncertain of the actual reason, it was felt at the time that he might have been able to return to his partner after a separation." (Program Staff, Group B);

"A number of men have expressed an interest but have not followed through when they received more information." (Program leader, Group D).

If the man decides to pursue the matter further, a fairly extensive intake interview normally follows, conducted by one or both group leaders. Most agencies also administer some kind of questionnaire to ascertain the extent, nature and frequency of the violence or abuse.

Groups C, D, H, then ask the man to sign a written contract of non-violence (i.e. no physical violence towards their partners, or any other person, during the life time of the program), and other groups usually make a verbal agreement about regular attendance and non-violence during the period of attendance. At this point most send a letter to the man's partner advising her about his attendance at the group and offering information about assistance, and support services for herself.

3.5 Selection: Inclusion/Exclusion Criteria.

Groups believe that an important factor in achieving individual change is the suitability of the men who attend in terms of their ability to actively take part in group work and benefit from the group. Any evaluation must therefore consider who is accepted and who is rejected as unsuitable, and how groups deal with situations where they believe they have made a wrong decision to accept someone into the program.

Group H is unique among the groups in this study in that it had a relative "open door" policy of accepting almost all men into the group, including men with drug/alcohol problems, men with a history of psychiatric illness or disorder, men who were on bail, and

men referred by courts and corrections officers. Nevertheless program staff maintained that men would be asked to leave a group if they attended under the influence of drugs or alcohol. Men were refused admission to this group if they were not prepared to provide the name and address of their partner, or refused to be involved in pre-existing research/evaluation, which included the release of medical records to researchers.

All other groups indicated that they would refuse to admit men in certain circumstances, although the circumstances considered relevant varied slightly from one group to another. Almost all groups required that there be at least some level of acceptance of personal responsibility for the violence.

"A man could be considered unsuitable for the group if he did not feel he has a problem with anger/ violence; he did not agree to his partner or ex-partner being contacted throughout the course; he was not able to commit himself to attending at least ten sessions of the course; if in our judgement he could not cope with the group processes, or had limited capacity for insight/ potential for displaying awareness of others in the group; or if he was in the throes of family court battles" (Group leader, Group B);

"The program would turn someone away if they weren't taking responsibility at some point or level for their behaviour. The acceptance of men with psychiatric problems is discretionary. The problems of accepting men with drug or alcohol problems are an ongoing struggle." (Program leader, Group D).

Most believed it was difficult or inadvisable to admit men with severe drug or alcohol problems, and either did not accept or restricted the numbers of these types of referrals:

"Men are excluded where there is an active drug or alcohol abuse problem. About four or five men are refused each year, or approximately one per group intake. The group limits the number of Office of Corrections referrals per group." (Group leader, Group C).

Neither would groups tolerate men attending while under the influence of alcohol or drugs:

"Men would be excluded from the group if they were intoxicated or under the influence of drugs; if they were unprepared to commit themselves to the 15 week program, or if they were unprepared to provide the name and address of his partner." (Program leader, Group H).

Similarly, most program staff believed it would not be possible to do effective group work with men who were suffering from certain types of psychiatric illness, physical disability, or intellectual disability:

"About six men each year are refused entry to this group, that is about two men for each group intake. Men would be refused if they were not showing any glimpse of responsibility in the initial assessment, if there was an intellectual disability, or profound hearing impairment. In the last group, one man was asked to leave and one dropped out." (Group leader, Group A);

"Men are excluded where there are psychiatric problems; alcohol abuse; or

where men are not sufficiently motivated to attend. Approximately 6-8 men would be excluded each year, or approximately 2 per group intake." (Program staff, Group F).

One group mentioned difficulties associated with working with men from different cultural backgrounds. Other groups had accommodated such men in the past with varying degrees of success. Some non-English speaking background men were interviewed as part of this research (See Chapter 7):

"A man could be excluded if there was no acceptance that he has a problem with anger management or is unprepared to accept responsibility for change. Men would also be excluded if anger was associated with significant drug/alcohol issues or psychiatric illness. Similarly it would not be possible to include men who had significant language or cultural difficulties. About 6-9 men are refused as unsuitable each year, about 3 per group intake." (Program leader, Group E).

Two groups said they would probably not be prepared to accept perpetrators of child sexual abuse, although this question was not specifically asked:

"Men would not be accepted where there was significant intellectual disability, an untreated psychiatric disorder. Child sexual abuse perpetrators would not be accepted (depending on group constituency)." (Program staff, Group G);

"At the present stage, this group is not prepared to accept men who have been involved with sexual abuse of children or incest.. This is because we feel we would require more training to run a group of this kind" (Program staff, Group H).

3.6 Program Retention.

Of considerable interest to stakeholders is the issue of retention and drop-out rates. While there are some definitional problems with ways "drop-out" is counted, staff were asked whether or not men were ever asked to leave, whether they ever simply dropped out, and if the program staff knew why men had dropped out.

Most staff reported that theoretically men could be asked to leave and several said it had happened:

"Yes. It has happened in every group. This has occurred when men have missed one session and are going to miss a second one. One man was asked to leave the group because his behaviour was too erratic and he needed intense ongoing personal counselling." (Program leader, Group A).

Two groups (Groups A and C) had a policy of requiring 100% attendance: if men missed more than one session, for example owing to illness, they would be asked to drop out of this group and attend a men's discussion support group while waiting for the next group to start. It was considered essential that men be exposed to the content of each session. Several groups are now moving towards this full attendance requirement.

Other groups mentioned other reasons for asking men to leave, including violence against their partner and men being unprepared to accept the ground rules of the group:

"If a man was continuing his abusive behaviour while participating in the group; if he was disruptive during the course; if he was missing more than 3 sessions; if he attended the group while under the influence of alcohol or other drugs" (Program leader, Group B);

"Men could be asked to leave where attendance has been poor (moving towards if they miss more than two sessions); if they are continuing criminal violence towards partners or children; if there are attitude/ behavioural problems in terms of group dynamics and rules. So far no-one has ever been asked to leave. So far this has never happened." (Program staff, Group C);

"Men could be asked to leave if they were really not taking responsibility, disrupting the whole of the group, or if their own needs were too much." (Program leader, Group D). Some groups were prepared to give men a second chance if they were being disruptive in the group:

"So far no-one has ever been asked to leave, however this could occur. A man might be asked to leave if there was ongoing lack of control of anger, or abusive language and behaviour in the group. Men might be asked to leave if it was felt they were disrupting the group progress or not benefiting from being in the group. In this situation, a man would be first spoken to privately about concerns, and given a chance to change before asking him to leave. He would be offered an alternative service." (Program staff, Group E).

Another group said that while they had never so far asked anyone to leave, they would not do so without consulting the other men, and making a collective decision to which staff would have to agree:

"To date no-one has ever been asked to leave. Possible scenarios where men might be asked to leave would include situations where men arrived drunk or under the influence of drugs more than once.... Men could be asked to leave on the basis of a group decision based on issues of re-offending, showing no inclination to change etc. Program staff would also have to agree." (Group leader, Group F).

Staff were also asked to comment on the sort of men who dropped out (see also Chapter 6):

"One man dropped out of the last group, because he had missed a session. He was 34 years old, a middle class white collar worker. He may come to the next group." (Program leader, Group A);

"In the last group 3 men dropped out. One was a 41 year old tertiary educated man, the other two were both aged 30 and had been educated to form 3 level, and were unemployed. The first man was a referral from CSV: when CSV withdrew from the case, he withdrew from the group. The second man dropped out owing to illness, he attended the first session, and then had to go back into hospital. The third man attended the third session only. He also was a CSV referral and was heavily involved in a court case at the time." (Program leader, Group B);

"In the last few groups, the only drop-outs have been on accounts of men moving inter-state or overseas." (Program leader, Group C);

"In the last group two men dropped out. One of these men was an alcoholic, and was also living in a men's house. Confronting his own issues at a deep level was too much for him. The other man who dropped out said he had a stunning insight one night and never came back. He has not returned phone calls since." (Program leader, Group D);

"In the last group, four men dropped out. One man had head injuries which inhibited his capacity to participate or benefit from the group. Another man said he didn't believe it was useful. A third attended five sessions before dropping out on account of a family crisis. The reasons for the fourth man leaving are unknown." (Program leader, Group E);

"Two men dropped out from the last group. One was threatened by looking at his behaviour and emotional issues brought up in the group. The other person was not popular with the group, had grown up in institutions, and was so psychologically brutalised that he found it difficult to look at himself." (Program staff, Group F)

From this we can perhaps conclude that staff are sometimes, but not always in a position to know exactly why men drop out. It seems more likely that where there are practical reasons why men cannot continue to attend, they are likely to advise program staff of why they are leaving. However, the information given by program staff indicates that for some men changes in their life circumstance necessitate leaving the program, while others have difficulty confronting their own attitudes and behaviour in the group setting.

4. Partner Safety

4.1 *Contacting partners*

When this research began, not all participating groups routinely contacted female partners of men attending the groups.

"We didn't contact female partners for this group; however we are moving towards the position of doing that for future groups. We wouldn't consider involving partners in the ten week program, except at the end by interview." (Program leader)

During the duration of the research and data collection, at least three programs claim to have changed their policy and process on this issue. For example, one group has moved from a position of no partner contact unless the man gave permission, to running several special sessions for women partners. It now has a full length parallel women's support group.

While it cannot be claimed that the research process itself was responsible for the changes implemented, feedback was given to groups as a matter of course throughout the study. Community development and policy work of the Victorian Network for the Prevention of Male Violence (V-NET) also seems to have had considerable influence on group processes and practices during this time. Feedback on the research was also routinely given to V-NET, and to any other stakeholder (including women's services) who requested information.

Although only one program relied on this means of contacting partners, several programs assumed that written material taken home was shown to wives. Some programs assumed that women partners were "contacted" by men taking home written material. As Chapter 8 will show, however, many women said that they had not at any time been contacted by the men's group, even where the men's group had indicated that they would normally do so.

In some cases, contacting women partners would not have been easy, but was still possible. Clearly, in cases where women partners had left, and where the man genuinely did not know where she was, it would not have been possible for program staff to contact women. Program staff said that attempts had been made to contact women in the following ways, some groups used more than one method to ensure that women were contacted:

- i. A letter had been mailed to women giving information about the men's group, and inviting women to contact the centre for further information or assistance for herself. This occurred at Groups: A, B, C, D, F, H;
- ii. A letter was sent to women via male partner taking it home from group. This occurred at Groups: C, D, E;
- iii. Women were telephoned prior to group commencement This occurred at Group G;
- iv. Women were telephoned after the group had commenced, or during life of group, no specified time. This occurred at Groups: A,B,C,E,F,H;
- v. Women were interviewed along with their partners. This occurred at Groups: C, G;
- vi. Women were interviewed alone. This occurred at Groups: C,E,G;
- vii. Women were seen in a women only group meeting prior to the group commencing. This occurred at Group C;
- viii. Women were seen along with the rest of family at a family interview. This occurred at Group G;

Although it would appear that the use of a variety of different methods should ensure that most women who were still living with partners could be contacted by some means, the research disclosed some foreseeable "loopholes" and situations where women might not be contacted by group leaders, or might not be able to speak freely in front of abusive partners, for fear of repercussions when they get home. For example, we have been advised by women partners and victim support workers of situations where men were so controlling that women's mail is opened. If a woman is at work during the day, she may be unable to speak with program staff on the phone, or if she is called in the evening, the partner may be present. In both of these situations women may be unable to speak freely. Men might not pass on information/letters intended for partners; might not tell program staff that they were still seeing their partner, or be so fearful of what their partners might say to program staff that they deny knowing her address etc.

Finally there are situations where women simply do not wish to be involved, and do not

require support. We will discuss these issues further in Chapters 4 and 8.

4.2 Advising women partners

All groups said that they routinely advise partners there is no guarantee that attendance will lead to any changes in attitude or behaviour:

"We tell women that this group is an introduction; there are no guarantees about non-violence." (Program leader, Group D);

"We discuss the violence, find out how severe it is, and look at safety and support issues. At present we have a group for women." (Group leader, Group G).

Others said they advise women that many families have found the group helpful, but they should not make decisions about staying or leaving on the basis of his attendance:

"His doing this course does not guarantee her safety, or that the relationship will continue, or that there will be a reconciliation. We say we are happy to work with both partners in achieving a positive outcome, in whatever direction the couple want. (Group leader, Group E).

Some groups added information about how long they thought the process of change would take, or how likely that was to occur:

"This group is for violent men. We have seen men change and take responsibility for their behaviour. Real change involves long term commitment. We do not guarantee that participants will change their violent ways, and that their partners are necessarily safe with men attending the centre. If safety/ legal issues are in question, we ask women to please contact us. We offer various options of support." (Program leader, Group A);

"We discuss the limitations of the short-term group, and the need for long term commitment by the men. We discuss the general content and focus of this group. We talk about safety issues, and give educational information about family violence. We try to give information on two levels: to meet women's needs for information about the group itself, and about women's own needs in relation to decision making, safety, and responding to the process of the group." (Program leader, Group C).

5. Program Content/Participation

This section deals with the structure, content, and strategies used by program staff in working with the men.

5.1 Duration, Content and structure of group.

The duration in weeks of each group and number of contact hours varied. Groups C and F were preceded by a whole day's orientation session held on a Saturday. Some had a similar session at the end of the group's life time.

Groups A, B, C, D, E and F all ran for 10 weeks. Group G ran for 12 weeks, and Group H for 15 weeks. Most group sessions were between 2.5 and 3 hours long.

Group sessions generally consist of a group of between six and fifteen participants and two group leaders or facilitators. When men arrive they are usually greeted by group leaders, sometimes make themselves a cup of coffee, and are then seated in a circle around the room. The first group session or orientation usually consists of introductions, more detailed discussion of the aims and objectives of the group, and the establishment of "ground rules". These rules are usually developed and agreed upon by the men at this first session, and may vary from one group to the next. For example, the rules of one group were:

- * "Confidentiality
 - * No put downs or judgements
 - * Be constructive
 - * No drugs or alcohol
 - * Honesty with self and group
 - * Acceptance and openness
 - * Only one conversation at a time
 - * Punctuality
 - * Consideration if meeting others outside of group"
- (Ground Rules, Group C1, 1993)

Groups often included a rule of referring to female partners by name, never as "she" or "the wife". Some had rules that men could not discuss partners' actions at length, because the group was about him and his behaviour, not about her.

Sessions usually are commenced by going around each group member in turn, asking how things have been this week, what issues have come up for the men this week, how particular incidents have been dealt with, and whether or not men have been able to practice techniques taught. This is usually followed by general discussion of these issues, teaching of specific techniques, exercises, or the introduction of new ideas and concepts.

Two groups, Groups A and C tended to be more active than others in terms of the presentation of a wider variety of experiential learning exercises, use of drama, art and other forms of expression. Other groups tended to be more sedentary, relying more on discussion, reading materials, sometimes role plays, and therapeutic or relaxation exercises.

5.2 *Content of program*

Only two groups (Groups C and G) had a clearly developed curriculum outline at the time of data collection, with activities and content which was adhered to (see examples at Appendix F, also Parris et al, 1993). Several group leaders said that their program was constantly evolving, and no two programs were quite the same. All groups said they felt a degree of flexibility was desirable in order to meet the diverse needs of the men attending.

Most groups were fairly specific about a minimal range of topics to be addressed in each series of group sessions. Others said they had basic themes which were explored, but they were less structured and responded more directly to the input from men attending the group each week. The range of topics staff say are routinely addressed could be roughly subdivided as follows:

Gender issues, including

- male/female socialisation
- male/female roles, expectations of society
- explanations of patriarchy (using everyday language);

Legal Issues & Family Violence
family violence/abuse as a criminal act;

Relationship Issues

equality and respect vs power and control
dependent relationships
irrational beliefs and expectations
taking responsibility/owning violence
prioritising safety needs of others;

Communication Skills

listening skills, Non-verbal communication
assertiveness vs dominance/aggression
self esteem;

Physiological & Cognitive aspects of anger/aggression, other emotions

thought, feeling and behaviour connections
correctly labelling emotions;

Myths about violence

eg. men cannot control their violence;

Nature of family violence

broadening definitions of violence/ abuse
family of origin issues
intergenerational patterns of abuse
effects of violence/abuse on victims
the cycle of violence.

Most program staff acknowledged that it was not possible to cover all topics adequately in the short life time of the group. Some groups saw it as an opportunity to lay the foundation of in depth thinking on these issues, which men could then pursue at length in a support/ discussion group.

5.3 Techniques / strategies used.

Some staff were very specific about techniques used, and mentioned a range of clearly defined strategies or techniques to help men stop physical violence, and recognise and reduce other forms of abuse. These techniques were usually drawn from psychological or educational intervention strategies for attitude/ behaviour change with individuals or groups. Strategies frequently mentioned included:

- i. Standard educational style activities including
 - handouts/reading material
 - whiteboard/teaching/Visual aids
 - homework
 - group discussions
 - audio visual aids/videos;
- ii. Anger management strategies, such as Time out, breathing exercises;
- iii. Stress management techniques involving recognition of physiological indicators of emotion/ anger/stress build-up, and relaxation exercises;

- iv. Standard group work/social work/counselling strategies such as:
 - role plays
 - more effective communication skills
 - experiential learning exercises
 - paired exercises;
- v. Therapeutic techniques, such as cognitive re-structuring, analysis of self-talk, trust building exercises, behaviour modification, transactional analysis, rational emotive therapy etc.;
- vi. Exercises involving:
 - visualisations
 - physical movement and spatial exercises/ games
 - music
 - psychodrama/drama therapy exercises
 - art Therapy/eg. mask making, drawing.

Program staff were not always able to give a clear description of exactly what or how men were expected to learn in the groups, and spoke more generally about how this was to happen.

"No real techniques, we work on getting thoughts right; later we talk a bout listening to **her** experience, and what men might do instead" (Female Program Leader, Group H)

"We keep coming back to responsibility, and talking about attitudes" (Male Group leader, Group H)

Two groups, Groups A and C, stood out from the others in that they used a much wider range of physical activities to illustrate different topics, whereas other groups used these strategies more sparingly. Other groups were less physically active, relying more on discussion, traditional teaching or therapeutic strategies with occasional exercises, such as role plays, taking place.

Program staff believed that reduction of physical violence was more easily achieved than reducing other forms of abuse. Men attending groups often did not regard non-physical abuse or attitudes as problematic. Program staff were asked exactly how they taught men to identify non-physical forms of violence and abuse. A range of ways were described, including:

"We do this by challenging them within the group, in the way they respond in a threatened way. We do a lot of drama. Men show themselves as being abusive. We define what they may be doing, and reflect back on the behaviour we see in the group, then identify this in a non-judgemental way, eg, "this is what I think you're doing". The men do the same to each other." (Program leaders, Group A);

"We provide men with definitions of violent or abusive behaviours; we discuss myths about violence; we give men reading material and ask them which aspects of abuse they would like to talk about" (Program leader, Group B);

"Through handouts and discussion" (Program leader, Group D);

"We use special videos, showing examples of abuse or violence. The men give feedback about incidents that have occurred during the week, other men can recognise what is occurring. We give handouts, reading material about violence and abuse. We do role plays of situations" (Program staff, Group E);

"We do RET (Rational Emotive Therapy) work; we brainstorm other ways of talking and behaving; the men practise, have role plays; we do visualisations so that the men can imagine themselves hearing, seeing, interpreting things differently; the men are given reading material; we use written cards men can carry with them" (Program Staff, Group A);

"We teach them to take time out, and come back to have another go at resolving it; we teach communications skills, awareness of others, negotiation skills; we do work in pairs or small groups. We have homework tasks, men recording ways they've tried to do things differently this week; men are encouraged to keep a record of when they've been able to do things more peacefully. We teach them to be assertive in communication, encourage them to talk to their partners and develop their listening skills to find out how their partners feel." (Group leaders, Group E).

Most of these activities appear to be related to helping men recognise various forms of violence, and attempting to lead their techniques for controlling behaviours and abuse. The stated intention is to help men develop skills in analysing and recognising their own usual responses to conflict, to understand the impact of their behaviour on others, and to practise alternative means of communication. Considerable time seems to be spent on attempting to help men change their condition at the time of an explosive outburst, and mental rehearsal of other ways of thinking about things.

Some program staff did not teach specific techniques, relying more on men's awareness of the behaviours, or their ability to distinguish patriarchal ways from non-patriarchal ways of doing things.

"We concentrate on taking responsibility... using examples like "In a patriarchal way you would have done it this way"... " in a responsible way, how could you do it?" (Group leader, Group H);

"by teaching men awareness of these behaviours, and acknowledgment of this behaviour in a broader sense. We re-affirm and support men in the group who are able to make changes in these kinds of behaviours" (Group leader, Group B).

Staff generally believed that this particular aspect of the work needed to continue long beyond a program focussed group, and in this respect, ongoing support / discussion groups could be helpful in maintaining the momentum of change.

Program staff mentioned several methods used in teaching or encouraging men to take responsibility for violent behaviour. They included things like confronting men's denials, or minimisation of their behaviour, and challenging men's attitudes:

"By continually inviting them to do what they can to change rather than focus on particular incidents, we confront them with how we perceive their behaviour, and keep them in touch with reality" (Female Program Leader, Group E);

"By confronting denial or excuses; by teaching them that they are not responsible for their feelings, but that they are responsible for their actions and behaviour" (Program leader, Group A);

"By confrontation" (Program leader, Group D);

"We constantly confront/challenge their denial, don't allow them to make excuses" (Male Group Leader, Group E).

Some also included peer confrontation:

"This is addressed from the start: by discussing legal consequences; by the parameters we set, and how we are prepared to immediately confront any justifications the men use; by supporting the men in the group who confront other men about the illegality or criminality of their behaviour" (Program Leader, Group B).

All staff pointed out that attempts to educate men about the social, historical and cultural context of violence towards women was a much more difficult task, within the time limits of the programs. Most groups used a combination of reading and discussion of topical issues which involved issues of gender and culture:

"We talk about the womens' movement, we bring in newspaper articles written by feminists, we ask men about why they think society is the way it is. We have a session about patriarchy, we talk about rape and male privilege. we talk about the gender of people who are socially powerful ie. courts, judges, church and so on." (Group Leader, Group A);

"By challenging culturally promoted attitudes. By teaching men how they are conditioned to these beliefs; by discussing topical gender-related issues (i.e. the comments made by judges in family violence or rape cases). We use tapes/s videos taken from media etc " (Group leader, Group B) ;

"Through discussion, and reviewing the messages they get from their family and others about what men are, and how men should react in certain situations. We discuss that different societies have different ideas, we talk about the changes in society's attitudes over time. We talk about the ability of men to express their needs in other ways. We talk about what it means to be a man, where have their ideas come from. We look at beliefs and where they come from." (Group Leader, Group E).

In order to ensure that men know about the criminality of family violence, some groups say they hand out factual information, and clarify the legal situation. This is then followed by discussion of the behaviours that do or do not come to attention of the law, and about whether or not men who have not been charged should feel morally superior to other men who have:

"We give them a brochure which tells them what is criminal. We tell them what is criminal or illegal. We confront their denials and minimisation. We challenge men who have not been charged, in terms of their beliefs about degrees of seriousness." (Group Leader, Group A);

"The leaders give information about the legal repercussions of their behaviour. In the first session they are told that there are no excuses within the program, and that we will follow up if there are any recurrences of the violence. We send a letter to partners advising them about their legal rights." (Program Leader, Group E).

Overall the basic content and style of the participating groups is educational, however group leaders are also using the type of counselling skills normally associated with psychology or social work. Groups rely heavily on group leaders having good teaching and group skills, having the strength to confront heavily entrenched attitudes, while at the same time maintaining a supportive attitude towards men's attempts to change. Groups depend on a fairly high level of active participation by the men who attend.

5.4 Program Uniqueness.

Some program staff had little knowledge of whether or not their group was similar to others. If staff were regular attenders of V-NET meetings, they were more likely to believe that their group was similar to others in Victoria:

"We are probably quite similar to most in the Victorian network. We may have greater accountability because we're auspiced by a government body." (Program leader, Group B).

All groups were nominally associated with this network, however program staff from three groups rarely, if ever, attended network meetings (even though someone else from the same agency, or the reference group did attend), and so were fairly isolated from current developments in the field. These staff members were generally unable to attend on account of the demands of other duties at their agency, or their management did not allow them time to attend such meetings. Such groups were noticeably different in practice and content to others, in that they were less in touch with current thinking in these areas (i.e. on partner contact, or in terms of techniques and strategies used).

Similarly, where one of the group leaders had some experience of other programs, there was more knowledge. In this next instance one staff member had direct experience of attending a group in New Zealand.

"We think it is similar to most in Victoria, and fairly similar to some programs in New Zealand and South Australia." (Program staff, Group C).

Some groups believed themselves to be unlike others in that their group, or agency had certain unique qualities. In general, such observations are based on comparisons with overseas groups. On the whole differences between groups in this study are minimal, and again any beliefs about uniqueness seem to stem from a lack of information about other Victorian groups:

"We probably have a more rounded package than overseas groups; our group is part of a whole agency response to violence, not an isolated program. Our

involvement with the men is more comprehensive" (Program leader, Group A);

"That we are community based, and located in a health centre. Also our belief that men need to address family violence, but also need to give more back to their community." (Program leader, Group B);

"We set up experiential learning exercises, like the "concentration camp" exercise and spend a whole session on it." (Program leaders, Group C);

"Possibly unique in that we place a big emphasis on reporting news of difference this week, and the amount of time we spend on reporting that. We may have let go some structural content in favour of this." (Female Group Leader, Group E);

"We've had more contact with partners, and have a conscious policy to develop that. The setting is actually unique; it's not connected to a health centre. The way this program got underway through the X Church in a centre offering a variety of other services and self-development courses is different. We believe we get more voluntary referrals." (Program leader, Group F);

"We do not have mandatory referrals, however that is not necessarily unique to this program" (Program Leader, Group G);

"That we follow Alan Jenkins approach; we integrate some aspects of the Duluth Model; the male/female gender combination is unique in that the male leader is gentle and laid back, whereas the female leader is the noisy partner" (Program Staff, Group H).

6. V-NET

There was less difference between participating groups in philosophy, structure, practices and content than we would have expected based on our readings of the literature. This is thought to be attributable to the existence of V-NET, the service providers network. This network:

"Aims for the reduction and prevention of family violence in this community. We focus on programs for males taking responsibility for stopping family violence, and in so doing are part of a broad based response which includes womens' family and adolescent services and community and school education" (V-NET Draft Policy Document, 1993).

Its stated objectives are:

- i. "The Network co-ordinates and supports workers who facilitate programs changing violent male behaviour in the family. The network intends to provide a collective voice in the community for these workers;
- ii. The network collects, develops and exchanges information about these programs to better address the reduction of family violence in the community;
- iii. The network seeks to establish and recommend standards of practice for network programs and develop and sponsor training to these standards.

In these and other ways the network encourages the accountability and credibility of anti-violent male programs in general, and network affiliated programs in particular." (V-NET Draft Policy Document, 1993)

Minutes of the network indicate that during 1993, topics and issues discussed in network meetings included:

- * qualifications and training of group leaders;
- * partner safety;
- * evaluation of programs for men;
- * selection/inclusion criteria;
- * community accountability;
- * legal issues, breaches of court orders;
- * standards of practice.

Monthly meetings, in-service training workshops and in-house policy development days were provided by this network in 1993, and were attended by workers from almost all groups who participated in this research, as well as workers from other groups throughout Victoria. It seems likely that membership of this network may account for the similarity in philosophy and practices of the groups involved in the present study.

7. Summary

Information relating to the actual costs involved in providing each individual men's group is not readily or easily available. Only three of the participating groups had received direct funding for the men's group, one from state government sources, one from federal government sources, and one from non-government sources. The five community health centre groups were staffed by generalist workers, who conduct the men's group as part of their normal duties. Groups G and F are also resourced by family support workers who also provide other counselling services within their agency.

Almost all groups and program staff are accountable to centre management, or locally based committees of management. Annual reports are freely available from all agencies except one, and information about group philosophy, aims and objectives are available on request from all participating groups.

All except one of the groups was situated within an agency setting, which also offered a range of support services to women. We conclude that the groups for men in the present study are embedded in the context of a model of health and welfare service provision to men and women.

CHAPTER 4: WHO ARE THE PROGRAM STAFF?

(Source: Staff Interviews.)

1. Introduction

The purpose of this next section is to present a descriptive account of leaders of participating groups, with an emphasis on their training, qualifications, ideas and beliefs about the nature of this work. Fourteen program staff out of a possible 16 were interviewed.

Questions have been raised about various aspects of the training and background of the program staff of men's groups, these include staff qualifications and training, and their understandings about violence and abuse in the home. In this chapter we hope to address some of these issues.

2. Profile of Staff

2.1 Gender of program staff

Staff reported that the gender combination of groups varied according to who was available to be the secondary leader. Many agencies believe that ideally, both male and female workers should be involved in running the group. All agencies commented that the gender combination of the group leaders/facilitators had an impact on the group dynamic. This is consistent with the findings of Bernard & Bernard (1984), and Reese-Dukes & Reese-Dukes (1983) who believe that a male-female team is the most effective.

Five of the groups in the present study were led at that time by two male leaders (Groups A,B,C,D & F), and three by a male/ female team (Groups E,G & H). In this study there were no groups being conducted solely by female leaders, although some program staff mentioned that they knew or had heard of groups being conducted by either a sole female leader or two female leaders.

2.2 Background and Training of group leaders/facilitators

Most primary group leaders said that providing the group was considered part of their normal generalist duties at the centre or agency. Some of the secondary group leaders were volunteer workers (Groups B, C), or tertiary students on placement, with an interest in this area and were not paid for their work.

Background and training of group leaders was diverse and mainly in the health or welfare area, and mostly with tertiary qualifications. Almost all program staff said that their original training had not contained any units on family violence, and very few had ever had specific training on working directly with men (Table 1).

Many program leaders did not believe their original professional training had been adequate in preparing them for work with violent or abusive men. Only two primary group leaders (Groups E and G) and one secondary group leader (Group A) believed their tertiary studies had been sufficient to equip them for this work.

Most had looked around for other relevant training, and all were involved in some kind of ongoing in-service professional development. Training specifically in working with violent men was rarely available. Very few agencies provided formal in-service training for program staff working with men. Workers tended to hear about things "on the grape vine" or through V-NET. Most workers said they attended anything they possibly could in the way of workshops, conferences, seminars and so on. Mainly these were general domestic violence workshops.

Table 1 - Qualifications and Training of Primary Group Leaders.

Group	Tertiary quals?	Contain Units on FV?	Other training, FV?	Other training, men
A	BA, BSW, BEd	No	Yes	Yes
B	BA(Psych), BSW	No	Yes	Yes
C	BSW, BA	No	Yes	Yes
D	BSW, Grad.Dip Health Psychology	Can't recall	Yes	Yes
E	BA, Bvrl Science, Grad. Dip. Counselling, Gestalt training	Can't recall	No	No
F	BA(Psych), BEd	No	Yes	Yes
G	BA, Gen Nurs, Psych.	No	No	Yes
H	BA(Psych), Dip.Ed., BSW, G.Dip Fam Therapy	No	Yes	Yes

Secondary group leaders/co-facilitators at Groups A,B,E & H were from outside of the agency where the program was located. Some had come from other agencies who were interested in the work, and some were private practitioners. Others were tertiary students on placement. Groups F & G had co-facilitators from the same agency, in the case of group G a male/female combination, and in the case of group F two male workers.

Group C normally operated with two observers in addition to the two group leaders, who might be either tertiary students on placement, other workers interested in developing groups at their own agency, or workers from local women's services who wish to observe the process.

Table 2 shows the qualifications and further training obtained by secondary group leaders. Two secondary group leaders (indicated with asterisks) disclosed that they were themselves formerly violent or abusive, and stated the number of years (indicated in square brackets) that had elapsed since doing their own initial attitude/ behaviour change program. This does not mean that other program leaders were not formerly violent, only that this was not disclosed to the researcher during interviews.

Table 2 - Training and qualifications of secondary group leader. (Current indicates tertiary training in progress, but not yet completed)

Group	Tertiary quals?	Contain Units on FV?	Other training, FV?	Other training, men
A	Deg. Theatre Studies, 4yrs Drama Therapy, MA Crim (current)	Yes	Yes	Yes
B	B.A. (Psych)	No	No	No
C [8]*	Ass. Dip. CW (current)	Yes	Yes	Yes
D [3]*	No	No	No	No
E	BSW, Gestalt	Yes	Yes	Yes
F	BA (Psych)	No	No	No
G	BA (Psych) BEd (Couns)	No	No	No
H	BSW	No	Yes	Yes

Some secondary group leaders were still involved in tertiary training (mainly social science/welfare courses), and saw this as a necessary step in obtaining skills in working with men:

"Sessions with Outer Eastern Domestic Violence Network; V-NET involvement; Tertiary training (ongoing)" (Secondary Group Leader, Group C).

Some were involved with regular supervision on professional practice conducted by the agency itself, this being a requirement of anyone employed by the agency involved in counselling work:

"Supervision with [Agency supervisor] on professional practice; some training through network; in therapy where I learn about my own violence" (Female Co-leader, Group G).

Most also cited V-NET workshops and seminars as a source of further training:

"Work with men's' network [V-NET], continuing to look at standards of practice, attend conferences" (Program leader, Group A);

"Fortnightly supervision with XX; Peer supervision - subgroup of V-NET; self-education" (Secondary Group Leader, Group F);

"Have regular supervision; involvement with men's' network [V-NET]" (Group leader, Group B).

Program staff often cited "professional supervision" as a way of maintaining an appropriate level of professional development. This tended to mean **either** professional supervision or de-briefing provided by the agency as a means of monitoring staff practices, and ensuring some within-agency accountability, **or** private supervision by someone external to the agency, and paid for privately by the workers:

"Private supervision, specific supervision on men's group from XX [Social worker with extensive experience of working with men's' groups, considered to be of expert status in the field]" (Secondary Group Leader, Group E);

"Monthly supervision in family therapy, with XX [other family therapist employed at same agency]" (Primary Group Leader, Female Group H).

Interestingly, all of the private supervision situations mentioned were of male group leaders being supervised by female psychologists in private practice.

In the case of psychologists, it is a requirement of their professional registration that after four years training, they must complete a further two years of professional supervision which is subject to stringent requirements and guidelines, and must be approved by the Psychological Council and the Australian Psychological Society. Further supervision may be necessary to obtain full membership of this society and its associated boards (eg. Clinical Board, Counselling Board, Forensic Board etc):

"Fortnightly supervision with XX [Private psychologist, specialising in family violence]; Men's network; attend local domestic violence networks" (Primary group leader, Group F);

"Professional supervision in Family Therapy, other workshops as available" (Program leader, Group E);

"Fortnightly supervision with XX [Private practitioner; attend workshops whenever available; Men's network [V-NET]" (Male co-leader, Group G).

3. Staff perceptions of training needs and desirable skills

Program staff commented on the dearth of suitable training programs, seminars and so on. In terms of the professional skills necessary to conduct men's groups, most workers mentioned the type of skills commonly believed useful to any other counselling situation:

"A combination of counselling, confrontation and support, psychotherapy, training in gender issues, a good understanding of the way men work in groups" (Program leader, Group A);

"Systems based therapy, relationship counselling training, solutions based family therapy." (Primary group leader, Group E);

"Understanding social training, learning to talk about other forms of violence and oppression" (Secondary Group leader, male, Group H).

Workers also mentioned the need for specific training in family violence:

"An understanding of the nature of family violence, some sort of philosophy/social grounding of violence. Training in group processes. Access to a range of techniques and skills. Ability to deliver ideas clearly. To have thoroughly worked through own issues in regard to violence and the patriarchy." (Program staff, Group F).

Others spoke about training or skills specific to working with violent men:

"Staff need to have their liberal values challenged. This work is a challenge to caring/ helping notions. Not to trust clients, as you're constantly dealing with denial, men are constantly trying to subvert or attack the worker." (Secondary leader, Group A);

"Specific training in how men relate to other men and to women, socially and culturally. A good overall analysis of family violence, feminist models of working; a good repertoire of skills (eg. Gestalt, RET etc); input from people working with victims" (Program Staff, Group C).

Some workers mentioned that whilst a gender based analysis of family violence was an absolute necessity, they believed that care should be taken not to neglect professional skills in the pursuit of ideological correctness consistent with current thinking about family violence. They related this to the general dearth of training, which, when it was available was most often designed to educate workers about the nature of family violence. They indicated that they did support this type of community education, but felt that they were now beyond that stage and needed something more specific:

"There needs to be more training: there is not much available at present. At the moment family violence training is dominated by a feminist analysis, which is ok, but there needs to be a balance." (Group leader, Group B);

"Do not believe it is possible to do this work without sufficient knowledge and experience of group dynamics, counselling skills; very important that one has an understanding of ones own issues and motivations in connection with this work. Ideological training is only useful to a degree." (Co-leader, Group G).

Several workers mentioned the need to come to terms with one's own motives in doing this work, and to have challenged one's own beliefs, behaviour, attitudes, ideals and values:

"Training about one's own violence, social justice training" (Female Co-leader, Group G).

Although not a specific "skill", some workers mentioned the need to learn about effective models for working with men, and cited practitioners and writers well known in this field:

"Being familiar with Alan Jenkins' work" (Primary group leader, female, Group H).

Workers described a range of special skills they believed were essential for effective work with men. Generally they were to do with the sometimes threatening nature of the work. Some workers described reactions of shock and unpreparedness when beginning to deal with violent men, others described feelings of deep depression:

"It was like lifting up a rug and being confronted with evil" (Male Program leader, Group C).

Other skills staff thought were necessary included things to do with the program leaders personal strength, sense of self esteem, and how this work could bring up many personal issues to do with men and masculinity:

"A high sense of self esteem, a strong sense of justice, to be a teacher, be good at problems, gender issues, able to be close to people" (Primary Group leader, Group A);

"Ability to access men, good listening skills, good communication skill. Ability to not get drawn into men's' games. Ability to make men feel comfortable. To know who you are. Ability to deal with male issues: for male workers there is no easy delineation between work and home." (Program staff, Group C);

"To be a contained person, to be assertive. Need to know about your own anger and violence, to be aware of self, to have some counselling yourself, quietness, calm" (Female co-leader, Group G).

Most mentioned the necessity of knowing how to confront and challenge men in a group:

"The ability to confront and support simultaneously, sense of humour, to be fairly courageous, need a good level of confidence to deal with sticky situations." (Secondary group leader, Group E);

"Being confident with group work, being able to analyse and act at the same time. Ability to respond quickly and spontaneously. Having a clear idea of what you're trying to do." (Program staff, Group F).

Other skills related to ways workers interacted with the men:

"To have good therapy skills, to have a sense of humour, to be strong, not to be too rigid, to be warm" (Female group leader, Group H);

"Not to be angry at the men, to be a good listener and a questioner, to be open about your own stuff, not to take an adversarial position eg. them & us" (Male secondary group leader, Group H).

Many program staff believed that, given certain conditions, it was acceptable and appropriate for formerly violent men to be involved in this work. Those who supported this notion believed that formerly violent men who had changed provided a powerful role model, and could add impetus to men's' motivation to change. Speaking with such men assisted others to believe that change is possible:

"It is necessary to involve men who have changed in this work. However, such men would need to have worked through the issues, be living violence free. Ideal combination of group leadership would be one professional and one ex-perpetrator." (Group leader, Group C).

However, all qualified their support by asserting that men would need to have undergone radical change in attitudes, beliefs and behaviour, have a thorough understanding of the nature of power and control in relationships, family violence issues, and the impact of gender in socialisation and enculturation:

"I view this very positively. Men can learn a lot from other men who've been there before. The AA model (Alcoholics Anonymous) can teach us a lot. It is very important that not only health professionals be involved in this work. Group leaders need supervision, de-briefing and checking." (Group leader, Group A);

"Acceptable. Such men are a very potent mechanism for change. The longer men are involved in maintaining change, the better. They would need to be monitored." (Program leader, Group B);

"This is a very effective strategy provided that the men have changed their beliefs about power and control. If they have, they are an amazing resource. Men attending groups will "tune in" more to someone they believe has "been there". Without appropriate training it would be dangerous." (Program staff, Group C);

"I think its acceptable. I would expect them to go through a much more thorough educative process than even their own personal development type process. In terms of the support group, guys who are beginning to take responsibility for their lives can have an impact on guys who dealing with these issues, so it gives them a greater credibility. Part of the process is to stop the violence, the other part is in terms of becoming advocates against violence and advocates for women's rights. Preparation is very important." (Program Staff, Group F).

Some workers disagreed or were much more cautious about this:

"Potentially very difficult, as men will always resist change. Men's individual change is most important. Many men become interested in this work because they feel they owe something." (Secondary Group leader, Group A);

"Acceptable in some cases, where they've had a lot of training. Wary of this unless they understand very clearly about their own violence. Would have to be very careful who you chose. The people that I've met in this situation I have no objections to." (Female Co-leader, Group G);

"There'd be a place for them with training and supervision. Men in this situation might be a bit insensitive to the struggles of others, it could put people off." (Female Group leader, Group H);

"It could be acceptable in some instances. There would need to be confident of their non-violence. They would need good group skills, good facilitators, and could be a powerful peer influence. We are always short of paid workers." (Female group leader, Group E).

One group leader made the point that if all group leaders had to prove they had never been violent or abusive in any way, there might not be any group leaders left:

"Acceptable. Most men are and have been violent and abusive, even if only as an adolescent. Some occupations are really violent." (Male secondary group leader, Group H).

4. Participation/Impact of Involvement with the Group

4.1 Staff reasons for initial involvement with men's groups

Management committees or managers of some agencies had made the initial decision to hold groups for men, and it had then fallen upon certain workers to be involved, by virtue either of previously expressed interest in the area, or simply because they were male. This obviously has some implications for workers ability to conduct such groups, and their potential effectiveness as agents of change:

"It was an agency decision. It was a new centre, family violence was raised at a public meeting. The agency was overrun with clients asking for something for men. I was originally "pushed" into doing this work, but had some good role models (at other agencies) for working with violent men." (Group leader, Group C);

"I'd been working as a counsellor, and in the setting I was in we got together and there was some interest from the grass roots, so I began to run groups for men." (Secondary group leader, Group F).

Other workers had been more directly instrumental in bringing the group into existence, having strong personal convictions about the need for this work to occur:

"A variety of reasons. Through having an alcoholic father who was very verbally abusive; the effects of this on myself and my relationship with my mother. I worked as a marriage guidance counsellor; saw a lot of men with poor communication skills. There was strong local demand at the health centre." (Group leader, Group A);

" through working in a community health centre and noticing that men were not coming into health services. I became involved in domestic violence task forces, and was part of a community education task force. The centre commenced running groups for men in response to community demand." (Primary group leader, Group B).

One group leader became involved as a consequence of his own personal change:

" I was formerly a perpetrator and had attended a program 8 years ago. I saw a need to continue this work and wanted to help other men." (Secondary group leader, Group C).

Some cited work with victims, or an interest in prevention as being influential in their decision to commence working with men:

"Through working with women, interaction with colleagues, and an interest in solution focussed therapy." (Female group leader, Group H);

"Prior to working with this group, I was involved in other ways, working with abused or abusive children and adolescents. I met someone else who was doing this work (X member of reference group)" (Secondary group leader, Group H);

"Previous work experience was with domestic violence, male perpetrators. I was interested in working with men. A number of my clients were women victims, and was interested in what preventive measures could be taken." Secondary Group leader, Group E).

Other workers had been interested in the interface between the community and the justice system responses to family violence:

"Accidental, initially. I had been working with couples, families over about 8-10 years. I got involved in running groups, and had some Office of Corrections clients. There was some funding through the police department for a general anger management/ family violence program." (Group leader, Group E).

One worker mentioned a general interest in masculinity and socialisation, leading to an interest in intervention with men:

"It started when I was doing my placement with the [X service] in St. Kilda. I've got an interest in men's issues, going over the last 5 or 6 years based on my readings of feminist writers, and reflecting upon men's issues. When I had the opportunity to do a field placement I chose the [X service] because it seemed to be a cutting edge for a lot of social issues, and as a counsellor I have a philosophical bent towards dealing with some of those issues." (Program leader, Group F).

Another mentioned the impact and consequences of child abuse, with many abused children eventually becoming perpetrators of further violence (see Chapter 5, profile of men who attend):

"Seeing quite a few men who had been abused, and figured we were looking at the wrong end of the problem" (Co-leader, Group G).

4.2 Personal understanding of group's philosophy

As part of the researchers' concern to contrast "official" statements about programs with the understandings of those involved at the grass roots level of program delivery, we asked staff about their personal understanding of the program philosophy. Mostly, staff statements were consistent with the official philosophy, however that is hardly surprising as in most cases, official policy or program documentation had been written by the staff members concerned.

Several staff indicated that they interpreted the program philosophy as meaning that the group/ agency should be pro-active in the community as an educator about the unacceptability of family violence:

"My interpretation of the program philosophy is that violence is not acceptable in any form, particularly in the home; that men can change if given the opportunity and appropriate support. That a feminist perspective on the interpretation of program philosophy and safety issues override all other considerations." (Primary group leader, Group C);

"That the community needs to learn how it continues to perpetuate a climate of violence. The centre should work with women, men and children." (Group leader, Group A);

"That we've got to look at the social aspects of violence. We need to spend more time with victims and children if we are doing this work. To work well you have to work with all parts of the system. The belief that you can stop violence needs to be seen in a social context and that therapy is not enough. It must fit within legal guidelines." Co-leader, female, Group G).

Other staff expressed concern that men should get the message about the criminality of violence in the home, develop broader understandings about violence and equality in their interactions with others:

"That violence is a criminal act, that women and children have a right to be safe, that men wield power and control as a result of their socialisation within our society and culture. That men are capable of change and taking responsibility for their behaviour is not a short term process and requires ongoing commitment." (Primary group leader, Group F);

"That men can change, that men can help other men to make changes. Men need to know that they have to be held responsible, and that there are legal consequences to family violence. Men need to know that their partners have rights, and that issues of power and control contribute to violence. There needs to be open and clear communication between the agency and victim support workers generally." (Group leader, Group B).

Other interpretations reflected a broader move towards the redefinition of masculinity and of changing male roles in society and relationships:

"That men do want to change, and that they don't desire to be violent. Given the opportunity they will take up the responsibility for their behaviour. Men have difficulty in accessing health services, and help has not been available in the past. Relationships can be reconciled and greatly enhanced." (Female Group leader, Group E);

"As men we are all involved in interactions with other men, women and children, and have to find better ways of doing it without using power and control." (Secondary Group leader, Group A);

"Everyone has a right to live in safety without fear and threat. Given the opportunity, men can chose to change their attitudes and behaviour." (Secondary Group leader, male, Group E).

One Group leader emphasised that he believed the program philosophy meant that the role of the group was to be educative and functional:

"the program philosophy is that men have to take responsibility for themselves and their actions. The program is here to help and assist men to change, not to pat them on the back for being here." (Secondary Group leader, Group C).

In particular, group leaders interpreted the program philosophy as meaning it was their job to educate men about the nature of patriarchal structures, and how this has influenced the socialisation of men and boys:

"That men use power and control techniques to deal with home situations, as part of a patriarchal system. They are unaware of this, so it is necessary to work on awareness in order to change attitudes. The law and even women often help to perpetuate patriarchal ideas and values. That men are trying to develop other ways of living and being as men, increasing men's choices, thoughts, attitudes and feelings." (Secondary Group leader, Group F);

"Violence is about power and control; it is a chosen act. Violence and abuse are a consequence of the patriarchal upbringing of boys. This group aims to get men to act responsibly, and into being considerate and caring in relationships. All men want caring and trust." (Primary Group leader, female, Group H).

Some group leaders interpreted their groups philosophy as meaning that perpetrators as well as workers should be accountable to victims/ survivors of domestic violence for their actions:

"It is about getting men to take responsibility, about being accountable to survivors of violence and to women." (Secondary group leader, male, Group H).

All of these statements are demonstrably consistent with "official" statements made about the groups, with the possible addition of a dimension of belief that it is possible for most or many men to change if they are prepared to work hard over a long period to do so.

5. Safety

Concerns have been expressed that program leaders can easily become seduced by apparent change in men attending groups, and that it is essential to have feedback from partners wherever possible, in order to have a more accurate picture of what is actually occurring at home. Whilst we were aware of groups "official" policies in this regard we continued to explore this issue which was explicitly raised with program staff (see also Chapters 3 and 8).

5.1 Staff members reports of contact with women partners and women's services

The majority of workers in men's' groups reported routine contact with women partners, wherever women could be contacted. The nature of this contact was again said to be part of the staff members' generalist work at the agency, and they often saw women partners for one to one counselling, short term crisis intervention, and often also worked with other family members, particularly adolescents and children.

Similarly, these generalist workers often came into contact with other women and children living in violent situations, who were not partners of men attending groups. They usually worked closely with other workers at their own agency who were involved in victim support work, as well as being involved with other local family violence networks and domestic violence outreach workers. Program staff reported regularly giving support and assistance (going to court etc) to women wishing to obtain intervention orders, or liaising with local police and courts where women were believed to be unsafe.

Sometimes the secondary group leader would not come directly into contact with female partners, this being the responsibility of the primary group leader. Only one primary group leader (Group D) during the time groups were surveyed reported not having any contact with female partners of men attending the group, saying that this was normally done by a female co-leader who had been unavailable during the last group (which had then been co-facilitated by a male worker from a nearby men's support group).

Program staff reported that they had regular contact with women's services. This tended to be other agencies providing services to women in the immediate local area, and also included domestic violence outreach workers, refuge referral service, domestic violence and incest resource centre, court welfare network as well as nearby legal services. Workers said they often attended seminars, workshops, interstate or overseas conferences which were attended or conducted by workers from women's services.

Occasionally workers stated that they did not have much contact with women's services locally, because not much existed locally, other than their own agency.

5.2 Program staff priorities

Program staff beliefs about the priorities of working with men may have considerable implications for the safety of women partners. Staff were asked what they believed should be the first priority of working with men, generally, and then what they believed should be the main emphasis of working with the men during group sessions.

Staff were unanimous in the belief that safety of victims, women and children had to be the first priority of working with men, and that getting the men to take responsibility for their actions was the primary focus of this work. The three most commonly mentioned first priorities were:

- * Partner safety;
- * Safety of family, women and children;
- * Getting men to take responsibility for behaviour.

In addition to this several other priorities were mentioned, including:

- * Stopping the violence;
- * Stressing the criminal nature of violence;
- * Broadening men's definition of violence to include other forms of abuse;
- * "Engaging" men: ensuring long term commitment/ motivation to working towards change;
- * Making men aware of the effect their behaviour has on other people, and how this affects victims.

Safety issues, and men taking responsibility for their behaviour were seen as the main foci of group sessions. The group was usually considered a place where men were given a strong message about the unacceptability of violence and abuse.

Program leaders mentioned other things such as:

- i. Changing / challenging men's attitudes towards women and violence (Groups A,B,C);
- ii. Stopping the violence (Group F);
- iii. Getting men to initiate changes in behaviour and attitudes (Groups F,G);
- iv. Sharing news of change, solutions; men encouraging each other with progress (Group E);
- v. Giving men the message that violence is not on (Group B);
- vi. Making the connection between men's anger and the effect it has on others (Group A).

Workers made comments such as:

- * "Letting men know violence is not on. Making sure they understand the effect it has on others." (Primary Group Leader, Group A);
- * "Broadening their definitions of violence or abuse: challenging their attitudes towards women and children" (Co-facilitator Group G);
- * "Encouraging men to accept responsibility for their behaviour, ensuring the safety of others as well as themselves" (Primary Group leader, Group B).

5.3 Staff beliefs about the determinants of men's violence.

It is frequently alleged that workers in many areas, including the justice system and medical agencies, may either knowingly or unwittingly engage in "blaming" victims, or in some way implicating women in the violence which is occurring. Such inadvertent legitimization of violence can have significant consequences for victims safety and may limit the courses of conduct recommended to them. Therefore this study was keen to pursue program staff's ideas about the causes of men's violence.

Program staff were asked two questions relating to their beliefs about the causes of violence or abuse in the home. One concerned factors which they perceived as influencing men's behaviour at the individual level. The other related to social or cultural factors which could lead men to act violently.

Program staff mentioned several things which they thought led men individually to violence and abuse, including:

- * Idiosyncratic views on roles of men and women in society (Groups C and E.);
- * Men's inability to express a wide range of emotions (e.g. only anger, rather than sadness, fear etc). (Groups A,B,C,& F);
- * Lack of communication skills. (Groups B,C);
- * Low self esteem. (Groups C,F);
- * Men's own family of origin, socialisation and early learning (Groups A,C,E,F,& H);
- * Drug & alcohol problems (Groups E & F);
- * Fear of losing control (Groups C, F, G);
- * Dependency, Fear of isolation, Fear of responsibility/ not taking responsibility.(Group G);
- * External locus of control: men seeing themselves as victims of circumstances or forces beyond their own control. (Group C);
- * Poor self awareness. (Groups B & F);
- * Men being very selfish, self centred, seeing everything from own point of view. (Group H);
- * Using violence because it's a successful way to behave. (Group A).

Staff beliefs about social and cultural influences on male violence were less diverse than responses in terms of individualistic factors. Five main themes were identified in their responses, these were:

- * Men are part of patriarchal system (Groups C, E, F, G, H);
- * Socially reinforced notions about the location of power and control in the family, or the role of men in the family (e.g., the male as breadwinner) (all groups);
- * Gender stereotyping about what men can or should do (including input from media etc) (Groups A,B,C,F,G & H);

- * Socialisation of males, the way male children learn their roles & responsibilities (Groups A,B,C,E,F,H);
- * Glorification of violence (eg. violence in sport) or use of conflict as a means of oppression. (Group A).

6. Program Staffs' Thoughts on Program Effectiveness

Program staff were asked to assess how effective they believed their own group, in present form, to be. Most staff said they believed their work with the men to be effective most of the time. Staff who were newer to this work were generally more tentative and thought their group could be improved upon next time:

- * "Very effective" (Group leader, Group A);
- * "Very effective in the short term: physical violence drops off quickly" (Program leader, Group B);
- * "Very effective" (Program staff, Group E);
- * "Usually effective" (Program staff, Group F);
- * "Effective" (Program staff, Group G);
- * "Needs to be developed, this was a first program for us" (Secondary Group leader, Group H).

Staff were asked what things they thought were particularly effective about their group in particular. Some spoke about the agency's accessibility in terms of men coming in to get help, and about how the men were treated in the group:

"the way we confront men in a way that they've never been confronted before, in a very assertive and honest way, in a way that's caring and supportive. In our ability to reach men's pain" (Group leader, Group A);

"the way men want to come here, and that they are relieved when the day for the group comes round; the way men are met when they first walk in the door; non-judgemental - they are met with an open mind" (Secondary Group leader, Group A).

Some spoke about the impact the course content had on the men:

"the content on self awareness is valuable; introducing men to the possibility of talking with other men at a deeper level is good; defining violence and abuse; improving communication with partners" (Group leader, Group B).

Many program staff commented on the value of peer support in working towards change:

"the men's' support for each other; the acceptance, non-judgemental approach of the leaders. Working with re-inforcing news of difference and change, and other solutions than violence" (Group leader, Group E);

"actually coming to the group and taking responsibility; recognising that other men confront the same issues; being with other men; being able to access the service" (Secondary group leader, Group F).

Other program staff talked about the effectiveness of their intake procedures in obtaining men's commitment to doing the work:

"getting commitment from men at the initial interviews....putting men on a waiting list....finding out they are not the only one with a problem " (Secondary group leader, Group F).

Staff sometimes spoke about how specific activities or techniques worked within the group setting:

"role plays etc often lead to insights which affect the whole group; dealing with denial helps the whole group" (Program staff, Group F);

"We try to cover educational as well as therapeutic aspects. A lot more than education is needed. We do a lot of therapeutic, unstructured, interactional stuff in the group. There is a lot of critical communication, we are supportive but confronting of them." (Co-leader, Group G);

"the most effective part is helping men to realise that having emotions is OK, and then for them to learn to express this in ways other than anger. Some men have never had a safe place to learn. We provide effective role models." (Co-leader, Group G);

"Not allowing victim blaming. Talking about taking responsibility. Patriarchy is a new idea for the men. Giving them a simple definition of what this means." (Secondary Group leader, Group H).

Given that most groups had a fairly active screening process around which men were and were not suitable for the group, it was interesting to note program staffs' views on who benefited from coming to the group:

"It works well for men who are motivated to look at their behaviour and challenge the way they think. It gives men a framework to approach non-abuse." Secondary group leader, Group A);

"It works for men, partners and kids" (Group leader, Group B);

"It works for men who are reasonably mature, mid twenties upwards who are highly motivated to change." (Group leader, Group E);

"about a third get a lot out of it and begin to make changes; a third get something

out of it; a third drop out" (Program leader, Group F);

"it has to do with individual readiness, readiness to listen, willingness to question own values" (Secondary Group leader, Group F);

"Men who are committed to change. The group is an effective part of a program, not an answer in itself." (Co-leader, Group G);

"Younger guys seem to a lot more out of it than older fellows." (Secondary Group leader, Group H).

Program staff were asked about their personal criteria for defining a participant's attendance as "successful". Program staff had different ways of defining success, or effectiveness: most included cessation of physical violence, or other indicators that the man was taking more responsibility for his abuse:

"that he accepts full responsibility for violent actions; that he has stopped all forms of physical violence; that he is aware of need to be vigilant of other behaviours, and is aware of the balance of power in the relationship" (Secondary Group leader, Group E);

"his ability to engage in the change process, which is reflected in his attendance; his willingness to work between sessions, do homework and have ongoing discussion with his partner; that he is prepared to look at other areas of personal development, or is requesting ongoing counselling" (Group leader, Group F);

"The man being absolutely clear about his own responsibility. That he has stopped all physical violence. The man's awareness of other ways he is being abusive (not just physical violence), and that he is looking for ways to deal with that. That his wife and children are safe" (Co-leader, Group G).

Some workers depended on feedback from partners about whether or not the group was being effective in terms of cessation of abuse:

"I use feedback from women partners about changes in his relationship with his children. His ceasing physical violence. A substantial reduction in abusive behaviours. Witnessing changes in his behaviour whilst in the group" (Co-leader, Group G);

"that he takes responsibility for his behaviour; that his partner/ children feel safe, that they feel he is more approachable, and is not threatening or intimidating" (Program leader, Group A);

"survivors are the only ones who can judge, and other people around them. When men are reflecting more." (Secondary Group Leader, Group H).

Others defined success as getting men to commence the group and attend regularly:

"getting him through the door. The smallest change I'd expect would be

that he is able to be a group member and put his own needs with those of others; that he is prepared to accept this challenge for the rest of his life" (Secondary Group leader, Group A);

"regular attendance; meaningful and genuine participation; that he is attempting to try out things" (Group leader, Group H).

To further clarify who did or did not benefit from attendance at a group, staff were asked whether there were situations in which a group did not seem to work for men. The consensus was that the group did not have much chance of assisting a man unless he was prepared to take some responsibility for his behaviour and be open to new ideas:

"It doesn't work for men who maintain a resistance to the connection with other men necessary to hope and believe in the group process. It doesn't work for men who aren't ready to share their pain" (Group leader, Group A);

"It doesn't work so well for men who are into blaming others, or who are not prepared to accept that the violence/ abuse is costing too much" (Secondary Group leader, Group E).

Some program staff felt that their groups were less successful with clients who had been exposed to the criminal justice system, or had a long history of violence:

"Doesn't work as well for some referred clients; for example some Office of Corrections clients, where the assessment as to suitability for this group is not as good. It doesn't work if the motivation is not there." (Group leader, Group E);

"It is harder when guys are not committed to change or have been in prison, or are caught in a social sub-culture of violence. Maybe the program is not long enough for these men." (Secondary Group leader, Group F).

Consistent with what male participants said, some program staff felt that previous group work was sometimes an advantage:

"previous exposure to this type of work is an influence, educational background can be a component, the social context of men" (Group leader, Group F).

Staff were also asked how they thought their own group compared with others, in terms of effectiveness in stopping or reducing physical abuse, changing attitudes and ways of thinking; improving quality of life for women, and in terms of improving quality of life for men. Responses were mixed:

"I can't really say, I only know of two other programs. I would say it's good at stopping all violence, and is very powerful in terms of bringing about changes in attitude and ways of thinking. There's usually a big improvement in safety, but often more couples work is needed. We are trying to develop complementary services. It is radical in terms of whether

the relationship continues of not." (Program leader, Group E);

"It is similar, except we probably have more contact with the men. We are more involved in community education. We deal more with insecurity, and are educational/ therapeutic in style. We have more follow up groups for the men to attend." (Program leader, Group A);

"Unsure, we don't do enough talking about groups amongst ourselves." (Group leader, Group B);

"About the same" (Program staff, Group F);

"Don't know about other programs, probably about the same. It has a big impact in terms of improving quality of life for men, has some impact on victims." (Co-leader, Group G);

"The last group was fairly successful." (Primary Group leader, Group H);

"Don't really know: it must help" (Secondary Group leader, Group H).

Program staff were asked what they would really like people to know about the work what they do. Workers usually said they would like people to know that they did not work exclusively with men, and that men's' groups represented only one part of all the other things they did in the course of their normal work duties. Almost all of these workers routinely worked with women, children and adolescents as well as men, both on an individual basis and sometimes in groups. Some also stressed the community education work that they did:

"That I work with women workers, do community education, I work with men over the long term. I do understand how women experience family violence; that as a man this has helped me to challenge the way I interact with others" (Group leader, Group A).

Some spoke of the need for more open sharing of information about groups for men:

"There needs to be open and clear communication about what we are doing" (Group leader, Group B);

"This is a very new field, and there is potential for conflict with other workers in the area. Workers need to be aware of their errors. Programs need to be flexible, but there must be an accountability process. Working in this area has to be taken further personally than any other area, however the personal benefits are enormous." (Program staff, Group C).

Both participants (Chapter 7) and program staff said that they felt the wider community was not well informed about this work. They also felt that government agencies were not accurately informed about this work:

"The community are not sufficiently well informed about programs for men. They are fairly newly developed, and information is only just starting

to become generally known about. The government is not sufficiently well informed about groups as a result of contradictory messages it receives regarding the aims, content, outcome and philosophy of these groups, from hard line feminist groups as opposed to men's' group providers." (Program staff, Group E);

"This work is paramount if we are going to change men's' attitudes. These programs need to exist; men need to take responsibility for their violence." (Secondary Group leader, Group C);

"It is essential. It needs to be done by people who know about their own violence and abuse" (Program staff, Group G).

Others said they would like people to know that:

"The consumer [abusive men] needs to know that its cheaper to have this than punishment. The public needs to know that men have to work a lot harder, and that this work starts in schools and pre-schools. We need to be honest about the messages that are given to men." (Secondary Group leader, Group A);

"We should also be paying more attention to the rest of the men's movement" (Program staff, Group F);

"That I enjoy it" (Program staff, Group G).

7. Summary

Virtually all program staff had tertiary training and qualifications in health or welfare related disciplines. Hardly any of them believed their own initial training had been adequate to equip them for this work. All emphasised a need for further training in family violence, and specifically for training to do group work with violent and abusive men.

Staff understandings of the program philosophy were generally consistent with official statements about program philosophy and family violence and stressed the educative role of the program regarding the unacceptability of male violence against women in the home.

Program staff reported regular contact with women and women's services, and believed that the first priority of their work with men should be the safety of partners and children and getting the men to take responsibility for their actions was an important aspect of their work.

Most staff believed their work with men to be effective most of the time, although they also spoke of how their programs could be improved. Some men were thought to be more likely to benefit than others, in particular those who were motivated to attend and were committed to change. Staff criteria for "success" included the cessation of violence and men taking more responsibility for their violence. Indicators of success were the men's regular attendance at the group and feedback from female partners.

In general staff considered their work to extend beyond the individual men in the program, to women and children, and the community.

CHAPTER 5: WHO ATTENDS THE PROGRAMS?:

A profile of men who participated.
(Source: Survey Questionnaires)

1. Introduction

To date little formal information has been collected about the men who attend men's groups in Australia. The main purpose of this section is to describe the men who attended groups involved in this study.

Discussions of male perpetrator programs sometimes assume most participants are in ongoing violent relationships and have been required to attend as a condition of a court or correctional order. This chapter examines whether or not such assumptions are supported by the data. Also analysed in this chapter are demographic characteristics such as age, education completed, and marital status of all the men attending the PFG's in this study.

In order to provide information on as many men as possible, data from the pilot studies have also been included in the demographic profile which follows, thus the sample size for most of this Chapter is 116. The final research instrument was modified considerably on the basis of pilot trials, as a consequence the sample size is smaller (N= 87) on some characteristics which were measured in the final questionnaire, but not in the pilot studies.

2. Client Background

2.1 Demographics

The age range of men attending groups was from 20 - 65 years. The largest proportion of men (21%) fell into the age range 30-34 years, with only a slightly smaller proportion (20%) in the 25-29 years age group (Table 3). A smaller proportion (12%) of men were under 24 years, and over 45 years (13%).

This is consistent with the general profile of clients of a typical Community Health Centre, where the largest proportion of clients, both male and female fell within the range 20-49 years range (Box Hill Community Health Centre Annual Report, 1993) The profile of men calling Australian Red Cross Men's Referral Service for assistance with violence and abuse, were also predominantly in age range 20-39 years (Australian Red Cross Statistics, (1993)).

Table 3 - Age of clients commencing groups.

Age group	%
less than 24 years	12
25 - 29 years	20
30 - 34 years	21
35 - 39 years	17
40 - 44 years	15
45 - 49 years	6 (n=7)
Over 50 years	7 (n=8)
Other (did not answer question)	2 (n=2)
Total	100% (n=116)

The majority (70%) of men who commenced participating in groups had not completed secondary education (Table 4). Australian Bureau of Statistics (1994) data indicates that the areas with the highest populations of unqualified people or early school leavers are:

- * South Eastern areas from Moorabbin through Springvale, Dandenong and Cranbourne (which takes in the areas where Groups A, D & H are located);
 - * Mornington Peninsula, Frankston (where Group E is located);
 - * Western and Northern Areas (taking in Groups G, and F);
 - * Eastern areas including Lilydale, Waverley and Knox (taking in Groups B, and C)
- Thus the men in the sample may not be atypical of people generally, in the areas where they live.

Table 4 - Highest level of education completed.

Education completed	%
Primary education only	3 (n=4)
Secondary education completed	15
Secondary education incomplete	70
Tertiary education completed	10
Other	2 (n=2)
Total	100% (n=116)

Men from a range of trades and professions were represented in each group, however compared with the general male population of Victoria, men in trade/ labour occupations are over represented among those attending groups. Just under half (47%) listed trade/ labour as their occupation (Table 5), compared to around 33% in the general population (Australian Bureau of Statistics (ABS) 1994). Close to a quarter of the men (24%) were in "white collar" occupations which included clerical, teaching, managerial, banking, public service work.

Again, this data may reflect the general male occupational profile of the catchment areas: a high population of trades persons/ labourers correlates highly with people who have no post school qualifications. Such characteristics are heavily focussed around industrial regions in the west, north and south east (ABS, 1994). Many of the groups were located in outer suburban areas where housing is less expensive, and more accessible to people with lower incomes. However, this data may also suggest that men who are better educated and/or are in white collar employment are less likely to attend such groups for other reasons, such as fear of jeopardising their social status or career if they were to meet someone they knew in the group. Nevertheless the findings in regard to education and occupation are consistent with the findings of Maiuro, Cahn, Vitaliano (1988), Devery (1991) Straus (1980, 1987) and others who suggest that working class men and those less well educated, are over represented in the incidence of reported violence.

A high proportion of men taking part reported having been abused or having witnessed

abuse as children. The men tended to hold traditional gender expectations such as believing that women are more emotional than men, are better at childcare and are less aggressive.

Table 5 - Client occupations.

Occupation	%
Trade/ labour	47
White collar	24
Other	12
Retired	2 (n=2)
Unemployed	15
Total	100% (n=116)

Just over half of the men (51%) were not living with a partner at the time of commencing the groups (Table 6). Forty three per cent were living with a partner at the time of attendance (compared to 57% of men in the general population). Six men said that while they were not actually living together, they were still in a committed relationship.

Table 6 - Men living with a partner at time of attendance.

Living with partner?	%
Yes	43
No	51
Other	6 (n=7)
Total	100% (n=116)

2.2 Alcohol Use

The present study did not attempt to ascertain whether or not use of alcohol was in any way linked with violence which had occurred in the home, only to look at how or if men attending groups used alcohol at all, and whether or not they reported any changes in their drinking habits subsequent to their attendance at groups for men. The majority of the men (77%) said that they did use alcohol (See Table 7). However, the majority (58%) were to describe themselves as "sometimes" drinkers (Table 8), and most men interviewed did not believe their alcohol use had anything to do with their use of violence (see Chapter 7). This would support Gondolf (1990) who found that compared to men who were violent only outside the home and family, men who were abusive in the home were less likely to report alcohol abuse as being a factor in the assault.

Table 7 - Client alcohol use.

Ever Use alcohol?	%
Yes	77
No	19
Other	4 (n=5)
Total	100% (n=116)

Several men who said in a first question in this area that they did not use alcohol, or described themselves as non-drinkers, did in fact later say that they used alcohol, but only occasionally. Evidently, these men did not perceive themselves to be "drinkers".

In response to a later question (which was not asked in pilot studies) about how often they

normally drank, or used alcohol, the majority of men (58%) said that they "sometimes" drank (Table8).

Table 8 - Usual frequency of drinking.

Frequency	%
Doesn't apply (don't normally drink)	17
Very often	7 (n=6)
Often	18
Sometimes	58
Total	100% (n=84)

Just over half of the men (52%) were normally beer drinkers, and just over a third (35%) said that they normally drank spirits (Table 9). This table also shows that many of the men regularly drank a combination of different things.

Table 9 - Type of drinks normally consumed:

Type of drinks	Yes* %	No %	Total
Beer	52	48	100% (N=84)
Light beer	21	79	100% (N=84)
Wine	13	87	100% (N=84)
Fortified wine (sherry, port etc)	7 (n=6)	93	100% (N= 84)
Spirits	35	65	100% (N=84)

*Column totals cannot be given here as many men reported more than one type of drink, or a combination of drinks as their preference.

2.3 Witnessing or being a victim of abuse as children.

Around two thirds of the men (62%) reported being victims of violence or abuse as children (Table 10), or had witnessed violence and abuse (67%) as children (Table 11). This finding is consistent with the findings of other researchers (Caesar, 1988; Fagan et al, 1983; Gelles, 1974; Hotelling & Sugarman 1986; Stark and Flitcraft, 1985; Spatz Widom, 1993; Rosenbaum and O'leary, 1981). This information was gathered at intake interview, or on the first night of a group. The questionnaire did not include any definition of violence, however program staff advise that most men at the beginning of a course would tend to define violence/ abuse as physical violence only, although some may have included mental/ emotional abuse when they responded to this question.

Table 10- Clients: victims of abuse as children.

Victim of abuse?	%
Yes	62
No	38
Total	100% (n=87)

Table 11 - Clients witnessed abuse as children.

Witnessed abuse?	%
Yes	67
No	33
Total	100% (n=85)

2.4 Gender beliefs.

The men taking part were asked four attitudinal questions often included in scales designed to measure attitudes towards women (Table 12). They were:

- i) Do you believe that men are more aggressive than women?
- ii) Do you believe that women are better at childcare than men?
- iii) Do you believe that women are more emotional than men?
- iv) Do you believe that a man should be head of the household?

Over two thirds of the men held traditional beliefs that men were more aggressive (67%), and that women were better at childcare (68%). A slightly smaller proportion, but still over half (58%) of the men believed women are more emotional than men. Somewhat inconsistently in terms of traditional values, only a small proportion of men (16%) believed that men should be the head of the household, suggesting that possibly there is a strong social desirability influence here.

Table 12 - Gender attitudes

Attitudinal question	Yes %	No %	Don't know %	Other %	Total %
Do you believe men are more aggressive than women?	67	14	18	1 (n=1)	100% (N=85)
Do you believe that women are better at childcare than men?	68	19	12	1 (n=1)	100% (N=85)
Do you believe that women are more emotional than men?	58	30	8 (n=7)	4 (n=3)	100% (N=86)
Do you believe that a man should be head of the household?	16	62	20	2 (n=2)	100% (N=86)

3. Learning about the groups

A third (34%) of the men first heard about the men's group from social workers. A further third heard about the men's group from either their wives/ partners (16%) or a telephone counselling service (16%) (Table 13). No-one in the present study first heard about the group from a magistrate, other court or corrections officer. One man later interviewed said that court officers had strongly suggested he do something about his behaviour, but did not tell him about the group.

Table 13 - How men had come to hear about the group.

How heard about group?	%
Wife/ partner told them about it	16
Social worker	34
Doctor/ general practitioner	8 (n=9)
Read about in paper	5 (n=5)
Picked up a pamphlet somewhere	3 (n=3)
Telephone counselling/ referral service (eg. Lifeline, Red Cross)	16
Heard about from another man who attended the group	4 (n=4)
Told by a friend or relative	4 (n=4)
Other	10
Total	100% (N=112)

4. Nature, Frequency and Severity of Violence and Abuse

The majority of men commencing the groups (76%) reported having been physically violent towards their partners (Table 14). Twenty three per cent said they had not been physically violent.

Table 14 - Physically violent: Client self-report

Ever physically violent?	%
Yes	76
No	23
Other	1 (n=1)
Total	100% (n=115)

Information on reported frequency of violence was not gathered in the pilot studies, however this information was subsequently collected from 87 men who took part in the final study, using a revised questionnaire (Table 15). Not all men responded to this question, however of the 81 who did, close to a quarter (23%) said they were physically violent fairly often, frequently, or all the time. 21% said they were sometimes physically violent, and just under half (45%) said they were hardly ever physically violent.

Table 15 - Reported frequency of physical violence

Frequency of physical violence	%
Doesn't apply	11 (n=9)
All the time	1 (n=1)
Frequently	10 (n=8)
Fairly often	12
Sometimes	21
Hardly ever	45
Total	100 % (n=81)

The men were asked whether or not they were also abusive to their partners in other ways. The majority of men (84%) said that they were (Table 16).

Table 16 - Other forms of abuse: client self-report.

Ever abusive in other ways?	%
Yes	84
No	15
Other	1 (n=1)
Total	100% (n = 86)

Most men then described several forms of non- physical abuse including Verbal abuse (50% of all the men said this), emotional abuse (18%), financial abuse (6%). Other (25%) replies included comments such as "in every way", "causing her to be depressed", "blackmailing her".

Regarding the severity of abuse, men were asked whether or not their partners had ever sought medical treatment for physical injuries, depression, or for psychological or emotional problems as a result of the abuse (Table 17). Over 70% of the men indicated that their wives had not sought medical assistance for these reasons. Nevertheless, women may well have sought such help without the knowledge of their partner. The table only shows whether a) the men **knew** that their partner had sought such help, and b) whether or not these men were **prepared to admit** in this questionnaire that she had sought such help. "Other" treatment referred to physiotherapy, and in one case attendance at a women's psychotherapy group.

Table 17 - Partners seeking medical help: client report.

Did she get treatment for?	Yes %	No %	
Physical injuries?	28	72	100% (n=86)
Depression	16	84	100% (n=86)
Psychological/emotional problems	29	71	100% (n=86)
Other treatment	13	87	100% (n=86)

In order to obtain another indicator of the severity of men's violence, they were asked whether the police had ever been called in connection with their violence: just under half reported that the police had been called (Table 18).

Table 18 - Police being called: client report

Police ever been called?	%
Yes	47
No	50
Don't know	3 (n=4)
Total	100% (n=116)*

*N reverts to 116 in this table as this questions was also included in pilot studies.

The next two tables relate to men's perceptions about whether their violence/ abuse was specifically directed at their partner or family members, as opposed to outsiders (Table 19), and then whether they believed that they had a general problem with violence/ abuse outside of the home (Table 20). Most of the men (80%) said they believed that their violence/ abuse was specifically targeted at their partner, or family members rather than outsiders.

Table 19 - Violence specifically directed towards partner: client self report

Target of violence	%
Mainly partner	80
Not only directed at partner	20
Total	100% (n=84)

However, just over half of the men (52%) said they believed that they also had a general problem with violence. There is some evidence to suggest that men who are violent both within or outside of the family are violent **more frequently** than men who are either violent only within a family setting, or men who are only violent outside of the home (Gondolf, 1990).

Table 20 - General problem with violence: client self report

General problem with violence	%
Yes	52
No	46
Other	2 (n=2)
Total	100% (n=81)

In another attempt to ascertain the level of violence men were asked whether intervention orders had ever been taken out against them (Table 21). Close to two thirds (65%) said that their partners had not used intervention orders, two men said they did not know, and one did not reply to the question.

Table 21 - Had intervention orders been taken out against them: client report

Intervention orders taken out?	%
Yes	33
No	65
Don't know	2 (n=2)
Total	100% (n=115)

5. Conclusions.

Around half of the men who attended the participating groups were not living with partners or in ongoing relationships. Service providers may therefore face some difficulties in

obtaining accurate feedback from a female partner and thereby assessing the impact of the group on men's behaviour.

None had been required to attend groups as a part of a court or correctional order. A substantial proportion had never had any involvement with police or legal system. Most had heard about the group from a social worker, female partner, or a telephone counselling service. These findings suggest that the groups in Victoria may be dealing with men in slightly different circumstances to many overseas programs, which are often linked to the criminal justice system, and with men being mandated to attend.

In general the men were between 25-35 years old and had low educational attainment and socio-economic status.

The majority of these men reported being physically violent (although this type of violence was alleged to be infrequent), as well as abusive in a number of other ways. An average of approximately 20% reported that their partners had needed treatment for physical injuries, depression, or psychological problems as a result of the violence. Most of the men believed that their violence was mainly aimed towards their female partners.

CHAPTER 6: AFTER COMMENCING THE PROGRAM

(Source: Survey questionnaires, pre and post group)

1. Introduction

The main purpose of this chapter is to discuss the quantitative data that were collected regarding the impact of the program on the male participants towards the end of the program. Since not all of the men completed the program, the chapter begins with an analysis of the men who dropped out.

Of the 87 men who completed intake surveys (Time 1), 63 also completed a survey at the end of the program (Time 2). That is, 24 men, or 27% of the intake group either dropped out before, or did not attend the last session, or were asked to leave the program (see Chapter 3). The following discussion compares the responses of the "Stayers" and the "Dropouts" on the Time 1 questionnaire. This analysis will help clarify who the men were who dropped out, as well as inform any conclusion regarding the impact of the program on the men who remained. The essential question is whether or not the programs are more able to retain and have an impact on some men than others.

2. The Dropouts

The small number of "dropouts" means that one has to use caution in using percentages to compare them on certain characteristics with the "stayers". However, looking across a range of demographic characteristics indicates that the "dropouts" were in somewhat more difficult social and economic circumstances than the "stayers".

There was no difference in the age distribution in the two groups (Table 22).

Table 22 - Age (Frequency Time 1): Stayers and Dropouts

	Stayers	Dropouts
Under 30	21 (33%)	8 (33%)
30 - 39	27 (43%)	11 (46%)
40 - 49	12 (19%)	5 (21%)
50+	3 (5%)	0
Total:	63 (100%)	24 (100%)

However, the "dropouts" tend to be less well-educated than the "stayers". While the majority of both groups did not complete secondary education, this was true for a larger proportion of the "dropouts" (87% of dropouts, 65% of stayers). Consistently, a higher proportion of the "stayers" (13%) than the dropouts (5%) had any tertiary education (Table 23).

Table 23 - Education (Frequency Time 1): Stayers and Dropouts

	Stayers	Dropouts
Primary Ed Incomplete	0	1 (4%)
Secondary Ed Incomplete	41 (65%)	21 (87%)
Secondary Ed complete	13 (21%)	1 (4%)
Tertiary	8 (13%)	1 (5%)
No Reply	1 (2%)	0
Total:	63 (100%)	24 (100%)

The dropouts were less likely (50%) than the stayers (71%) to be employed. They were also more likely (67%) than the stayers (44%) to have started the program even though they were not currently living with their partner. Perhaps consistent with this situation, when asked to rate their quality of life on a scale of 1 (worst it could be) to 10 (the best it could be), the dropouts had a lower mean score (3) than the stayers (5).

Alcohol use may also have been more of a problem in the lives of the dropouts, than the stayers. While about 20% of both groups claimed that they did not drink alcohol at all, of the dropouts who did drink, the level of use appears to be somewhat heavier than the stayers who drank. A higher proportion of the dropouts (21%) than the stayers (4%) said in a typical week they drank "very often" (Table 24).

Table 24 - Frequency of alcohol use: Stayers and Dropouts who used alcohol.

Alcohol use in typical week	Stayers	Dropouts
Very often	2 (4%)	4 (21%)
Often	12 (23%)	3 (16%)
Sometimes	37 (72%)	12 (63%)
Total:	51 (99%)	19 (100%)

However, the frequency of drinking reported in the previous week was similar across both groups (Table 25).

Table 25 - Frequency of drinking in previous week (Time 1): Stayers and Dropouts who used alcohol

Frequency last week	Stayers	Dropouts
Every day	3 (5%)	1 (4%)
3-4 days	8 (14%)	3 (14%)
Once or twice	28 (51%)	11 (50%)
Not at all	16 (29%)	7 (32%)
Total:	55 (99%)	22 (100%)

Nevertheless, the dropouts indicated that when they did drink, they tended to drink more at a session than the stayers: 72% of dropouts and 34% of stayers said that they drank more than 5 drinks per session (Table 26).

Table 26 - Number of drinks per session (Time 1): Stayers and Dropouts who used alcohol.

Quantity per session	Stayers	Dropouts
2-5 drinks	29 (66%)	4 (28%)
5-10 drinks	11 (25%)	5 (36%)
More than 10 drinks	4 (9%)	5 (36%)
Total	44 (100%)	14 (100%)

Perhaps consistent with this general pattern, the dropouts (55%) were more likely than the stayers (43%) to report having friends who were heavy drinkers (Table 27).

Table 27 - Number of friends who were heavy drinkers (Time 1): Stayers and Dropouts who used alcohol.

Friends heavy drinkers	Stayers	Dropouts
Some - Most	22 (43%)	10 (55%)
Even	9 (18%)	4 (22%)
None	20 (40%)	4 (22%)
	51 (101%)	18 (99%)

An important issue is whether or not the men who leave the program are more or less violent than the ones who stay in the program. In general the various measures of self-reported violence indicate that the men who left the program tended to be more violent than those who stayed. Whereas 12% of the stayers claimed at Time 1 that in a typical week they were not physically violent towards their partner, this was the case for only 9% of the dropouts. Further, while 19% of the stayers maintained that they were frequently physically violent towards their partners in a typical week, this was true for a higher proportion of the dropouts (36%) (Table 28).

Table 28 - Physical violence frequency (Time 1): Stayers and Dropouts.

	Stayers (n=63)	Dropouts (n=24)
Frequently	11 (19%)	8 (36%)
Sometimes	13 (22%)	4 (18%)
Hardly ever	28 (48%)	8 (36%)
Not	7 (12%)	2 (9%)
Total:	59 (101%)	22 (99%)

There was little difference in the proportion of both groups who reported the use of other forms of violence or abuse (non-physical) in a typical week (83% of both groups).

The difference in the frequency of physical violence is supported by the differences in the response to questions regarding the involvement of official agencies as a result of their violent behaviour. A higher proportion of dropouts (54%) than stayers (43%) reported that police had been called, and 54% of dropouts compared to 32% of stayers reported that an intervention order, or some other court order, had been taken out against them in connection with their violence (Table 29). A slightly higher proportion of the dropouts (33%) than stayers (25%) reported that their partner had needed medical treatment for physical injuries on account of their behaviour.

Table 29 - Formal responses to violence (Time 1): Stayers and Dropouts.

Formal responses	Stayers (n=63)	Dropouts (n=24)
Police called	27 (43%)	13 (54%)
Intervention order	20 (32%)	13 (54%)
Medical assistance for physical injuries	16 (25%)	8 (33%)
Treatment for Depression	10 (16%)	3 (12)
Treatment for psychological or emotional problems	22 (35%)	3 (12)

Column totals are inappropriate for this table, given that men often reported that more than one form of intervention had occurred.

While the pattern across the self-reported indicators of violent behaviour suggest that the dropouts have a higher level of violence than the stayers, the proneness to violence scale (BAAQ scale) indicates that 91% of both groups have a score above 9 which Maiuro (1987) argues is the cut off point for likelihood to behave aggressively when frustrated (Table 30).

Table 30 - Proneness to aggression (BAAQ Scale): Stayers and Dropouts.

Proneness to aggression	Stayers	Dropouts
8 or less	5 (8%)	2 (8%)
9-13	24 (41%)	13 (54%)
14 +	29 (50%)	9 (37%)
	58 (99%)	24 (99%)

While Maiuro makes no case regarding the meaning of scores above 9 on this scale, it is interesting that a higher proportion of the stayers (50%) than the dropouts have scores in the upper range (14+) on this scale (Table 30).

There are few significant differences between the two groups in terms of gender attitudes (Table 31). The dropouts appear to be more certain than the stayers in their belief that "men are naturally more aggressive": a higher proportion of the dropouts agree with the statement (78% vs 63%) and a lower proportion are "don't know" (8% vs 20%). Otherwise there does not appear to be any clear pattern of differences between the two groups on the other measures.

3. Indicators of change

In determining whether or not the programs had any impact on the male participants, the research drew on data collected from different sources, and using different techniques: interviews with program participants, female partners and program staff and responses to surveys completed by men at Time 1 and Time 2. This section of the report presents the data from the surveys which relate directly to measures that were intended to be used as indicators of change on key dimensions: (1) self reported violence, (2) proneness to aggression, and (3) a gender attitudes scale.

Table 31 - Gender Attitudes - Frequency (Time 1): Stayers and Dropouts.

	Stayers (n=60)			Dropouts (n=23)		
	Yes	No	DK (Missing)	Yes	No	DK (Missing)
Men naturally more aggressive	39 (63%)	9 (15%)	12 (20%)	18 (78%)	3 (13%)	2 (8%)
Women better at childcare	42 (70%)	11 (18%)	7 (12%)	16 (66%)	5 (21%)	2 (8%)
Women more emotional	39 (65%)	17 (28%)	4 (6%)	11 (48%)	9 (39%)	3 (13%)
Men should be head of household	9 (15%)	38 (63%)	14 (23%)	5 (21%)	15 (62%)	3 (12%)

Both before and since commencing the program the men were asked how frequently they were physically violent towards their partner. The question before the program asked about the frequency of the violence in a "typical" week. The comparable question in the second questionnaire asked if they had been violent in the past week, that is the question referred to a more specific time period. Before commencing the program, only 12% of the men maintained that they were not physically violent towards their female partner, and half (48%) maintained that this "hardly ever" occurred (Table 32). By the end of the program, 86% reported that they had not been physically violent in the past week.

Table 32 - Frequency of physical violence (Men's Survey) Time 1 and Time 2.

	Time 1	Time 2
Frequently	11(19%)	1 (2%)
Sometimes	13 (22%)	1 (2%)
Hardly Ever	28 (48%)	6 (10%)
Not	7 (12%)	51 (86%)
Total	59 (100%)	59 (100%)

Similar questions to those asked about physical violence were asked at both time periods about non-physical violence or abuse. At the beginning of the program, most of the men (98%) reported their use of other forms of abuse: this was a slightly higher proportion than those acknowledging physical violence (88%). By Time 2, there was a decrease in the proportion of men who maintained that they had engaged in these forms of behaviour in the past week (39%) (Table 33).

Table 33 - Frequency of non-physical violence (Men's Survey) Time 1 and Time 2.

	Time 1	Time 2
Frequently	32 (52%)	3 (5%)
Sometimes	16 (26%)	11 (18%)
Hardly Ever	13 (21%)	10 (16%)
Not	1 (2%)	38 (61%)
Total	62 (101%)	62 (100%)

While overall, the men reported less violence while they were on the program, there is some indication that they are less confident about assuring the safety of their partners. At Time 2 the men were asked if they believed that their partner was safer now than before they had attended the men's program: 74% believed that she was, 11% did not think so (a few of these men did not think their wife was "unsafe" before they started the program) and 15% were not sure.

As another indication of the incidence of violence, the men were asked on the surveys whether external agencies (police, courts/ intervention orders/ medical profession) had been called in connection with their violence. The questions at Time 1 referred to whether these agencies had ever been involved, while the Time 2 questions referred to the period while men were attending the program. The Time 1 data suggest that the violent behaviour of some of the men may have been more serious and more frequent than was indicated in their responses to self-report questions: 43% reported that the police had been called in response to their violent behaviour, 32% that an intervention order had been taken out against them and 25% that their partner had to seek medical assistance for physical injuries

As would be expected because of the difference in the time period covered by the questions at each time period, far fewer men reported the interventions of formal agencies at Time 2. At Time 2, 2% of men reported that the police had been called, 7% that an intervention order had been served on them, and none that their partner had had to seek medical assistance as a result of their physical violence. However, Time 2 data do indicate that, while they were on the program, a handful of men acknowledged that they were still sufficiently violent for such agencies to be called upon (n=6).

3.2. Proneness to aggression.

On the surveys at Time and Time 2, the men were asked a series of items that had been used to compose a "proneness to aggression" scale (see discussion of this measure in Chapter 2). Mairo's research indicated that a score of 9 or more on this scale was a reliable and valid measure of proneness to aggression in the face of conflict. At Time 1, 91% of the men had a score of 9 or higher. This indicates that the programs were in fact predominantly involving men who were "prone to aggression". By Time 2, the proportion had dropped to 70% with a score above 9 (Table 34). This decrease in score is predominantly accounted for by those men who scored just above 9 at Time 1, rather than those with the highest scores. Of those men (n=29) with a score of 14 or higher at Time 1, there is an indication of shift in that by Time 2, 61% if this group had a lower score. However, only 10% of this highest scoring group had a score of less than 9 by the end of the program. On the other hand, of the 24 men who had a score of between 9 and 13 at Time 1, close to half (43%) had a score of below 9 by the end of the program.

Table 34 - Proneness to Aggression (BAAQ Scale) Time 1 by Time 2.

	T2			
T1	8 or less	9 - 13	14+	Total
8 or less	3	1	1	5 (8%)
9 - 13	11	11	2	24 (41%)
14+	3	5	11	29 (50%)
Total	17 (29%)	27 (46%)	14 (24%)	58 (99%)

3.3 Gender attitudes.

As indicated in Chapter 3, most of the programs have as an objective the challenging of patriarchal values. To examine this dimension, the men were asked a series of questions at both Time 1 and Time 2 about traditional gender assumptions. At Time 1 fewer men rejected the notions that men were more aggressive, women were better childcarers, and women were more emotional. However, the direction of the response to the item regarding "Men should be the head of the household" was different: over half the men did reject this assertion.

Table 35 - Gender Attitudes - Frequency of affirmative responses Time 1 and Time 2.

	Time 1 (n=60)			Time 2 (n=62)		
	Yes	No	DK	Yes	No	DK
Men naturally more aggressive	39	9	12	44	16	2
Women better at childcare	42	11	7	31	23	8
Women more emotional	39	17	4	28	25	9
Men should be head of household	9	38	14	9	44	9

By Time 2, there is some indication of a slight shift in the general direction of the responses across the items. A key assumption on which some change might be expected was "Men are more aggressive than women". While this is a traditional gender assumption, one would also expect men to continue to express this view, since the focus of the groups is frequently on acknowledging and confronting the violence and aggressive behaviour of men. In general the men did firm up their beliefs in this regard: the major shift is from the "don't know" category. However, there is an increase in both the numbers of men who agree with this statement, and those who disagree with it (Table 35).

As noted above, at Time 1, many of the men rejected the traditional gender expectation that "Men should be the head of the household": this proportion increased at Time 2, with the major shift being from the men who initially were not sure about their response to this item.

In terms of gender beliefs regarding women, there is some evidence of a slight shift away from the acceptance of traditional values. There is an increase in the proportion of men who reject notions that women are more emotional, and better childcarers than men. However, these proportions remain low at around 30% of the group.

4. Summary Findings

Approximately a quarter of the men did not complete the programs. The general indication is that the men who dropped out tended to be in more difficult social and economic circumstances: they were more likely than the men who stayed to be unemployed and not to be currently living with their partner. They were also more frequent and heavier drinkers than the men who stayed in the programs. There is some indication that the men who did not complete the program were more likely than those who did to report more frequent violence towards their partners. However, there was little difference between the groups on the "proneness to aggression" scale.

After commencing the program there was an increase in the proportion men who reported that they were not violent towards their partners. Nevertheless there were some men who continued to report violent behaviours and not all men were confident about ensuring their partner's safety. A smaller proportion of the men obtained a score indicating "proneness to aggression" after attending the program, however, a significant proportion (70%) of the population still achieved a score above that which indicated a proneness to aggression. In terms of more general gender attitudes, there is some evidence of a slight shift away from the acceptance of traditional values.

CHAPTER 7: MEN'S EXPERIENCE OF ATTENDING GROUPS

(Source: Interview data).

1. Introduction

It has been suggested that a weakness of many evaluations is that they do not contain information on client/customer perceptions which might assist in assessing how the reality of a group or program matches the officially approved version, or its interpretation by program staff (Jamroznik, 1984). The purpose of this section is to address this problem by presenting data gathered from interviews with male clients of the program. We were interested in what men said about how and why they entered the groups, their violence and abuse, their reasons for attending the groups, their experience of attending the program, their impressions of program content, and the impact they believed it had on their ways of thinking and behaving.

The men whose comments form the basis of this section are self-selected volunteers rather than a random sample. In all thirty-two interviews were conducted. The men who were interviewed were similar on all characteristics, including type and severity of reporting violence, to the total sample of men attending the groups.

2. Program Entry

2.1. *Previous help seeking.*

Over half of men interviewed (53%) said they had actively looked for help in the past. Men were asked who or what agencies they had approached, and how helpful had this been. The people / places men had approached for help were fairly diverse, and included doctors, ministers, psychiatrists, hypnotherapists, police, social workers, alcoholics' anonymous, marriage guidance counsellors, psychologists, and group counsellors of various kinds.

Men usually spoke of many attempts to find help, over several years. The type of help offered by some individuals or agencies did not seem to be quite what they believed they needed; although at the same time they had not known themselves exactly what it was that they did need. Men said things like:

"I rang many different organisations in desperation for some form of help - eventually someone from the City of X offices suggested that one of the community health centres was running an anger type course" (Informant, Group C);

"I went to a doctor in .. X.. who supposedly hypnotises you and it was to do with anger. But he reverted the anger out...." (Informant, Group B);

"three different places; with X agency [a non-government agency not involved in this evaluation]; with Dr X at the 24 hour medical centre, and X at the College of TAFE... Well, it was sort of helpful. I got a lot out of it and I know that I have this anger problem, and I am not as bad as I used to be... I have my days..." (Informant, Group A);

"I went to a psychiatrist. I got nowhere with him and then I got onto this group. I'd been trying to do something about it for a few years and I wasn't getting

anywhere. So I was interested in this advertising campaign that they ran through the paper.... [refers to "Violence is Ugly Campaign"]... it was in the daily papers and it was about giving examples of Joe Blow who didn't think he was abusive. And then at the bottom it had numbers to ring,.... And so I rang [Group B]" (Informant, Group B);

"I was with the police.. and asked them. " (Arrested Informant, Group withheld).

Of the 47% (n=15) of men interviewed who said that they had not looked for help, some said it was because they had not known where to look, or that they believed they were the only person with this problem and were ashamed to seek help. Several said that they had not looked for help because at that time they did not believe they had a problem, and felt that other people were to blame for what was happening.

Nevertheless a substantial number (63%, n=20) of the men had previously had individual counselling or had couple counselling along with their partners, sometimes at the same agency where the group was located. Of the men who had individual counselling, most (60%, n=12) thought it had been helpful, 25% (n=5) of the men thought it had not been helpful, and three were uncertain about whether or not it had been of any assistance.

Two men had previously had counselling in connection with alcohol, and two in connection with drug abuse problems. Generally they had seen this as useful in dealing with alcohol/drug issues, but not particularly useful in terms of dealing with violence or abuse of partners:

"Couple counselling... at the X drug rehabilitation centre... it was not helpful" (Informant, Group H);

"I went to AA, that did more good than anything, but not for the anger. Once the alcohol was gone, the anger got worse" (Informant, Group B);

"I was an alcoholic, and I actually stopped drinking, and then went to AA as a back-up, and I've never had a drink since.... I'd been stopped drinking for 12 months. Within 18 months of being sober, my anger was getting totally out of control" (Informant, Group B).

Just under half (47%, n=15) of the men interviewed had attended a support group or discussion group at the same centre, prior to attending the attitude/behaviour change group. Most of these men considered this to be beneficial and noted that men with previous exposure to group work were able to more easily settle in to the activities of the current men's group they were attending:

" I was the only one in the course that had been to a discussion group..and I ended the course with a far more honest and open mind, because I'd already been talking about a lot of these things" (Informant, Group B);

"it definitely broke the ice for me in participating in a group of strangers and opening up and revealing personal unacceptable behaviour" (Informant, Group C);

"it was very helpful in getting used to talking openly and helping to understand what to expect of the course [men's group]" Informant, Group C).

Of the 15 men who had attended a prior support/ discussion group, 10 thought it had been helpful; only one thought it had not been helpful and two were unsure.

2.2 *Entering the men's group*

Only five men said they had ever heard of these kinds of groups before they were referred, or began to attend a men's group for the first time. Of those five men, only one man had known someone who had attended such a group.

Some men indicated that they had begun by starting out at a different group. For various reasons they were not happy with the outcome, had dropped out, left, or concluded that particular group was not quite what they needed, and so had gone on to find another one.

"I did a group at X....each week I'd end up more angry than when I went. Now I am at [Group A] we do many more things. I learn more." (Informant, Group A).

Men reported mixed feelings when they first discovered the existence of special groups for men. Some men were aware of the problem and welcomed the opportunity to address it: "I thought, maybe this could help me with my problem, and in turn stop me fighting with my wife" (Informant, Group E). However, many of the men reported initially feeling that a group for violent or abusive men was not for them.

"F- that. Not for me" (Informant, Group F);

"I think at first I was pretty sceptical about the whole thing. I really didn't think it related to me at all" (Informant, Group B);

"I thought, I don't need that" (Informant, Group A).

A theme throughout the men's responses was a lack of awareness of the prevalence of violence against women and a feeling of being "alone" with the problem:

"I was surprised; I didn't think other guys had this problem (Informant, Group F);

"I thought, well, maybe its a chance. I was a bit scared at first, I felt very alone" (Informant, Group A);

"I thought, good. Let's fix this thing. Wow! I'm not the only one"(Informant, Group E).

Seventy per cent (70%) of men interviewed said there had been some specific incident or event which had made them decide to go ahead and attend the group. For example, one man said that he had decided to attend when he had been passed over for promotion at work because of the way he dealt with people (Informant, Group B). Another said he decided to attend when he "accidentally" broke his partner's nose: when he saw the blood, he had realised the gravity of the situation (Informant, Group E).

Men sometimes said their behaviour was progressively becoming worse, or that there was a pattern of broken relationships:

"I was worried that I might harm my partner" (Informant, Group F);

"Relationships continually broke down on account of the anger I was feeling, especially towards women" (Informant, Group H).

The men were not always motivated to attend by direct concern about their partners. They often described other stressors in their lives, which they believed exacerbated the issue, such as work stress. Two men said that impending court appearances had prompted them to seek help.

"I was up on charges..... it certainly prompted me to start doing all this stuff" (Informant, Group F).

Others spoke about having read pamphlets, or newspaper articles which had: "struck a chord". Others said they had discussed their situation with friends or relatives and had discovered that other people had similar experiences, and decided then to get professional help;

"I talked to members of my family and they were going through the same things..." (Informant, Group E).

Others had been given an ultimatum by their partners, as in the case of these informants:

"Well, I didn't want to go.... my wife put her foot down" (Informant, Group D);

" Well, I had to, because with things the way they were.. I had to do something with a bit of pushing from people who care a lot, like my wife.. and my counsellor..." (Informant, Group A).

In some instances, their partner had actually left, and the men saw the group as a last ditch attempt to get her to come back:

" My wife had left, and I wanted to get her back.... now I know there are no guarantees, and even if she doesn't come back, I'm doing it anyway" (Informant Group A).

Nevertheless the men considered their attendance at the group to be voluntary. When asked if they had attended the group of their own free will, or whether anyone had put pressure on them, or ordered them to attend, 73% of men interviewed said they had attended of their own free will. Only one man said he had attended because an intervention order existed, and he had been "strongly advised" by the court to get some counselling on account of his behaviour. Another said that "CSV had directed him to attend" (Informant, Group B). One man said there had been very minimal pressure from his ex-partner, but he would have gone anyway" (Informant, Group B). Mostly men said things like:

"no pressure - I just thought about it for a while" (Informant Group F).

A revealing remark came from another man:

"of my own free will. If a judge had ordered me to come, I would not have come, and then I would have been in contempt of court. That's what I was like then" (Informant, Group C).

3. Program Content

3.1. Activities

Men were asked what type of material, course content or strategies they remembered as being particularly helpful.

The majority of men interviewed (59%) said they vividly remembered experiential learning exercises, and were able to recount in great detail what the exercises had been about. The men claimed that these sorts of exercises had a significant impact on them. Exercises frequently remembered were: the POW camp exercise (about defining different forms of violence & abuse, and how patterns of behaviour of perpetrators and victims become entrenched); the Rocket Journey (relating to long term commitment to change, and planning for non-violent/ non-abusive living in the future); mask making of angry faces (understanding the impact of violence/ abuse on others). One man said:

"I felt very uncomfortable when we made masks of how we look to others when we're angry....it made me uncomfortable because I was just breaking up inside" (Informant, Group B).

Program staff mentioned that men often had literacy problems, and related better to visual information, such as diagrams or videos. Four of the men interviewed mentioned that they had trouble with reading and related better to diagrams or exercises. The majority of men interviewed (88%) remembered and could describe diagrams which had been used. Men generally thought that diagrams were useful, and said things like:

"The one everybody got a lot out of was about thoughts, and feelings and self-talk, and identifying it" (Informant, Group B);

"It was the five circles one that actually changed things for me" (Informant, Group B).

Almost half (47%) of the men interviewed mentioned Role Plays as being very helpful:

"There was one to do with a property settlement/ divorce dispute. It was very similar to my own situation" (Informant, Group F);

"One does stick in my mind, because a man (our group leader) was playing the part of the wife.. it was strange to see a man playing a female part" (Informant, Group H);

"It feels strange stepping into someone else's shoes...." (Informant, Group E).

One man reported that it had been very hard to take part in role plays, because it made him feel very unsure of himself. (Informant, Group B). Another said that the experience was "horrible. It made me realise just how bad I was". (Informant, Group A)

Several men spoke about their inability to communicate effectively or appropriately with their partners or families. They saw communication skills exercises as extremely helpful:

"There was a communication exercise where we had to sit and talk to someone without looking away - maintaining eye contact" (Informant, Group F);

"We were just listening and writing down and then we had to tell the group what we understood of what the partner had said... I think it was a listening exercise" (Informant, Group B).

Over half of the men (67%) said they had done relaxation exercises in their particular group. Of those who did, 5 men said that this was not particularly helpful to them personally. One said it was not helpful because the group had not spent enough time on it, and said he did not feel familiar enough with its use. Most men who did such exercises said they were helpful:

"sort of helpful - I don't relax or sleep that well" (Informant, Group F);

"I learned **how** to calm down. Breathing exercises, time out, using relaxation techniques etc" (Informant, Group B);

Men found the exercises related to strategies for taking "time out" as particularly helpful.

Men also mentioned as helpful strategies like "thinking before acting", and "trust exercises". Other strategies mentioned included:

"Learning about the cycle of violence, being able to analyse my feelings and identify tension, to know how to take time out, doing breathing exercises" (Informant, Group B);

"coping with stress, learning how to know the difference between my own thoughts and outside factors" (Informant, Group F);

"stress management, awareness, relaxation techniques" (Informant, Group B).

3.2 Issues discussed

Almost all men (80%) reported that there had been some discussion of their childhood experiences such as the general patterns of behaviour in their own families, and the environment in which they grew up:

"We did look at our own childhood experiences, and there was violence and abuse directed towards me as a child, but I don't blame this for my problem" (Informant, Group F);

"I realised that I had accepted a certain level of violence. I learned to recognise that my own violence was not influenced by their behaviour." (Informant, Group C).

Men often commented that discussion of this topic had been disturbing and painful:

"It was frightening" (Informant, Group B); "It was very hard to think about. Very difficult for me" (Informant, Group F); and "very hard to talk about, but very beneficial" (Informant, Group B).

Several said these sessions had helped them to understand how they had learned abusive behaviour, and how they had come to accept it as "normal". Others said they now knew that

they could make choices not to behave in this way, and did not use their family of origin issues as excuses for violence:

"it was a very good discussion. I don't blame my family for my violence now" (Informant, Group A);

"It was not very pleasant. A bit sobering because I learnt just how abusive my father, my brother and myself have been and still are being, and how it's been passed down from generation to generation." (Informant, Group C);

"it brought out many things that may have contributed but I don't blame these things for my violence"(Informant, Group A).

Over three quarters (78%) of the men interviewed believed they had learned something about male socialisation and the roles of men and women in society. One man commented:

"Yes. Its' very interesting. I do more of this [discuss roles of men & women] now that I am in the ongoing support group, where we have more time to discuss and explain these issues" (Informant, Group A).

However one man felt that his group had not spent enough time on this topic: "we only touched on it. Our group focussed more on our own expectations etc" (Informant, Group B)

Some men reported feelings of hurt as they realised the adverse effects of stereotypical images and notions about masculinity they had through early socialisation or the media:

"I wonder how many people know the man's side of the story, or that men's upbringing can be so damaging.... the social roles that men are supposed to carry" (Informant, Group C).

One man said he thought male behaviour was too big a mess for him to get himself out of "Men are f---d from the womb" (Informant, Group H).

Just over half of the men interviewed (53%) said they had sometimes felt uncomfortable about the topics discussed in the group. When asked if they could explain why they felt uncomfortable, they mentioned their feelings of shame about their behaviour, and difficulty in talking about certain topics, such as sexuality:

"It was about different types of abuse I'd committed without realising the damage I'd done. Because I'd never realised how aggressive I was. I've never felt so ashamed of the way I'd done these things, without realising how upset my partner would be. I imagined how upset I'd be if it was done to me." (Informant, Group C);

"a number of times.. for me just the realisation of how disgusting our behaviour really was, or how bad it was, or how unaware we were of how scary we were. I mean that brought tears... it's pretty strong stuff. It did make me emotional... it really got me going, being honest with how that had been for xx [his partner]...(Informant, Group B);

"Yeah.. I suppose when, when we were talking about male sexuality I was a bit uncomfortable.... because I'd never really given it very much thought before" (Informant, Group C);

"yes. It kept bringing up personal issues. I'm not used to telling others about my problems" (Informant, Group B).

3.3 Confronting beliefs

Critiques of groups for abusive men sometimes suggest that group work of this kind does not confront or challenge men's notions about their violence, or stereotyped notions about the roles of men and women in society, and allows them to excuse their behaviour. On the other hand, some proponents of group work with men suggest that one of the key components of any attitude change or group work is the impact of peer pressure and confrontation.

To throw some light on this issue, the men were asked if they had ever been confronted or challenged about their ideas, either by the group leaders or by other men in the group. Three quarters (75%) of the men interviewed said that they had been directly challenged or confronted by group leaders about things they had done, or opinions they had expressed in the group.

The men were also asked why they thought this had occurred. Their answers give insights into the way men perceive their attendance at the group, why they are there, and their understanding of the purpose of the group. The reaction to having their ideas challenged was usually positive, as men believed this was being done for their own good:

"I felt very challenged, especially after an occasion when the group leader had obviously spoken with my partner." (Informant, Group B);

"It had a good impact on me.." (Informant, Group E);

"They did it to make me think, and come to my own conclusions...I felt like everyone was there to help" (Informant Group B);

"Very early in the first session, when it was made clear that we should use "I" statements when talking about our own behaviour. I was reminded about this a few times" (Informant, Group C);

"There was a confrontation with a group leader and one of the other group members.. I felt he was pushing it a bit much... the other people in the room expressed that there was an element of fear and intimidation that came out of that confrontation.... it was a good demonstration of what we actually do to our partners" (Informant, Group B).

Some men had difficulty differentiating between their ideas being questioned and a direct test of them personally:

"Why? to see how far they could push, why else? It was an **anger group**" (Informant, Group F);

"To see if I hit anyone, to see if I got angry" (Informant, Group H).

Just under half of the men (41%) said they had been confronted or challenged by other men in the group. Their comments about this included such things as:

"It made me feel like there is really something wrong, if other men can see it too" (Informant, Group A);

"Yes.. they thought I was wrong in my evaluation of the situation" (Informant, Group E);

"I was challenged by one of the other men in the group. I felt intimidated and fearful.... I was also later able to challenge another man and tell him how I felt" (Informant, Group B);

"it was OK, everyone was trying to help each other. It had an impact on me because before that I thought nothing was wrong" (Informant Group A);

"I learned to be open to another view - I was never pissed off about it. Sometimes it had a big impact on me, sometimes not. It depended on who was saying it and whether I thought they had commented from a completely understanding point of view, that they really knew what I was talking about in the first place" (Informant, Group C).

However, one man, who earlier maintained that "he didn't have a problem" with his violence or abuse, said that while other men had challenged him about his attitudes, he nevertheless "knew they were wrong" (Informant Group H)

3.4 Being encouraged to move out.

The issue of whether or not the participant should move out of the family home appeared to have been discussed in every participating group. While group leaders had suggested that men might consider the idea of moving out in the interests of partner safety, this was often interpreted by men as concern for their own welfare:

"They suggested this to make us feel more comfortable and so we wouldn't have to suffer for something we had no control over" (Informant, Group D);

"X..[group leader]. actually suggested that it might be better for me to move out" (Informant, Group A).

Thirty one per cent of men interviewed said that program leaders had directly suggested that they personally should move out. Other men said that it had been discussed in a general way at a group meeting. These men said they were also aware that more direct suggestions had been made to others, but this had usually occurred privately. Some men said that whilst it had been discussed generally, and no specific suggestion had been made to them, they thought the session was aimed at getting the men to decide whether or not this should apply to themselves. Six of the men interviewed were not living with their partners at the time this discussion took place.

3.5 Knowledge of legal status of family violence.

Men's understandings of the legal situation would seem to be an important factor in partner safety. Many men who had attended groups were able to say clearly that family violence is a criminal offence and that perpetrators could be prosecuted.

However, there were also many interpretations and misinterpretations of this question. The question was, "what is your understanding of the legal status situation of family violence?". The intention had been to ascertain whether there had been discussion of this in the group, and whether men had actually learned anything about this:

"I know now that it is illegal, but we only really touched on this. I would have liked more information" (Informant, Group B);

"I'm not very up to date with that" (Informant, Group B);

"If I do it again, I will get porridge" (subsequently jailed Informant, Group withheld);

"the law is correct; violence is illegal" (Informant, Group A);

"violence is the same as crime; it does not pay. There's a lot of help out there." (Informant, Group A)

Many of the men said they felt that the law was biased in women's favour:

"The law leans towards women" (Informant, Group B);

"it's in women's favour - we have to face these changes" (Informant, Group F).

Others believed that the legal system was not really keen on dealing with family violence:

"the law doesn't really do much unless charges are pressed" (Informant, Group E).

4. Men's perceptions of the causes of violence

Virtually all of the men interviewed believed that their violence and abuse was a long standing problem, and that it was a pattern established in their childhood and adolescence.

Whilst many of the men (66%, n= 21) believed that they were immediately responsible for their behaviour, they also believed that to some extent their behaviour was attributable to the patterns of behaviour in their family of origin.

"I'm tempted to blame dad, and my family, but no-one other than me is really responsible for my behaviour" (Informant, Group B);

"Ultimately, I have to take responsibility... but I think it goes back to when I was a kid. I don't blame anyone or hold anyone responsible other than myself. But it's hard to be responsible for something which might be learned behaviour from when you are 2 or 3 years old" (Informant, Group C).

Some men believed their violence was learned, and mentioned environmental factors, such as institutionalisation:

"my abuse side of me is because I've been institutionalised and when your placed in an institution for so long, whatever you've got you are not going to let anyone else take, so you become very verbally abusive.... I couldn't see it then, but I see it now." Informant, Group B).

Other men brought up cultural or socialisation issues:

"my cultural origins. I'm from Sri Lanka" (Informant, Group F);

"myself - but a lot of influence from my grandfather and father, friends, they are all macho men .. society and its warped expectations a real man" (Informant, Group C).

Most of the men interviewed said that there were stress factors affecting their lives, and while they did not actually blame these things, they believed they had significantly contributed to their behavioural problems. The most common themes were pressure of work, or pressure of trying to find work (31%, n=9), and financial problems (19%, n=6):

"pressure to perform at work" (Informant, Group E);

"high mortgage, business failure.. continually looking back over my life and having many regrets.." (Informant, Group C);

"my professional life was going backwards because of long standing problems" (Informant, Group B).

Other stress factors that men mentioned as having an influence on their behaviour included: aftermath of Vietnam War (having to hide problems away); being up on criminal charges (drug-related, and violent/ assault charges were mentioned; problems with children/step-children; and other family problems such as responsibilities for aged relatives.

5 Change

5.1 Violence

The men were asked whether their attendance at the group had resulted in them thinking differently about violence/ abuse. The majority of them, (91%) said that now they did think differently: mentioning in particular that previously they had only considered physical violence to be abusive:

"yes, because I didn't think of myself as a violent person. Now I know that I was" (Informant, Group B);

" I used to think abuse was only punching and maybe shouting" (Informant, Group C);

"Yeah, I would have to say I am more aware of the different sorts of violence and as I said, when I first went there, I didn't think it related to me at all, but it certainly does." (Informant, Group B);

"I am more aware of aggressive behaviour and the anguish it brings to others" (Informant, Group C);

"Yes... to me it was just a thing that happened. Now its it's a thing that doesn't happen because it is not the proper thing to do, it's not sensible" (Informant, Group E);

"yes, because I was taught at school that it was OK to be abusive. It opened my eyes to other forms of abuse" (Informant, Group A).

In order to find out whether men's definitions of violence or abuse had been broadened as a consequence of attending the group, they were asked to name some ways in which people could be violent/ abusive towards each other. Most were able to nominate at least four different ways in which they could be violent or abusive, other than physical violence. Sometimes their descriptions and understandings were fairly sophisticated, and consistent with the definitions used by family violence workers: "verbally, emotionally, sexually, financially, physically, socially, and so on" (Informant, Group B)

Others, whilst not able to articulate these definitions very well, indicated that they understood how damaging other forms of abuse could be. One man who was unable to read, listed about eight terms used commonly by family violence workers (e.g. social abuse, isolation, emotional abuse, financial abuse, sexual abuse, threats, intimidation etc). Thinking perhaps he had memorised the terms but possibly not understood the concepts this was explored further. He was then able to articulate (if sometimes laboriously) exactly what he meant by each term, and by giving examples demonstrated that his understanding about these other forms of abuse were consistent with those used by workers.

Three men said they did not think any differently about violence and abuse, since attending the group. One explained that this was because he had always known it was wrong, so in this sense he did not think about it differently (Informant, Group E). This example highlights the need to obtain more in-depth information with men, rather than simply relying on questionnaire answers which, without explanation, might give an incorrect impression.

Most (94%)of the men claimed that the program had been effective in terms of changing their **actual behaviour** (Table 36)

Table 36 - Men's perceptions of program effectiveness: changes in violent behaviour.

How effective: behaviour?	%
Very effective	47 (n=15)
Effective	16 (n=5)
Moderately effective	3 (n=1)
No change	3 (n=1)
Other - positive	28 (n=9)
Other - negative	3 (n=1)
Total	100 (n=32)

Comments categorised as "other - positive" included the following:

"A very important start to helping me to change my behaviour pattern. The group taught me many positive ways to control my aggression, and in fact to restrict the anger from occurring" (Informant, Group C).

To try and further quantify the present level of physical violence, men were asked to rate themselves (since attending the group) on a scale of 0-10 in terms of physical abuse only. A rating of 0 being extremely abusive and 10 being not at all physically abusive. Four men (12%) men said they would now rate themselves as not at all physically abusive. Twelve men (41%) rated themselves as now being about a rating 9. Seven (22%) said they would give themselves a rating of 8. One man (at the time of writing in jail, on account of further

violence) gave himself a rating 1. The rest declined to rate themselves in this way, as they felt they were still having to work hard on their behaviour, and felt that such ratings might make them over confident and complacent.

Similarly, men were asked to rate themselves on other forms of abuse, with 0 being not at all abusive, and 10 being very abusive. Men were much more cautious about rating themselves in this way. Three men rated themselves as not at all abusive, but two of them said that was only because they now had no contact at all with their partners. Several men rated themselves as 4 or 5 and two men said they were still very verbally abusive, and rated themselves 9 and 10 respectively.

It is often suggested that physical violence may decrease dramatically, or stop altogether as a consequence of attending a group, but that other forms of abuse may actually increase. We therefore asked men directly, if they believed physical violence had decreased, whether they thought this had resulted in any increase in their use of other forms of abuse. Only one man thought that he had become more abusive in other ways:

"this occurred occasionally during the duration of the group. Almost replacing the physical abuse with non-physical abuse. However, at this stage, I feel that both physical and non physical abuse has improved." (Informant, Group C).

All of the other men commented that they were "less abusive all round" (Informant Group B), or said things like:

"no, in fact, even less, I think" (Informant, Group A);

"no, the group has helped me to forego these types of violence as well" (Informant, Group E).

A number of men said they knew that they were still capable of abuse, but were much better able to recognise when they were being abusive, and then either stop, or take time out, and then go back and try to resolve problems in a different way.

5.2 Attitudes/other changes

The majority (91%) of men believed the group had been effective, very effective or a positive influence in terms of changing their attitudes (Table 37).

Table 37 - Men's perceptions of program effectiveness: attitude changes

How effective: attitudes?	%
Very effective	44
Effective	16 (n=5)
Quite effective	3 (n=1)
No change	6 (n=2)
Other - positive	31 (n=10)
Other - negative	-
Total	100 (n=32)

Men commented about feeling calmer all round, not just in the home:

"I've since calmed down a lot at work, and the other men are getting to know the good side of me, because I'm not so tensed up all the time" (Informant, Group B);

"It's had a great influence on me. A very positive influence on the way I think"; (Informant, Group F)

"I am 100% able to see it from both sides now" (Informant, Group B).

Three quarters of men interviewed (75%) commented that they found it was easier to discuss personal feelings and emotions since attending the group.

6. Men's overall assessments of the program

In reflecting about what was the best thing about it, the group said things like:

"the course is very self-explanatory" (Informant, Group C);

"It was beneficial, I think simply because there were a group of men, who were all in the same boat... So that was the trick to it. Sharing your problem" (Informant, Group B);

"The course was good for two reasons. The group leaders were extremely good. I got to hear about other peoples' violence, and didn't feel so alone with the problem. The sharing of experiences and emotions was good" (Informant, Group F);

"there was no worst thing..." (Informant, Group F).

Eighty four per cent of men interviewed said that attending the group had been a worthwhile experience and had made a real difference in their lives.

They said things like:

"It really does help; it helps to talk to the other blokes about it" (Informant, Group D);

"I have known I had a problem for a very long time, and have been actively looking for help to stop it for at least five years. This course has been the best thing I've ever done. It's given me hope, and I've really learned how to deal with some things. It has changed my way of thinking, and my whole lifestyle. I realise this is something I have to continue, and to put constant effort into, if I'm ever to get peace of mind....I had long got over the embarrassment of being ashamed of my behaviour" (Informant, Group B).

Only two men said it had not made any difference at all to their lives. One of these men complained that his attendance at the group was all "a bit of a joke", and said he didn't believe the group was getting at the source of the problem. The second of these men said that his problems were related to substance abuse, and he felt that the group had not been the right group for him. Three felt that it had been helpful in some ways, but could have been improved.

Another man commented:

"It's not going to make a difference overnight. It took me five weeks before I could feel any effect now I feel the foundations have been laid and I'm just starting to improve" (Informant, Group C).

7. Men's plans for the future

Men were asked whether they had any long term plan to continue with their personal development work. While some were able to say that they had definite plans, and were aware that this was a long-term commitment, others considered their participation in the group work as being finished for the time being, and had no immediate or concrete plans for continuing. Often there were promises made about what they would do if things deteriorated again:

"I promised myself and my wife that if things started to turn bad that I would seek help so they would never get as bad as they were." (Informant, Group A);

"Well, I'll probably go to the discussion group. Yeah, I'm going to keep working" (Informant, Group B);

"what the course has done is, it hasn't cured me at all, but it's given me a lot of skills in coping. Now these skills are all new, and obviously they're working at the moment... but I do realise it's not something I can just walk away from and say I'm cured... you don't just stop and feel wonderful, I'm going to need back up, and I'm scared, and I will spend the next two years doing things to build these skills up, because I think these skills are learnt but I think they could easily be forgotten." (Separated Informant, Group B).

Sixty seven per cent of men interviewed said they had definite plans to continue with the personal development work started in the group. Only two men said that they were definitely not planning to continue at this stage, another said he was not making any long term plans because his marriage had just ended.

Some said they would be continuing to get individual counselling to deal with more damaging personal issues which had come up in the group (for example their own physical or sexual abuse as children). Several men said they were looking around for something else to do, either along the lines of communication skills, other personal growth or development work, group work around issues of men and masculinity, and a couple mentioned their plans to commence literacy/ numeracy skills courses.

8. Summary of Findings

A substantial proportion of the men in this study had previously sought assistance with their problem. A theme that ran through the responses of the men who had not was a lack of awareness of the prevalence of violence against women and a feeling of being "alone" with the problem.

While some men were disappointed with the other forms of assistance they had sought, others had found counselling and other discussion groups helpful. Approximately half the

men found the activities involved in the current programs, including experiential learning exercises, role playing and relaxation strategies, to be helpful.

The men's attendance was voluntary. Overseas programs tend to involve men whose attendance is the result of a court order: this is far less likely to be the case in the programs in Victoria. In general the men were motivated to attend the program by some specific incident such as their partner presenting them with an ultimatum or actually leaving him, or impending court appearances; or by an awareness that the violence was becoming progressively worse.

The men reported discussing in the groups issues including their own childhood experience, male socialisation and gender roles in our society; moving out of home; and the legal status of domestic violence. Many of the men reported feeling uncomfortable, and finding it difficult discussing some of these issues. They also reported having their ideas and behaviours challenged by the group.

The majority of the men believed that attending the group had been a worthwhile experience. They maintained that they now thought differently about violence and were aware of broader definitions. Almost all of the men believed that the program had been effective in changing their attitudes about violence and their actual violent behaviour. Many men also commented that since attending they found it easier to discuss personal feelings and emotions.

CHAPTER 8: WOMEN'S PERCEPTIONS OF PARTNER ATTENDING GROUP.

(Source: Interview data)

1. Introduction

An essential part of the present study was interviewing women about their partner's participation in the program (see "Methodology" for details). This was considered to be a particularly important component of the study given that one of the main objectives of the programs is to reduce the risk of violence to women. Further, one of the main feminist concerns about programs is that they may in fact put women at greater risk, it was therefore important to ask the women about their safety while their partners were on the program.

However, interviewing women partners presented a number of practical and ethical problems. First, less than half of the men attending groups (43%) were living with their partner when they started the program: some men had not been living with their partner for some time. In this situation it was generally not possible to contact partners. The research team also had ethical concerns about contacting the women, including intruding into the lives of women who were already in a very difficult situation. In order to address some of these concerns, all women interviewed were given information about the criminality of family violence, information about women's services, how to access women's services, women's refuges, intervention orders and were offered support and assistance to access any of these services. Two women subsequently took up this offer.

Ultimately 29 women, 33% of the potential group of 87, volunteered to participate in the research. In considering findings presented in this chapter, it must be remembered that, as a relatively small group of volunteers, the views expressed by these women may not be representative of all women who have male partners attending similar programs.

This chapter presents the following data from the women's interviews: a brief demographic profile; their perception of change in their partners violent behaviour, behaviour in general and attitudes; their feelings of safety; their own contact with and participation in the program; and their overall views of the effectiveness of the program.

2. Who were the women who agreed to be interviewed?

A brief demographic profile of the women provides some indication of the life parameters of the women who were interviewed. The largest proportion of women interviewed were aged between 26-35 years (45%) and 36-45 years (32%). A substantial number had not completed their secondary education (48%), however, unlike the male sample, 38% of the women **had** completed tertiary education.

While just over a third (35%) of women gave their "usual occupation/job" as "home duties", a similar proportion (34%) mentioned white collar occupations such as teaching, public service, bank and a further 10% were self-employed businesswomen. However, 14% said that they were unemployed, which when combined with the "home duties" means that close to half (49%) of the women were not in paid employment. Consistently, half of the women (55%) said that they had very little income (0 - \$150 per week) of their own.

In terms of their immediate family, most of the women (72%) had children and were living with their partner at the time of the interview (76%). Of the seven women who were not living with their partners, four said they were still in a committed relationship with this partner, but were not living together until the violence/ abuse had been dealt with. Less than half (43%) of the men who started the program were living with their partner, and the higher proportion of women who were interviewed who were with their partner indicates some biasing of the sample on this dimension. This is in part a consequence of the difficulties involved in contacting partners where men have been separated for a long time.

3 Change

The safety of the women partners has to be of primary concern when examining programs in the domestic violence arena. The researchers were therefore concerned to obtain women's reports of the level of violent behaviour, any changes in their partners behaviour and their perceptions of their safety.

3.1 Violence & abuse

The women reported higher levels of violence before their partners started the program than was indicated in the survey responses of the men: 19% of men reported "frequent" violent behaviour at Time 1, compared to 44% of the women; and 50% of men reported that they were "never" or "hardly ever" violent, compared to 33% of the women (see Table 32, and Table 33 in Chapter 6 "After the Program"). Similarly, at Time 2 while only 2% of men reported frequent violence, this was reported by 7% of women. Further, while 86% of men reported that they were no longer violent at Time 2, only 33% of women reported that their husbands were no longer violent after having started the program. One problem in comparing these percentages is the small number of women (the table cells often have an n of less than 10). Nevertheless, it is clear that some difference exists. A potential explanation for this finding may be that the women who volunteered to be interviewed were a select group of women who were in fact subject to higher levels of violence than other women partners. However the researchers see no reason why this would be the case. A more feasible explanation, given the profile of the men who did complete the program and other literature on this topic, is that the men tended to underestimate the level of their violence, failed to name some of their behaviour as violent, or simply did not report it accurately (Table 38).

While there are differences between men and women in the reported frequency of violence both at Time 1 and Time 2, the women, like the men (see Chapter 6 "After the Program"), report some decrease in the frequency of the violence after the men started the program. Before the program all women reported that now their partners were physically violent, whereas since program commencement 33% reported that now their husbands were not violent. Before the program 44% of women reported frequent physical violence, whereas since the program 7% of women reported the same frequency.

However both before (55%) and since program commencement (59%), over half the women reported that they were the subject of physical violent either "sometimes" or "hardly ever".

Table 38 - Physical violence - women's reports: before and since program commencement.

Frequency of physical violence	Before group %	Since group %
Frequently	44 (n=12)	7 (n=2)
Sometimes	22 (n=6)	15 (n=4)
Hardly ever	33 (n=9)	44 (n=12)
Never	-	33 (n=9)
Total	100 (n=27*)	100 (n=27)

* Two women were excluded from this table, as they were no longer living with or were in contact with their partners at the time they were interviewed.

The women were also asked about the frequency of other forms of abuse before and since program commencement. All of the women reported being victims of other forms of abuse before their partners began the program: this compares with 98% of men who reported committing other forms of abuse (see chapter "after the program"). Since their partners had begun the program, only 11% reported that now these forms of abuse "never" happened. Nevertheless there is some general indication of a decrease in the frequency of abuse. Before the program 74% of women, compared to 11% of women after the program began, reported that this abuse occurred "frequently" (see Table 39)

Table 39 - Other forms of abuse - women's reports: before and since program commencement

Frequency- other forms of abuse	Before group %	Since group %
Frequently	74 (n=20)	11 (n=3)
Sometimes	22 (n=6)	30 (n=8)
Hardly ever	4 (n=1)	48 (n=12)
Never	0	11 (n=3)
Total	100 (n=27)	100 (n=26)

* N=26: One of the women, who reported that her partner was frequently abusive in non-physical ways at the time he commenced the group, had since left her partner and now had no contact with him.

Most women who were interviewed mentioned experiencing several different kinds of abusive behaviour. Over two thirds (76%) of the women reported that they had been subject to verbal abuse, and just under half (48%) said they had been emotionally or psychologically abused. Five women (17%) spoke about financial or economic abuse, and a further four women spoke about threats or intimidation. Six women (21%) spoke of damage being done to their property. Two women spoke about being "smothered": of being followed, driven everywhere, phoned several times a day to see what they were doing and so on. (This type of behaviour is generally referred to as social abuse by family violence workers). Three women described threats of suicide by their partners, and other acts such as being locked out of the house, and being demeaned in public. Frequently the women themselves did not speak of these forms of behaviour as "abuse", naming only physical violence as "real" abuse.

"not really abusive, it was more emotional things and manipulation" (Partner, Group D).

3.2 Formal responses to violence

Just under half of the women (48%, n=14) said police had been called on account of their partners behaviour, prior to attendance at the group. This is consistent with the proportion (47%) of men in the total sample who reported police involvement. One woman reported that she had called the police since her partner had commenced the group.

Referring to the period before their partner joined the group, three women said they had tried to contact police but had been unsuccessful. In one case, a woman's partner had wrenched the phone out of her hand and slammed it down. In another case the woman contacted police who told her to "ring back when she'd settled down" (Partner, Group H). Yet another one woman had been told that they "couldn't attend domestic violence" (Partner, Group C).

Twenty four per cent of the women interviewed had taken out intervention orders against their partners prior to his attending the group. This is a lower proportion than that reported by men in the total sample population, where 33% reported that their partners had used intervention orders. No-one had taken out intervention orders since partners began the group.

Eight (28%) women interviewed had received medical treatment for physical injuries and two had needed physiotherapy on account of injuries received. This proportion is consistent with that reported by men in the overall sample (28%), and may indicate that these particular men may not have under-reported the extent to which their partners had been injured. Two women (7%) had needed treatment for physical injuries since he attended the group.

Five women (17%) had received medical treatment for depression on account of their partners abuse prior to attending the group: 3% had received treatment for depression during or since her partners attendance in the group. Seven women (24%) had received medical treatment for psychological or emotional problems on account of his behaviour prior to attendance, compared to one woman (3%) during or after the group. At commencement of the men's group, one woman was attending a women's psychotherapy group, and two were having physiotherapy on account of past injuries.

Several women were taking anti-depressants, and said that it had something to do with the abuse, but was also to do with other things. Some of the women who had gone to their doctors for treatment of physical injuries or depression had not told their doctors the real reason for their condition.

Eight women (28%) said they had not had treatment for any medical matters, either before, or since his attendance at the men's group. Four of those women said they probably should have, but did not. One of these women mentioned that she had been severely physically abused while pregnant and said that she really needed to get medical treatment, but she had been too run down and debilitated at the time to get to the doctors or a hospital.

3.3 Behaviour in general

As another way of obtaining information about changes in the men's behaviour, the women partners were asked the general question, "How effective do you personally believe the men's group had been in terms of changing his actual behaviour?" This was an open-ended question with no fixed responses, however the responses were coded according to the exact words women used (ie. effective, very effective, don't really know), and these are presented in Table 40.

Close to half of the women (45%) said they believed that the program had been effective (45%) in changing their partners behaviour (Table 40). Another 17% gave a range of positive responses which are coded as "other": one of these said it had been "life-saving", another that it had been "extremely worthwhile, and had given him some hope"; one that it was "great" , another that it was "good so far"; and another commented that there was now no physical violence.

Table 40 - Women's perceptions of group effectiveness in terms of behaviour change.

Group effectiveness: behaviour change	%
Very effective	35 (n=10)
Effective	3 (n=1)
Reasonably effective	7 (n=2)
Other -positive	17 (n=5)
Not very effective	3 (n=1)
Don't know	14 (n=4)
Too early to say	21 (n=6)
Total	100% (n=29)

In responding to the more general question regarding behaviour change, women frequently referred to changes in physical violence:

"Violence has ceased, and my partner vows not to resort to violence again." (Partner, Group E);

"There was a huge reduction in the amount of physical violence. He was more verbal about his own feelings and needs" (Partner, Group E);

"His verbal abuse isn't as bad. It's very little now.. he seems to be able to control his temper a little bit more." (Partner, Group D);

"Yes... he is less aggressive and more attentive" (Partner, Group C);

"No physical abuse has occurred since he attended the group, although it had occurred 5 or 6 times over a 12 month period preceding that" (Partner, Group E).

While only one women said she felt that the program had definitely not been effective in changing her partners behaviour, a total of 38% of the women were not confident that the program had brought about any change in their partner's behaviour. Four (14%) women said they did not really know whether or not the group had been effective. This included two women who were not currently living with their partner. Another woman said she did not know the answer to the question because it had:

"not been very effective in the short term, but hopefully in the long term it would be helpful to him" (Partner, Group E).

Another women commented that:

"I think the basis is there, but he has a long way to go to stop his bad behaviour" (Partner, Group C).

Six women said they believed it was too early to comment (most of the women were interviewed while their partners were still attending the program). One of these women said she did not know whether the cessation of physical violence was because he was attending the group, or for other reasons.

The woman (now separated) who said it had definitely not been effective said:

"I think it actually became worse... because he is unable to accept any sort of criticism, or discuss any real issues without getting angry" (Partner, Group C).

As another way of obtaining information regarding behaviour change, the women were asked if their partner did anything differently since attending the group. Almost all women interviewed believed there were some differences, including the women who had previously said it was too early to say whether or not they thought the group had been effective in changing behaviour. When speaking of these differences the women tended to refer to the men's behaviour as being less impulsive and of the men thinking before responding, either at home, or at work:

"Yes. He can listen and talk about personal feelings now. He has more time for his children" (Partner, Group C);

"He does everything different" (Partner, Group B);

"He thinks before he speaks or acts" (Partner, Group A);

"Lots of things, both at home and at work" (Partner, Group C);

"He is less likely to go off the deep end. This could also be because he doesn't live here any more, and therefore does not have the power over me that he used to" (Partner, Group B);

"He thinks before he acts" (Partner, Group F);

"He's dealing with work differently" (Partner, Group D).

However, it has to be said that these women were often desperately hoping for change, and in some instances, remarkably forgiving. All groups were hoping to teach men to stop and think before responding: this in itself might be interpreted by women as a "new", different and positive response.

Nevertheless, one woman who had left her partner during the life time of the group said:

"I don't believe B.. will ever change. He still believes he can come around here and walk in as if he owned the place. He came and took the burglar alarm system off the car the other day, because his car is more important than mine..." (Partner, Group C).

Since programs intend to have some impact on the way in which the men deal with and respond to stressful interpersonal relationships, therefore another area in which change might be expected is in regard to their children. The women were therefore asked whether they had observed any

changes in the way their partner behaved in front of the children. Fifty percent (n=13) of the women believed that there were differences in the way their partners behaved towards and in front of the children, since attending the group (Table 41), for example:

- "Yeah, he's making an effort to try not to yell while the kids are around." (Partner, Group D);
- "Yes. There is more closeness and affection (less "not my kids" attitude)" (Partner, Group E);
- "He is more loving, he talks to them more, he explains more to them about when or why he is upset" (Partner, Group C);
- "He is more calm, the kids love it" (Partner, Group F);
- "His frustration with his teenage son is more controlled now" (Partner, Group C);
- "He was never abusive or violent towards our daughter, but he never had time for her. He'd always want to relax, have coffee or a drink before playing with our daughter. Now he plays with her first, before he does anything else when he gets home" (Partner, Group D);
- "He is less likely to explode these days" (Separated partner, Group B);
- "he does not jump in as often without knowing any details. He is more likely to talk things through with them." (Partner, Group C);
- "He does things with the kids. He plays with them now" (Partner, Group C).

Table 41 - Women's perceptions of men's behaviour change toward children.

Different with children	%
Yes	50 (n=13)
No	4 (n=1)
Don't really know	4 (n=1)
Unsure /Too early to say	35 (n=9)
Other	8 (n=2)
Total	101% (n=26)*

* N=26: three of the women/partners did not have children

Only one woman felt that there had been no change in her partners behaviour in front of the children. However, a significant proportion (43%) of the women did not feel sure they could comment on such changes, either because they were not living with partner, or their partners were still only half-way through attending the group:

- "MMMM... I'm not really sure about that." (Partner, Group E);
- "It's too early to tell really. I think he is getting better with them" (Partner, Group F).

As an overall question to determine their perception of changes resulting from program participation, the women were asked whether their partners participation in the group had made any real difference to her life. A pattern of responses emerged which were similar to the others reported in this section: about half the women (48%) believed his attendance had made a difference, while the other half (41%) were uncertain. Women who did perceive a difference in their life made comments such as:

"it certainly made life more livable" (Partner, Group D);

"There is a definite improvement in my circumstances" (Partner, Group E);

"It certainly has - it certainly has, it has given me hope" (Partner, Group E);

"It's more peaceful now, we have a more fulfilling relationship" (Partner, Group C).

However, 41% of the women again felt that it was too early to tell. One woman reported that it had definitely not made any difference to her, and another said:

"Indirectly, yes, because he left home during the course of the group, and that has made my life better" (Partner, Group C).

3.3 Attitudes

Since the program's objectives refer to changes in attitudes and beliefs as well as ultimately on behaviour, the evaluation looked for changes on this dimension as well as on behaviour. The men's responses to questions on the survey regarding gender attitudes did not indicate any major shifts (See Chapter 6). However, a substantial proportion (45%) of the women indicated that they believed that attending the group had been effective or very effective in changing their partners attitudes (Table 42). In reply to this question one women said:

"He is changing his attitudes faster than his actual behaviour" (Partner, Group C).

Table 42 - Women's perceptions of group effectiveness in terms of changing attitudes.

Effectiveness of attitude change	%
Very effective	35 (n=10)
Effective	10 (n=3)
"Slightly"	3 (n=1)
Not much change	3 (n=1)
Don't know	3 (n=1)
Can't really tell	31 (n=9)
Other	14 (n=4)
Total	99% (n=29)

However, 41% women were not so confident that the programs had been effective in bringing about any changes in their partners attitudes. Two women (6%) talked of "slightly" or "not much change" and just over a third (34%) felt that they either did not know, or could not yet determine whether there had been any changes in attitude.

In responding to this question some women did not explicitly refer to changes in attitudes, so these women's responses were coded as "Other". These responses were:

"It has given him the guidance he needed; for example what is expected of men and women" (Partner, Group D);

"It has helped" (Partner, Group E);

"He is less manipulative - he realised the consequences of his actions... I gained confidence in myself as a result. I stood up to him more. He helped me". (Partner, Group C);

"Before attending the group there was verbal abuse, destruction of property, threats of suicide, lies to his family, dangerous driving with me in the car, and he would deprive me of sleep. This would occur every 3 or 4 weeks, during severe arguments. It has not occurred since attending anger management" (Partner, Group E).

At other points in the interview the women indicated that they thought that their partners did think about things differently since attending the group and gave as reasons or evidence for their belief such things as:

"I know he thinks about our daughter differently these days. I know this because he's said so, and said that he was so wrong before in the way he treated her" (Partner, Group D);

"Yeah, he does. I think so because he told me about some jokes that were, you know, mainly towards women, and he said once upon a time he would have laughed at this, but he wouldn't now. So he's changed in that way" (Partner, Group D);

"Yes, he allows me more freedom, and gives himself time to do things he really likes" (Partner, Group C).

4. Women's perceptions of safety

Women were asked directly if they believed they were any safer since their partner had attended the program. As with other questions, this was an open-ended question without any fixed response categories. The responses have been coded on the basis of women's first few words of response, and presented in Table 43. Over a third (37%) of the women said that they felt very safe, safe or fairly safe. Women said such things as:

"Very safe. Much more able to express my views, and I don't feel as threatened" (Partner, Group C)

"Safer, because he doesn't live with me any more" (Partner, Group B).

Another 10% (n=3) felt "about the same", or "OK", in terms of safety. Two of these women pointed out that they had not felt unsafe before their partner attended the group.

However the responses of the remaining women indicated some reservations about their safety. Close to a third (31%) indicated that they did not know if they were safer and another 3% that they did not feel safe. Women said things like:

"I still feel threatened. I am not sure how far I can go, in case violence occurs" (Partner, Group C);

"That's very difficult. I can't predict the future. I don't know whether I'm any safer or not" (Partner, group F);

"There's been a lot happened between us. It's hard for me to know how safe I am" (Partner, Group B);

"It will be a long time before I will feel safe" (Partner, Group E).

Table 43 - Women's changing feelings of safety.

How safe now?	%
Very safe	10 (n=3)
Safe	24 (n=6)
Fairly safe	3 (n=1)
A little bit safer	7 (n=2)
About the same/OK	10 (n=3)
Not all that safe	3 (n=1)
Don't know	31 (n=9)
Not applicable	10 (n=3)
Other	3 (n=1)
Total	100 (n=29)

To further explore this topic, the women were asked how safe they thought they would be if they were now to leave their partner. Again there were no fixed response categories to this question, but the responses have been coded and displayed in Table 44. Women were much more cautious in their response to this question: while a third (34%) reported feeling safe, just over half (52%) of the women, even those who reported big changes in their partner's thinking and behaviour, said that they were unsure about their safety if they were to leave. They indicated that they would not take any risks, and would go somewhere where he could not find them:

"I wouldn't be taking any chances: I wouldn't let him know where I'd gone" (Partner, Group B).

Table 44 - Women's perceptions of their safety if they were to leave in future.

How safe if left in future?	%
Safe, very safe	34 (n=10)
Not unsafe before	7 (n=2)
Don't know, unsure	52 (n=15)
Left already	7 (n=2)
Total	100 (n=29)

5. Women's contact with groups

Since most groups maintained that they were in regular contact with women partners, we asked women about what they had been told about the group. There were conflicting replies to this question, even among women whose partners had attended the same group. Some women were not contacted by program staff, or anyone from the agency, even though this was contrary to the stated policy of the group concerned. For example, Group B's stated practice includes routinely sending a letter to women, giving information about the group, and inviting women to contact the centre for further information or assistance for themselves. A follow up phone call to the women is also stated practice. However one woman reported:

"No. They didn't call me. Only M.. (her partner) came and asked me about you [interviewer] coming to see me... They've given him a lot of information, but not me" (Separated partner, Group B).

In contrast, another woman whose partner was attending the same group reported that:

"X [Group leader] called and asked if I needed information. He told me what support was available to me" (Partner, Group B).

This sort of inconsistency was also apparent at other groups:

"We were invited to a meeting and given a comprehensive summary of the course, as well as information about what support was available to us" (Partner, Group C);

"very little" information had been provided and even then I had to ask", (Group C);

"We went through the steps and subjects covered, courses and groups available for women, if they needed it." (Group C).

These differences in women's experiences may in part be due to problems with contacting the women partners. Program staff reported that it was not always easy to contact women partners since men are not always truthful about whether or not they are separated:

"Men sometimes claim that they do not know their partners address or phone number: this might be true, but sometimes it is not" (Reference Group Member, Group H).

Another problem may be a consequence of reading material and other information intended for the women partners being sent home with the men. Such information did not always reach the women:

"he'd just put it all away up on the shelf and it didn't come out again till next week" (Partner, Group E);

" he selected things that he wanted me to see and didn't show me most of it. It is difficult to assess what is going on when you haven't seen all the relevant material" (Partner, Group C).

Other women did receive the material but found it difficult to understand:

"Yes he did... but it was hard to understand and wasn't explained to me. I couldn't understand the terminology" (Partner, Group C);

"I didn't understand it sometimes" (Partner, Group C).

On the other hand some women did receive the material and found it very informative:

"It was very interesting.. there should be books or other material made available to the women partners, to help us to understand more about family violence, and how we (women) get caught up in it" (Partner, Group E);

"it was extremely informative on some issues" (Partner, Group C);

"All material was helpful and thought provoking" (Partner, Group C).

Nevertheless, it was clear that many men were reluctant to discuss with their partners what happened in the group or the materials they brought home. One man had told his partner that:

"everything discussed in the group is confidential" (Partner, Group D);

"I would have liked to discuss these issues with him, but he didn't want to talk about it" (Partner, Group C).

When men were able to discuss the material and the program with their partner, the women considered their attempts to start up new types of conversation as very positive:

" discussing these issues was a mixture of hard and easy. Very soul searching, and lots of choices that we never knew what was possible. Instead of a life of I cant change, now we know that we have choices. Its up to us what we choose" (Partner, Group C);

"At first he would leave it around for me to find, for example on the desk, or on the table. Now he discusses issues. Being able to have these discussions is helping to rebuild my trust in my husband" (Partner, Group E).

Overall, while one objective of most programs was to keep the women partners informed about the program, it appears that not all women obtain such information, either directly from program staff, or indirectly from their husbands.

It also appears that not all women are informed about the services that are intended to be available to them. In general program staff indicated that women were told about a range of services and supports which were available to them through the agency to which the program was attached. Group leaders sometimes assumed that women knew about the support services that were freely available to anyone attending their agency. However, the interviews with women indicated that this was not always the case. One women had been contacted by group leaders, had attended a special meeting for women partners, had been given information about her rights,

told about a women's group, and told she could access group leaders by phone. However she had never been told specifically that individual counselling was available to her at the agency, hence she had paid to go to a private counsellor which she could ill afford at the time (Partner, Group C).

Women were usually offered one of two different kinds of support group: a support group that was available to all women in the community; or a support group specifically for the women partners of men attending the men's program.

At some agencies a domestic violence support group (independent of the men's group) was available to all women living in abusive situations. One woman's comments about a group of this kind were:

"It was extremely helpful. It allowed me the space to think, and to give him space to think without getting anxious or agitated" (Partner, Group C).

Other agencies offered a group specifically for partners of men attending the men's group. These groups were intended to give support to women while at the same time providing information about what was happening in the men's group:

"The women's group has been extremely helpful - this group put me among people who had experienced many of the same problems and understood first hand. The group only ran for four weeks which was far too short." (Partner, Group E).

One of these groups for women was implemented in association with Group E in response to direct requests from the women partners:

"I think most of us said to our partners, well there needs to be something for women as well. Because we didn't know what the groups were about, we didn't know what they were doing, or telling them or anything." (Partner, Group E).

6. Women's overall thoughts about the groups

Most of the women interviewed supported the idea of groups for men. Even women who were separated from their partners, saw it as a way of ensuring at least some relief for women, and as providing a real opportunity for change (either for women or for men):

"When I first heard about it, I felt great relief that such a scheme was being run and that my husband wanted to attend. I was a little sceptical for the first few weeks, due to the fact that we had not experienced any success from marriage guidance counselling." (Partner, Group E);

"So many people would benefit by them. I wish there had been something like this around 28 years ago" (Partner, Group C);

"I have since suggested it to my boss for someone at work" (Separated Partner, Group C);

"it is a shame these groups are not more readily available and more commonly known about. It is a bit like preventive dentistry. But you have to be careful that the men don't get all the attention while the women are still sitting at home" (Partner, Group B).

When asked what they thought had been the best thing about their partners attendance, the women's comments included:

"It gave him food for thought, and gave me a night off" (Partner, Group D);

"He's learned he can't treat me as being below him. He has to treat me like a person, and he has had to learn to listen" (Partner, Group D);

"It gave me some free time" (Partner, Group A);

"he is a lot calmer" (Partner, Group C);

" making him aware of the things I had been saying to him for years- when a man said it to him he listened and understood" (Partner, Group C);

"he is much more positive and is now following it up with other things." (Partner, Group C).

The majority of women interviewed (66%) said that his attendance at the group had been a worthwhile experience from her point of view. Women's remarks included comments like:

"it validated what I'd been saying to him" (Partner, Group B);

"Yes, I'm learning to trust him again because I can see a definite improvement and change of attitude" (Partner, Group E);

"It led to a lot of emotional upheaval, but it has helped improve his behaviour and awareness" (Partner, Group C)

For three women, intervention with men had clearly come far too late. These women now felt they were in a different "space" to him.

The general support by women for the program has to be considered in the context of their other efforts to obtain help, which from their perspective had been largely unsuccessful. Seventy three per cent of the women interviewed had attempted to get help for themselves in dealing with his behaviour, either in the form of support, advice about leaving, or by looking for help for him. Women had usually approached more than one potential source of help. Close to half of the women had been to friends (45%) or a social worker (48%). Over a third of the women had spoken to their family (38%), a doctor (35%) or some "other" person (35%). Close to a quarter of the women (24%) had contacted the police. In contrast to the findings of other studies, the women in this group were more likely to have sought professional/formal advice.

However, in general the woman had not found the help they needed from the sources they had reached out to, as one women said:

"I tried family, friends, doctors, social workers, police, and none of them were any help" (Partner, Group E).

Thus the women's comments about the overall effectiveness of the men's program have to be considered in the light of their many previous, unsuccessful attempts to obtain assistance.

The women were also asked what they thought was the worst thing about their partner attending the group. From their point of view:

"He found it hard to take responsibility and blamed my family for the problems" (Partner, Group C)

"His whingeing beforehand and saying he wasn't going to go. Nothing has happened since he went to the group that has made things any worse than they were before" (Partner, Group D);

"There was nothing bad about it, only that he hasn't kept up with going to a follow up group" (Partner, Group A);

"Nothing, except depriving me of his company!" (Partner, Group E);

"I felt scared that he might leave me" (Partner, Group C).

The women were given the opportunity to make recommendations for how the groups could be improved. In general they recommended extending the length of the life of the group, or making sessions finish earlier (some groups finished fairly late at night):

"I think shorter classes over a longer period would have been better, with special counselling afterwards for women partners" (Partner, Group C).

Other women felt that while they did not want to attend the group with him, they wanted more information about what actually happened in the group, or would have liked to observe a group session for themselves to see how it worked:

"maybe let us women in one night, so we can all listen together" (Partner, Group C).

Another woman believed that communication between women partners and groups was not easy enough:

"I would have liked them to set up some sort of agreement or contract that would have involved a lifeline for me, so that when he got to a certain point, I would have been able to call someone up, like an emergency contact" (Partner, Group B).

Others were concerned about men's ability to continue to work on themselves after the group's life had finished:

"I would have liked it if someone had tried to chase him up to keep on with the work after the group finished" (Partner, Group A).

7. Summary of Findings

Overall the women reported being more frequently the victims of violence at the hands of their partners than was indicated by the men. This was particularly noticeable in regard to the frequency of physical violence after program commencement. In general the women indicated a decrease in the frequency of both physical and non-physical violence after their partners had commenced the program. However, many of the women were still victims of physical violence and/or non-physical abuse.

Close to half of the women believed that program participation had brought about some changes in their partners behaviour in general, had made some real difference to her life, and had been effective in changing his attitudes. However, the other half of the women either said they did not know, or in general tended to be uncertain about the effects of the program to that point in time. Some degree of uncertainty is probably to be expected since the interviews with the women were most often conducted before their partners had completed the program.

While some women felt safer since their partners had started the program, in general the women expressed reservations about their safety and in particular their safety if they were to leave their partner.

Most of the women were interested in knowing more about the program. While some women had received information from the group and found it to be helpful and informative, other women had not been contacted at all. Few program participants either discussed the program with their partners or passed on materials. Neither did women appear to be familiar with the range of services that were available to them at the agencies to which the men's programs were attached. The women who had attended either a support group for women whose partners were attending the group, or a program available to all women who were survivors of domestic violence, found these to be helpful.

Overall the women tended to support the idea of a men's program and thought it had been a worthwhile experience for both them and their husbands. Most of the women had sought help from a number of other sources and were not satisfied with the outcomes. They believed that the men's program offered another potential means of addressing the problem of their partner's violence.

CHAPTER 9: CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study has been to provide a detailed account of a selection of Victorian programs for male perpetrators of family violence, and to assess them in light of critiques from feminist and other groups. In reviewing programs, we have been particularly concerned to ascertain whether they may:

- be depriving services for victims of scarce resources;
- be jeopardising the safety of women by influencing them to stay with violent partners;
- be ineffective in reducing violent and abusive behaviour;
- be allowing men to pathologise and find excuses for their violence instead of accepting responsibility; or
- be working in isolation from women partners and their needs.

Methodological and ethical factors made it impossible to explore all these issues with equal thoroughness. In measuring program impacts, for example, the ideal would have been to assign men randomly to treatment and control groups, and to analyse police and other data on violence over an extended period. However the fact that programs were geographically dispersed made random assignment impossible, and ethical concerns about women's safety and the men's need for support made centres uncomfortable with the notion of denying some applicants immediate access to groups. The research team also lacked resources required to undertake sustained follow up of participants.

Instead of adopting quasi-experimental methods the study therefore has focused on descriptive and interview data, and on self-reported shifts in attitude or behaviour. On balance, we are not disappointed that more rigorous empirical research designs could not be used. As Gondolf (1993) points out, the United States already has seen more than thirty such evaluations and the picture still is inconclusive. Rather than adding another volume to this accumulating mass of contradictory evidence, our study at least provides insight into what programs are attempting to do, and helps put policy questions and critiques into context.

1. Programs and participants in context.

It is clear, for example, the unlike many programs in the United States and other countries, these Victorian initiatives tend not to have strong formal links with criminal justice. Almost all the men taking part in these groups had not been compelled to be there by a court order and were participating on a voluntary basis.

That attendance was voluntary does not, of course, obscure the fact that a number of participants were serious offenders. It does however suggest that, at least for the programs studied, magistrates had not seen it as appropriate to use provisions under the Crimes (Family Violence) Act to compel attendance. Given that approximately one quarter of the men enrolled in programs failed to complete them, and that virtually all program leaders saw effectiveness as being critically dependent on participants' motivation and willingness to change, we are not critical of the courts' apparent reluctance to make attendance a condition of a court order.

Another important finding was that more than half the men in programs had undergone a

separation, or for some other reason were not currently living with a partner. This helps put concerns about partner safety into perspective and suggests that there may be a need to reassess beliefs about abusive men's attitudes toward seeking assistance.

Most of the participants in these Victorian programs actively had referred themselves to programs or at the very least had accepted advice from others that they should do so. This runs counter to the widespread belief in Australia that men who are violent or abusive in family settings never seek help voluntarily. Data from the current study and from community health sources in several regions of Victoria seem to indicate that the contemporary situation is more complex, with increasing numbers presenting themselves to agencies.

Factors which may help explain this include greater media publicity and other community education about the problem, and reduced social tolerance toward those responsible. During 1992, a six week Violence is Ugly campaign, which involved advertisements targeting men in a Victorian mass circulation newspaper, resulted in more than five hundred calls to relevant agencies. Whatever the reasons, abusive men do now seem more prepared to offer themselves to programs on a voluntary basis. Any assessment of the viability and continued need for perpetrator initiatives must take account of this trend.

A final point to be noted in putting these eight programs into context is that attendance data revealed a distinct bias toward men who had failed to complete secondary education, were in trade or labour occupations or who were unemployed. While men with tertiary education or in the professions did attend groups, and there was little evidence to suggest they were less physically violent or abusive than the other men, numbers were much lower than might be expected from Victoria's general population. We should be careful, however, about concluding that men of higher socio-economic status are less often abusive toward their partners. Many of these programs were in localities with substantial catchment populations among communities whose residents were lower salary earners or dependent on some type of benefit. It is possible, moreover, that more affluent men simply are more reluctant to refer themselves to programs. Further thought needs to be given to ways of encouraging such men to acknowledge problems and seek assistance.

Having located programs and participants in broad context, it now is appropriate briefly to summarise the relevance of our findings to major questions raised about initiatives for perpetrators.

1.1 Do perpetrator programs take resources away from services to victims?

Data in this study do not support arguments that funding for male perpetrator groups imposes a significant drain on resources which might otherwise be channelled into services for abused women. Most groups in fact had been established not as "stand alone" specialist programs but in the context of a range of services already being provided by community health or other welfare agencies. Services to men were complementing other support facilities - such as one to one counselling, special assistance for women, advice and advocacy - offered by agencies at the local level. Very few of the Victorian groups we assessed had received direct government funding for their establishment or maintenance.

Further confirmation that the initiatives reviewed in this study do not detract from services to women came from staff of the programs themselves. Most were generalist workers, who had become involved in providing men's groups as part of their normal duties. They argued that, were these programs to be abolished, the fact that increasing numbers of men seemed to be seeking help may well mean that staff still would be required to see them on

an individual basis. By working with men in groups, most staff saw themselves as freeing time for appointments with other clients - including women victims.

Generally our study suggests that a "zero sum" view, which conceptualises programs for men as existing at the expense of services for victims, may be short sighted. From discussions with women partners it was clear that many saw the group perpetrator initiatives as of direct or indirect benefit. None of the women partners wanted to see these programs abolished, or could conceive that such a move would be helpful to themselves.

1.2 Do programs jeopardise women's safety by influencing them to stay with violent partners?

The possibility that male perpetrator programs may be giving women partners false hope and encouraging them to stay in abusive relationships is one which causes women's services and other interests considerable concern.

To some extent, these fears may be allayed by the fact that the majority of participants in groups reviewed in this study already had separated from partners at the time of entering a program. It also should be noted that a substantial proportion of the women interviewed did not, in fact, believe that the man's participation in a group had made them safer, and the majority stated that violence and other abuse did not stop immediately a program commenced. Our research suggests that none of the services concerned were presenting women with exaggerated claims about groups' success in changing the behaviour or thinking of men who attended. Generally, program leaders claimed they advised women that they should not let a man's attendance affect decisions about staying in or leaving a relationship and that they had made it clear that, whatever a woman's decision might be, ongoing support would be available.

Despite this, there always is a possibility that a program participant may try to exploit his involvement in order to persuade a woman who had intended leaving to stay (Stanko 1994). We strongly recommend that programs make even greater effort to ensure that female partners are neither directly nor indirectly exposed to misleading messages, or encouraged to see enrolment in a program as a reason to remain in a relationship. From our discussions with women, it seems that programs may not always be providing the levels of feedback and support they feel they need. Data from this study, which indicate that even after participation in programs most male participants have high scores on anger and aggression, confirms that services have a moral obligation to keep partners fully informed and not allow them to be lulled into a false sense of security.

1.3 Are the programs ineffective in changing men's violent and abusive behaviour?

Assessment of the groups' impacts on attitudes and behaviour was of critical importance for the study, but for reasons outlined earlier was most difficult to achieve. From the interview data it was clear that many women considered that participation had helped bring about some change in their partner. A few males claimed that the program had extraordinarily positive effects on ways they behaved and were perceived:

"My kids are no longer scared of me ... they come and sit on my knee when I get home, instead of running and hiding. It's great!" (Male participant)

It is important, however, that remarks such as this not be allowed to create false expectations. Group based initiatives which can last for ten weeks or less are unlikely to be able totally to transform attitudes and behaviours acquired over a life time. Men involved in programs did score lower on self reported assaults and abusive behaviour than previously,

and did tend to register some reduction in their scores for proneness to aggression. Even after exposure to groups, however, more than 70% still were at nine or above on Maiuro *et al*'s brief anger and aggression scale: scores which its devisers would see as signifying continued potential for violence. As mentioned earlier, moreover, the majority of women interviewed were not prepared to state that their partner's participation had rendered them safer and not all women reported an immediate cessation of abuse. Overall, the most reasonable conclusion from these findings is that while participants and partners may assess group programs as a valuable resource, it would be unwise to view them as reliable mechanisms for rendering abusive men less dangerous. Program managers should emphasise, as most already do, that while participation in a group may well bring about some shifts in thinking and behaviour, participants and their partners should see attendance merely as one step in a long and uncertain journey toward the man's accepting responsibility and achieving some lasting change in behaviour.

1.4 Do group programs allow men to pathologise and find excuses for their violence instead of accepting responsibility?

Providing definitive answers to this question also was not easy in the context of the current research. While some researchers (eg Adams 1988) have assigned programs to discrete categories on the basis of their intervention philosophies, our findings suggest that groups tend in fact to utilise a mixture of ideas and approaches.

Overall, though, data suggest that the eight programs participating in this study should be classified as educative and pro-feminist rather than therapeutic. All had adopted a very broad definition of violence which included both physical and non-physical coercion, and all had put emphasis on teaching men to recognise and acknowledge the various forms of abuse. All staff saw it as important to confront and challenge sexist attitudes and controlling behaviour - and women partners and male participants confirmed that this did in fact occur during meetings.

It should be acknowledged, however, that while no program could be described simply as a "therapy group" our detailed review of the content of individual sessions indicates that virtually all contained some elements of therapeutic or clinical practice. Many groups, for example, used relaxation techniques at the beginning or end of sessions. Presence of these elements is not surprising, when one considers that the majority of staff had been trained as social workers, psychologists and community welfare workers. As the following quotes (emphases added) from interviews illustrate, however, there did seem to be an associated tendency for some male participants, and some female partners, at times to employ the terminology of treatment, therapy and cure when reflecting on their experience:

"I know I'm not **cured** ... and I'll have to continue to work on this for a long time" (Male participant);

"I thought he would have to continue **treatment** after the initial 10 weeks, but this has not been necessary" (Female partner).

Readers should be wary, however, about attributing excessive significance to linguistic uses. Even when illness, disease and treatment analogies were invoked, it often was in contexts which related to education or work:

"I thought I could use the **therapy** in the future if D [Male partner] is down again, and remind him of the **course**, and of the solutions the course offered when in crisis" (Female partner);

"What this **course** has done, it hasn't **cured** me of violence, but it's showed me that I can choose not to respond in that way. I've been **taught** other ways to do things" (Male participant)

Whatever the language used, a key unifying theme for all eight programs was the inbuilt assumption that aggression and abuse were learned or acquired rather than innate, and could be "unlearned" if a participant concerned was motivated and appropriate techniques and strategies were applied. This aspect, and the underlying conviction that one can "learn" to be non-violent by undertaking a course in a normal, non-stigmatising setting, seemed to provide great encouragement to many of the men attending, and was a significant source of strength for groups. It is important that programs continue to locate learning about violence and abuse in contexts which also identify and critically assess broader issues relating to male socialisation, power and control.

1.5 Do group programs work in isolation from women partners and their needs?

The final question, critically important from a feminist perspective, was whether these programs were devoting adequate attention to the needs of female partners. For reasons canvassed earlier, ethical factors made this aspect of research difficult. Not all partners could be contacted, and we had to be extremely careful about the circumstances under which interviews were initiated and conducted. Nonetheless, the study did yield some significant findings.

In particular, discussions with women indicated that while staff practices generally were consistent with stated philosophies, one or two programs could achieve improvement in their liaison with partners and monitoring of men's behaviour, and in the messages they gave about the criminality of family violence.

From discussions with some partners and participants, researchers formed the view that some programs were not as effective in promoting women's safety as their rhetoric would indicate. To ensure safety it is essential that groups endeavour to obtain feedback from women about ways partners are behaving between group sessions. From our study it was clear that patterns and levels of abuse reported by partners often can differ significantly from the self-reports offered by program participants. Contact with women always will be the most reliable method for group leaders to obtain alternative views on what is going on at home. Programs must try to become aware of and correct unintended and unhelpful messages - for example that 'other men are worse than me' - which may be conveyed by the group process itself.

Group programs for male perpetrators must see former, current and prospective partners as ultimately their most important consumers. Recognising this entails that services make every effort to contact and support women and to ensure their safety. Most programs claim to be doing so, and in the main their approaches reflect this. Program staff are making significant efforts to work with women and support their decisions about the relationship. Despite this, however, this research has revealed situations where, for one reason or another, a women who is a current partner has "slipped through the net": not receiving information or having no contact with a group. Our strong recommendation is that all services offering group programs for male perpetrators take immediate steps to maintain and improve liaison with women. This must go beyond simply establishing "women's groups" - helpful though they may be. The mere availability of a women's group within the same agency may not be useful to partners unless there is continuous liaison between workers on the women's and men's groups. People working with women must be fully

briefed, at every stage, on what is happening in men's programs.

2. Final thoughts

In the light of these responses to feminist concerns, we now can offer the following brief conclusions on prospects for group programs for male perpetrators of family violence.

Ultimately we consider that such programs can at best only be viewed as a stop gap, immediate response to family violence. At their optimum, these groups may provide a resource and some respite for the specific women who are being victimised, rather than lasting solutions to a general problem. In the long term society must look to even greater effort at the national, state and local levels to address factors such as gendered expectations of behaviour, power imbalances, popular and media depictions and concepts of violence and other relevant aspects of social structure and culture.

On the vexed issue of whether courts should make more frequent referrals to group programs for male perpetrators, our research allows us to say that in Victoria at least such programs:

- should not be relied on to transform men from violent to non-violent; and therefore
- should not be viewed as an alternative to formal sanctions.

Overloading groups with men whose only reason for being there was that they had to attend as part of a court order may well simply have the effect of undermining effectiveness.

Having made this point we would emphasise that the research also allows some positive conclusions. For men who "stay the course" programs do seem to produce some immediate shift in proneness to aggression - although participation does not seem by itself sufficient to take most participants to a point where they could be seen as not having significant potential for violence. Programs do seem to put demands on men (the high dropout rates may attest to this) rather than simply helping them rationalise behaviour. Most participants, and most of the partners we could talk to, saw the groups as having value. Finally, on the issue of funding, the fact that most programs tended to be "spinoffs" from existing community health or marriage guidance services indicates that they are not generally competing "head to head" for finances with services for women victims.

In light of this, our recommendation to relevant agencies and interest groups is against imposing any blanket ban on support for male perpetrator programs. Doing so would, we think, merely result in their being quietly maintained or reinvented at the local level.

We see it as better that programs be in the open, and the Victorian Network for the Prevention of Male Family Violence be given further support in its efforts to improve standards and accreditation procedures. Doing so will help prevent any creep in program contents toward therapeutic or "sickness" models, and will ensure much better protocols for ensuring contact, information and support for the women who are the partners of men in these groups. It also could help ensure better documentation of what the programs actually do, and this in turn will assist women who may want to view and use them as one of the resources they can try to invoke in dealing with a violent partner. Other resources must, of course, continue to include arrest and other police interventions, court orders, and the availability both of women's shelters and of residences for men.

APPENDIX A

INTAKE/ ASSESSMENT: QUESTIONNAIRE 1

MEN'S GROUP PARTICIPANT.

Date:

Name of Group:

Name or number of Group Member:

(1st name or given name only. If two members of group have same 1st name, please also give initial, or nickname so that we can match intake and completion questionnaires)

1. What was your age last birthday?:

2. What is the highest level of education you have completed?:

3. What is your usual occupation/ job?:

4. If you are unemployed, how long have you been unemployed, approximately?:
 _____ Number of weeks:
 _____ Number of months:
 _____ Number of years:

6. Are you still living with your partner? Yes _____ No _____ Other _____

7. Has any kind of court order, for example an intervention order, or community based order been taken out against you in connection with violence. Yes _____
 No _____ Don't know _____.

8. Would you say that your violence is:
 Mainly directed towards your partner or family members? Yes _____ No _____
 A generalised problem; you have a problem with violent behaviour generally? Yes _____ No _____

9. Have you ever been physically violent towards your partner? Yes _____ No _____
 If yes, when was the last time you were violent?

10. In a typical week, before deciding to come to the men's group (or when you were last with your partner), how often would physical violence towards your partner occur?
 All the time _____
 Frequently _____
 Fairly often _____
 Sometimes _____
 Hardly ever _____

11. Do you think that you are ever abusive, or violent in other, non-physical ways (eg. emotional abuse etc) ? Yes _____ No _____
 If yes, in what way?

12. In a typical week, before deciding to come to the men's group (or when you were last with your partner), how often would you be abusive in these other ways?

All the time _____

Frequently _____

Fairly often _____

Sometimes _____

Hardly ever _____

13. Have the police ever been called in connection with your behaviour? Yes____No____

When was the last time police were called?

14. Has your partner or/ family members ever needed medical treatment on account of your behaviour for any of the following things?

Physical injuries Yes_____ No_____

Depression Yes_____ No_____

Psychological or
emotional distress Yes_____ No_____

Other Yes_____ No_____

15. How would you rate your own quality of life at present, on a scale of 1-10? If 1= the worst it could be, and 10 was the best it could be?

16. How did you get to hear about this group?

Wife/partner heard about it and told me

Social worker mentioned it to me

Doctor/ GP mentioned it to me

Read about it in paper

Saw a pamphlet somewhere

Rang a telephone counselling service,
such as Lifeline, Crisis Line, Red Cross (Mentir)

(Please name service: _____)

Told by another man who had been to this group

Told by a friend or relative about it

Other

17. Would you say that you had ever seen or heard your parents (step-parents, foster parents, or care-givers) behave in violent or abusive ways towards each other when you were a child? Yes_____ No_____

18. Was anyone ever violent or abusive towards you yourself as a child? Yes____ No____
If yes, who was that?

19. Do you believe that men are naturally more aggressive than women?
Yes____No____ Don't know____
20. Do you think women are better at childcare than men? Yes____ No____
Don't know____
21. Do you think women are more emotional than men? Yes____No____
Don't know____
22. Do you think that a man should be the "head of the household"?
Yes____No____ Don't know____

Please read the statements listed below. Rate each one so that it describes your current way of feeling or behaving.

23. When I really lose my temper, I am capable of hitting or slapping someone.

0	1	2	3	4
Extremely Unlikely	Unlikely	Possible	Likely	Very likely

24. I get mad enough to hit, throw, or kick things.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

25. I easily lose my patience with people.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

26. If someone doesn't ask me to do something in the right way, I will avoid, delay doing it, or not do it at all.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

27. At times I feel I get a raw deal out of life

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

28. When I get mad I say threatening or nasty things
- | | | | | |
|------------|--------|-----------|------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| Not at all | Rarely | Sometimes | Frequently | Very
Frequently |

(Questions 23-28: Maiuro et al, 1987)

These next questions are about use of alcohol.

29. Do you ever drink alcohol at all? Yes _____ No _____
- If yes, please answer the following questions.
30. How often would you drink alcohol in a typical week?
Very often _____ Often _____ Sometimes _____
31. How often did you drink last week?
Every day? _____ 3 or 4 days? _____ Once or twice? _____
32. Is that more or less than usual?
A lot more _____ More _____ About the same as usual _____
Less _____ A lot less _____
33. What type of alcoholic drink do you usually drink?
Beer/stubbies
Light beer
Wine
Fortified wines
(sherry, port)
Spirits
34. About how much would you drink at one session?
Number of drinks _____ Type of drinks _____
35. Would you say that many of your friends/ workmates were heavy drinkers?
Most are _____ Some are _____ About even _____ Some aren't _____
None are heavy drinkers _____
36. Was anyone in your family (when you were a child) a heavy drinker? No _____
Yes _____ Who was that? _____

APPENDIX A (CONT.)

COMPLETION SURVEY:QUESTIONNAIRE 2

MEN'S GROUP PARTICIPANT.

Date:

Name and address of Group:

Name or number of Group Member:

(1st name or given name only. If two members of group have same 1st name, please also give initial, or nickname so that we can match intake and completion questionnaires)

1. Have you separated from your partner during the time you have been attending the men's group?

We had already separated, prior to my coming to the group _____

Yes, we have separated permanently _____

No, we are still living together _____

We have separated, but have still not worked out the future of our relationship _____

2. If you have separated during the time you attended the group, would you describe this as:

A peaceful separation Yes _____ No _____ Not applicable _____

3. Has any kind of court order, for example an intervention order, or community based order been taken out against you in connection with violence, since you began attending the group? Yes _____ No _____ Don't know _____

If yes, was that for:

family violence _____

some other sort of violence _____

other _____

4. Has there been any change in your violence/abusive behaviour since beginning the the mens' group? Yes _____ No _____

If yes, would you say the violence/ abuse is:

More

Less

About the same

5. If you are still living with your partner (or are still in contact with her), are you still physically violent towards her? Yes _____ No _____ No longer in contact _____

IF yes, in the last week, were you physically violent:

All the time _____

Frequently _____

Fairly often _____

Sometimes _____

Hardly ever _____

6. In the last week, if you were in contact or living with your partner, do you think that you were abusive, or violent in other, non-physical ways? Yes _____ No _____

If yes, in what ways?

If yes, how often would any of these things occurred?

All the time _____

Frequently _____

Fairly often _____

Sometimes _____

Hardly ever _____

7. Have there been any changes in your employment since commencing the mens' group?
Yes ____ No ____ Details ____

8. Since you began the mens' group, do you think your ideas about violence or abuse have changed? Yes ____ No ____ Unsure ____

9. Have the police been called in connection with any violence towards your partner which occurred during the time you were attending the men's group? Yes ____ No ____

If yes, when was the last time?

10. How would you rate your own quality of life at present, on a scale of 1-10? (1= the worst it could be, and 10 = the best it could be)

11. Do you do anything differently since coming to the men's group? Yes ____ No ____
Unsure

If yes, what things do you now do differently?

- 1.
- 2.
- 3.

13. How helpful do you think coming to this group has been, in terms of changing your ways of doing things?

Not helpful ____

Helpful ____

Very helpful ____

14. Does your partner believe your attending the group has been helpful?

Yes __ No __ Not in contact with partner __ Don't know __

15. Do you believe that your partner is safer these days, compared to before you began attending the men's group?

Yes __ No __ Unsure __

16. Since you began this group, have you done anything which has resulted in your partner seeking medical treatment?

Yes ____ No __ Don't know __

If yes, was that on account of:

Physical injuries Yes ____ No ____

Depression Yes ____ No ____

Psychological or
emotional distress Yes ____ No ____

Other Yes ____ No ____

17. Was there anything in particular you did or heard while attending this group that has helped you think about things differently?

Yes ___ No ___

If yes, what was that?

18. What was the best thing about coming to the men's group?
19. What was the worst thing for you about coming to the men's group?
20. Was there anything which would have made the group better, from your point of view?

We have asked you some of these questions before, but we just need to ask them one more time.

21. Do you believe that men are naturally more aggressive than women?

Yes ___ No ___ Don't know ___

22. Do you think women are better at childcare than men?

Yes ___ No ___ Don't know ___

23. Do you think women are more emotional than men?

Yes ___ No ___ Don't know ___

24. Do you think that a man should be the "head of the household"?

Yes ___ No ___ Don't know ___

Please read the statements listed below. Rate each one so that it describes your current way of feeling or behaving.

25. When I really lose my temper, I am capable of hitting or slapping someone.

0	1	2	3	4
Extremely	Unlikely	Possible	Likely	Very likely
Unlikely				

26. I get mad enough to hit, throw, or kick things.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very
				Frequently

27. I easily lose my patience with people.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very
				Frequently

28. If someone doesn't ask me to do something in the right way, I will avoid, delay doing it, or not do it at all.

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

29. At times I feel I get a raw deal out of life

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

30. When I get mad I say threatening or nasty things

0	1	2	3	4
Not at all	Rarely	Sometimes	Frequently	Very Frequently

These next questions are about use of alcohol.

31. Do you ever drink alcohol at all? Yes ___ No
If yes, please answer the following questions.

32. How often would you drink alcohol?
Very often ___ Often ___ Sometimes

33. How often did you drink last week?
Every day? ___ 3 or 4 days? ___ Once or twice? ___ Not at all? ___

34. Is that more or less than usual?
A lot more _____
More _____
About the same as usual _____
Less _____
A lot less _____

35. What type of alcoholic drink do you usually drink?
Beer/stubbies _____
Light beer _____
Wine _____
Fortified wines (sherry, port) _____
Spirits _____

36. About how much would you drink at one session nowadays?
Number of drinks _____
Type of drinks _____

APPENDIX B.

SEMI-STRUCTURED INTERVIEW: PROGRAM STAFF.

1. Name of program:____
2. Name of staff member:_____
3. What led to your becoming personally involved with this program?
4. How effective do you personally believe this program, in it's present form to be?
5. What things about the program do you believe to be particularly effective?
6. Do you personally have any contact with victims generally, or with female partners of men attending your program?
7. In what context would this occur?
8. Do you have regular contact with victim support workers?
9. What do you believe are the main individual factors which lead to men behaving violently towards their female partners and/ or children?
10. What do you believe are the main social or cultural factors which maintain mens' violent behaviours or poor attitudes towards women?
11. What do you believe must be the first priority of your work when dealing with male violence?
12. What do you believe should be the main emphasis of working with men in the group?
13. Ideally, how do you think men should be referred to, or get to know about the group program?
14. How do you believe that fits in with the response of say police/ legal system to violence?
15. What is your experience of the people who refer men to the group? Do they know much about the program, prior to making the referral? Do they ask much about the program?
16. What information do you routinely give to referrers about the program?
17. What do you believe people making referrals expect of the program?
18. How do you believe this program compares to others you know about?

19. How similar is this program compared to others you know about in Victoria?
20. How similar is this program to others you have heard about (interstate/ overseas) ?
21. Do you believe there are some unique features of this program?
22. How do you believe these unique features impact on the effectiveness of the program?
23. What specific techniques or strategies do you use in teaching men what to do about physical violence?
24. What techniques do you use to help men to identify non-physical types of violence?
25. What techniques/ strategies do you teach men to help reduce non-physical types of violence?
26. What are your views about former perpetrators who are no longer violent or abusive becoming group leaders?
27. What is your personal understanding of the philosophy of this program?
28. What would be your own criteria for describing a participant's attendance as successful?
29. How do you believe your program impacts on the local community (referrers, etc)?
30. How does your program teach men to take responsibility for violent behaviour?
31. How does your program educate men about the social, historical and cultural context of violence towards women?
32. How does your program speak to men about the illegality/ criminality of family violence?
33. Are you paid for the work you do here, or are you doing this work in a voluntary capacity?

PERSONAL INFORMATION: PROGRAM STAFF.

1. What are your own professional qualifications?
2. Did your original professional training include units on family violence?
3. Have you ever had any specific training in connection with your work with male programs? Who was this training provided by?

4. Have you ever completed any other form of training in family violence?
If yes, who provided this training?
5. Do you believe that any specific bits of either your professional training, or training in family violence etc since that time have been of particular help to you in working with violent men?
6. Do you believe that your training and experience was adequate to equip you to be effective in this work when you first started out working on male programs? And what about now?
7. What sort of training do you believe is most important in working with violent men?
9. What sort of personal skills do you believe are important in this work?
10. Are you personally involved in any form of on-going in--service training, or professional development in connection with this work?

APPENDIX C: SEMI-STRUCTURED INTERVIEW SCHEDULE

MENS GROUP PARTICIPANT

All questions to be asked, but not necessarily in the order shown below.

Name:

Name of Men's Group:

Interview date:

PERSONAL SITUATION AND PREVIOUS HELP-SEEKING

1. About how many sessions of the men's group have you attended now? Is the group finished?
2. Did you attend a men's support group before starting the anger management program? How helpful was that, do you think?
3. Did you have any individual counselling before you began the men's group? Where? _____ How helpful was that, do you think?
4. How did you get to hear about this group?
5. Had you ever heard of anything like this before you started here?
6. Did you know of anybody who had ever been to a men's group like this?
7. What did you think when you first heard about it?
8. Was there something in particular that made you decide to go ahead and contact the centre, then attend the group? What was that?
9. Had you ever looked for help before, because of your problems?
10. What sorts of places had you asked for help?
11. Would you say that your present difficulties relate to a longstanding problem?
12. Would you say that you generally have difficulty in getting on with people? Or only with partner or family members?
13. Do you think that your partner would be interested in taking part in a support group for women?

14. IMPACT OF CONTENT

- 15. Did group leaders, or members of the group you ever do role -plays at any of the sessions you attended?
- 16. Did you ever actually take part in a role play yourself?
- 17. What did it feel like? Was it hard, easy or what?
- 18. Does any particular role play session stick in you mind?
- 19. Do you remember what that particular role play was about?
- 20. Did your program leaders ever use diagrams to help you remember things you were learning about?
- 21. Does any particular diagram stick in you mind?
- 22. What was it about, do you remember?
- 23. When you attended the group program, did you ever do experiential learning exercises? (eg. the prison/ pow camp exercise)
- 24. Does any particular exercise stick in you mind?
- 25. What was that one about, do you remember?
- 26. Were there any particular techniques or strategies you learnt which you think have been especially helpful to you personally? What were they?
- 27. In the group you attended, did you ever do relaxation exercises?
- 28. Did you find them helpful at all?

29. IMPACT OF PARTICIPATION

- 30. Was there ever a time in the group when you felt very uncomfortable, about a topic or issue which was being discussed? What was the topic/ issue?
- 31. Are you able to say why it made you so uncomfortable?
- 32. Was there ever a time when another man (not a group leader) brought up something that was really meaningful for you?
- 33. What was that?
- 34. In the group you attended, was it always easy for you to join in with what was going on?
- 35. Did you ever have the feeling that some men were more actively taking part than yourself? Why do you think that was?

36. Did you find it easy to express your own ideas or values in the group? Why was that?
37. Did the group leaders ever confront or challenge you?
38. personally about any of the things you said or told them about? Why do you think they did that?
39. Did **any of the other men** ever confront or challenge you
40. personally about any of the things you said or told them about? How did you **feel** about that?
41. What impact did that have on the way you thought about things?
42. Who do you think is responsible for the difficulties you have had with violence / abusive behaviour in the past?
43. Did you think there is / was anything else going on in your life which has contributed to your stress levels?
44. What was that?
45. Did this have any bearing on your actual behaviour, do you think?
46. Do you find it any easier to speak about personal issues, feelings, emotions, tensions etc. since attending the men's group?
47. Do you think that you notice people's (including your own) non-verbal behaviour more these days? Why is that, do you think?
48. Do you ever find that you are deliberately trying to change your own non-verbal behaviour these days?
49. In your general conversations with people (either at home, at work, or with friends) , do you find that you think about things differently these days? Why do you think that is?
50. What do you think are some of the ways in which we can be violent or abusive to each other?
51. Do you think about violence or abuse differently nowadays to before you attended the men's group? Why do you think that is?
52. How would you rate yourself on being able to control your physical violence, these days? On a scale of 0- 10, with 10 being fully in control of your violence.
53. How would you rate yourself on the non- physical sorts of abuse these days? With 0 being not at all abusive and 10 being very abusive?

54. Just supposing your partner were to leave you now, after all this, how safe would she be from your violence?
55. How do you react these days if your partner, or other people disagree with your opinions or ideas?
56. Did you attend this group of your own free will, or did someone (such as a magistrate) direct you to attend?
57. How long did the men's group last?
58. Do you plan on continuing the work you have started here by attending a men's support group, or some other personal development course or program?
59. How effective do you personally believe this group to be in terms of changing your actual behaviour?
60. How effective do you personally believe this group to be in terms of changing your attitudes or ways of thinking about things?
61. If you have been able to control your physical violence better, do you think you are any more abusive in non-physical ways than before you came to the group? (for example, sulking, manipulation etc)
62. Do you think the group has taught you anything about the roles of men and women in society, and the way we learn those roles?
63. Can you tell me what the legal situation is, as far as family violence is concerned?
64. Did you have to sign any sort of contract or agreement before you began attending the group?
65. Do you remember what sort of things this agreement said?
66. Did the men's group leaders contact your partner (if you had a partner at this time) at all?
67. Did the group leaders ever suggest that you might consider the idea of moving out for a while, either temporarily whilst you attended the program, or permanently?
68. What were the reasons they suggested this, do you think?
69. In the group, were you encouraged to look at your own childhood much, in terms of whether your own parents had ever been violent or abusive towards you?
70. What sort of experience was that for you?
71. Do you have a long term plan to continue your personal development work now?

72. (If living with a partner) Did your partner ever speak about leaving, on account of your behaviour, before you attended this group?
73. What would you say to your partner now, or a future partner, if she ever told you she wanted to leave?
74. Was coming to the group a worthwhile experience for you?
75. Has it really made any difference at all to your life?
76. What is your approximate income level (optional)?
77. Have there been any changes in your recreational/ leisure time activities since you came to the mens' group?
78. If yes, what sort of changes?

APPENDIX D: SEMI-STRUCTURED INTERVIEW

FEMALE PARTNER

Woman's name:

Name or number of male program participant:

Name of Men's Group:

Interview date:

Demographic information.

1. What was your age last birthday?
2. What is the highest level of education you have completed?:
3. What is your usual occupation/ job?:
4. If you are unemployed, how long have you been unemployed, approximately?:
5. What is your own approximate income level (**not his income**)? (optional):
6. Do you have children?
7. Are you still living with your partner?
8. Have you separated from your partner during the time he has been attending the men's group, either temporarily or permanently?
9. Who moved out?
10. Where did you go?
11. Where did he go?
12. If you have separated, would you describe this as a peaceful separation
13. Before he attended the men's group, had you ever taken out any kind of court order, to protect yourself and/ or your children, or other family members, from your partner's violence or abuse?
14. And have you taken out any kind of court order, to protect yourself **since he began attending this group**?

15. Would you say that his violence / abuse is or was mainly directed towards yourself and your children? Just you? Or a more generalised problem; he has a problem with violent behaviour generally?
16. Has he **ever** been physically violent towards you?
17. In a typical week **before** attending the mens group, how often would that be?:
18. And **since** he attended the men's group, how often would that be?
19. Has he ever been abusive, or violent in other, non-physical ways? In what sorts of ways?
20. In a typical week **before** attending the men's group how often would that be?:
21. And **since** he attended the men's group, how often would that be?
22. Have the police ever been called in connection with his behaviour? When was the last time that happened?
23. Have you ever needed medical treatment on account of his behaviour for such things like: physical injuries;
24. depression; psychological or emotional distress? Or anything else connected with his abuse/ violence?
25. **Since he began** the men's group, have you needed medical treatment on account of his behaviour for any of those things?
26. Have **you** ever looked for help in dealing with his behaviour?
27. If yes, who did you ask for help?
28. How would you rate your own quality of life **at present**, on a scale of 1-10? If 1= the worst it could be, and 10 was the best it could be?
29. How did **you** first get to hear about this group?
30. These next questions are about **his** use of alcohol.
31. Does he ever drink alcohol at all?
32. If he does,
33. How often would he drink alcohol, before attending the men's group?
34. Would you say that he drank more, less or about the same, **since** attending the men's group?

35. The next questions are about his actual attendance at the men's group.
36. How regularly did he attend the men's group?
37. Did he complete it?
38. Did you attend any kind of women's support group while he was going to the mens group? How helpful was that, do you think?
39. Did **you** have any individual counselling before he began the men's group? Where was that? How helpful was it, do you think?
40. Had you ever heard of anything like this before he started the mens group?
41. Did you know of anybody else who had ever been to a men's group? Who was that?
42. What did you think when you first heard about it?
43. Would you say that his violence or abusive behaviour is a longstanding problem?
44. Would you say that he has difficulties in getting on with people generally? Or only with you? Only with family members?
45. If you have not already been to a women's group, would you be interested in taking part in a something like that?
46. Did the group leaders from his group ever contact you?
47. Did they offer you any sort of counselling for yourself?
48. Did they give you any information about your rights?
49. Did they Tell you about a women's group you might like to go to?
50. Did they of offer to see you and your partner for couple counselling?
51. Did they offer some other kind of help?
52. Did your partner ever talk to you about the group he was attending?
53. Did you ever discuss issues which had come up in the group?
54. Was that hard, easy or what?
55. Did he ever show you homework, or reading material he had been given at the group?
What did you think about that?

56. Did he ever tell you about any particular techniques or strategies he had learnt, or wanted to try out?
57. What were they?
58. Were you able to express your own ideas or values to him about what was happening in the group? Why was that?
59. Was there any real difference in his use of violence or abusive behaviour during the time he attended the group?
60. How was it different?
61. Do you think that the group leaders ever confronted or challenged him about any of his attitudes or behaviour?
62. Why do you think they did that?
63. Have you made any decisions about staying with him or ending the relationship during the time he has been going to the group? If you did, his attendance at the group have anything to do with your decision?
64. Who / what do **you** think is responsible for the difficulties you have had with his violence / abusive behaviour in the past?
65. Did you think there is / was anything else going on in his life which has been a stress in your relationship?
66. What was that? Did this have any bearing on his behaviour, do you think?
67. Do you find it any easier to speak about personal issues, feelings, emotions, tensions etc. with him, since he attended the men's group?
68. Do you feel able to openly disagree with him about things since he attended the men's group? Why do you think that is?
69. Do you think that he really listens to you any better these days?
70. Do you ever notice notice that him deliberately trying to change his **non-verbal** behaviour these days?
71. In your general conversations with your partner, do **you** believe that he **thinks about things** any differently these days? Why do you think that?
72. What are some of the ways in which people can be violent or abusive to each other?
73. Do **you** think about violence or abuse differently nowadays to before he attended the men's group? Why do you think that is?
74. How would you rate him on using **physical violence**, these days? On a scale of 0- 10, with 10 being not at all physically violent.

75. How would you rate him on **other sorts of abuse** (such as verbal abuse or psychological abuse) these days? With 0 being not at all abusive and 10 being very abusive?
76. Just supposing you were to leave him now, how safe do you think you would be from his violence?
77. How does he react these days if you, or other people disagree with his opinions or ideas?
78. Do you think there is any chance of your relationship continuing together?
79. If women have children:
80. Do you think there is any difference in the way he behaves towards or in front of your children these days?
81. How does he behave differently towards the children?
82. **How effective** do you personally believe this group has been in terms of changing his **actual behaviour**?
83. **How effective** do you personally believe this group to be in terms of **changing his attitudes or ways of thinking** about things?
84. If you think he is able to control his physical violence better, **do you think he is any more abusive in non-physical ways** than before he came to the group? (for example, sulking, verbal abuse, threats, manipulation etc)
85. Do you think the group has taught him anything about the roles of men and women in society, and the way we learn those roles?
86. Can **you** tell me what your understanding of the legal situation is, as far as family violence in the community is concerned?
87. Did the group leaders ever suggest your partner might consider the idea of moving out for a while, either temporarily whilst he attended the program, or permanently?
88. What were the reasons they suggested this, do you think?
89. In the group, do you think he was encouraged to look at your his own childhood much, in terms of whether his parents had ever been violent or abusive towards him?
90. What did he tell you about that?
91. Has he made some long term plans to continue his personal development work now?
92. Was his going to the group a worthwhile experience **for you**?
93. Has it made any difference at all to **your** life?
94. How safe do you feel these days, compared to before he began going to the men's group?

95. Did the men's group leaders tell you about other services for women in your situation?
96. What did they tell you about?
97. What did the program leaders tell you about the men's group?
98. Did you ever need to contact the program leaders yourself, during the program? Can you tell me about that?
99. These next questions are about what has happened since or during the time he attended the men's group.
100. What sort of help, if any, have you had since he began the men's group?
101. How comfortable would you feel in disagreeing with your partner nowadays?
102. How safe do you think you would be from his violence, if you ever decided to leave your partner in the future?
103. Would you say that your relationship with your partner is any different to before he attended the men's group?
104. What was the best thing about him going to the men's group?
105. What was the worst thing about him going to the men's group?
106. Do you think he does anything differently since attending the men's group?
107. How helpful do you think his coming to the group has been, in terms of changing his ways of doing things?
108. Was there anything which would have made the men's group better, from your own point of view?
109. If you plan on staying with your partner for the present, do you think you might need some further counselling support?
110. Do you think that should be: you having some individual counselling for yourself? Him having some individual counselling for himself? Couple counselling? Or something else?

APPENDIX E

This was the prototype survey utilised by DH&CS (formerly CSV). With some slight variations, almost the same survey was used by the then Health Department Victoria.

SURVEY OF GROUP PROGRAMS FOR MEN

INFORMATION COLLECTED BY DEPARTMENT OF COMMUNITY SERVICES, HEALTH & WELFARE

1. Name or title of program
2. Address or premises where program is conducted
3. Please also give contact phone number and name of the workers most directly involved with this program below.

Name/s _____

Contact phone/ ext no. _____

4. When did your centre first begin to run programs of this kind? (Approximate date of first program) _____
5. What circumstances led to your centre's decision to offer this type of program? (Please attach extra sheets if required- just make sure you number your reply so that we can match your notes with the questions)

6. Briefly list what are the stated objectives of this program?
(Attach extra sheets if necessary)
 - i)
 - ii)
 - iii)

7. Do you receive regular inquiries about this program?
 - i) Yes
 - ii) No
 - iii) If yes, about how many inquiries a week would you receive about the program? _____
8. What is the length of the program, in weeks?
9. At what time of day are these programs usually held?
10. How many workers lead/ or facilitate each group?
11. Is your group led by mostly male leaders, mostly female leaders, or combination of male and female leaders?
12. Are the program leaders / facilitators involved in any other kind of work at your centre, or are they solely involved in conducting programs for men?

[]	i)	Only work on programs for men
[]	ii)	Also work in supporting women and/or children independently of male program
[]	iii)	Other (please explain)
13. How many programs per year is your centre able to offer?
14. What would you say are the most regular sources of referral to your programs?
 - i)
 - ii)
 - iii)
 - iv)
15. Briefly describe your intake procedures, below.

If clients are required to fill out any kind of questionnaire, or sign any kind of agreement/ contract, please attach a copy when you return the questionnaire to us.

16. What would be your reasons / criteria for **excluding** a man from this group?
17. Would your program accept as a client a man who was currently awaiting a court appearance for either Criminal assault charges, an Intervention Order or a Restraining Order or on bail?
 - i) Yes
 - ii) No
 - iii) Possibly (Please explain)

18. Would your program accept a man into the group as a condition of sentencing by the court system?
- i) Yes
 - ii) No
 - iii) We would accept a man conditional upon.....
19. Would/ does your program accept men who have a history of psychiatric illness or disorder?
- i) Yes
 - ii) No
 - iii) Possibly (Please explain)
20. Would/ does your program accept men who have drug/alcohol abuse problems?
- i) Yes
 - ii) No
 - iii) Possibly (Please explain)
21. Do you now, or have you in the past, had as clients men who are also Office of Corrections Clients on Community Based Orders?
- i) Yes
 - ii) No
22. Have you ever been asked to provide a report on any clients attendance for court purposes?
- i) Yes
 - ii) No
 - iii) If yes, what did you do?
23. Would you say that your program has any particular underlying philosophy or ideology?
- i) Yes
 - ii) No

If yes, please explain, briefly. Attach extra sheets if you like.

24. How did you arrive at the present content of your program?
24. What, in your opinion is the central component, or critical content of **your** program?
25. How would you describe your program? Please circle one or more of the descriptions below, as appropriate:
- i) a counselling group or program?
 - ii) a therapeutic group or program?
 - iii) a treatment group or program?
 - iv) an attitude/ behaviour change group or program?
 - v) a self-help group or program?
 - vi) an educational group or program?
 - vii) other (please explain)?
26. Of the descriptions in Q25, which aspect of your program would you see as the most important?
-
-
27. Does your program have any particular reference group who oversee, or have input into the regular practices or management of the program? (e.g. critical reference group, committee of management, local community reference group, male referral network etc)
- i) Yes
 - ii) No
 - iii) If yes, please explain below
28. Have your program staff had any special training for this work (that is for work on these programs for male perpetrators) ?
- i) Yes
 - ii) No
 - iii) If yes, please describe nature of course/ training program, who provided this training, and whether it was provided by a tertiary institution, government department or private consultant.

- i) Yes
- ii) No
- iii) If yes, please explain nature of this training, and who provided it.

29. What are the professional qualifications of each of present program leaders/ staff?

Leader/ facilitator 1.

Leader / facilitator 2.

30. What are the normal supervision arrangements for program leaders at your centre?

31. Is there any individual or group to whom program leaders/ facilitators regularly give feedback about the program?

32. What is the policy of your program about former perpetrators/ group participants becoming group leaders?

33. About how many men would take part in each program? _____

34. What type of follow up / ongoing assistance with work towards change is offered to clients who complete your program?

35. Does your program routinely **contact** female partners of clients and inform them of their male partner's attendance at your program? (Please tick appropriate response).
- i) Yes
 - ii) No, we do not contact partners
 - iii) Only if we are able to contact the partner
 - iv) Only if the man gives permission for us to contact his partner

If so, how is this done, and by whom?

36. Does your program try to involve female partners in any aspect of the program?
37. Does your centre as a matter of routine **offer support/ assistance** to the partner/s of clients attending this program?
- i) No
 - ii) Yes
 - iii) If yes, how do you go about this?
38. Does your program have any regular referral arrangements with a local women's service or other agency to provide information/ support/ assistance to partners of men attending your programs?
- i) Yes
 - ii) No
 - iii) If yes, what agencies would be involved?
39. What measures or steps does your program take to ensure the safety of victims/ partners of your clients? (Please attach extra sheets if needed).
40. Has your program taken part in any form of evaluation in the past?
- i) Yes
 - ii) No
 - iii) If yes, please briefly describe the process, and who conducted the evaluation. If it is possible, please attach a copy of the evaluation.

(Either evaluation by your own centre, or by others)

41. Do you presently have a list of people waiting to get on your next program?
- i) Yes
 - ii) No
 - iii) If yes, about how long might people have to wait before they could commence a program? _____ weeks.
42. Does your program content emphasise the criminal nature of assault in the home?
43. Is men's participation in your program conditional upon their partner's / spouses' attendance at your centre?
44. Are partners of men attending your male program encouraged or assisted to take out intervention orders, or encouraged to report breaches of intervention orders?
- i) Yes
 - ii) No
 - iii) Other- please explain
45. How would your program define violence?
46. What do you tell partners of men attending programs about the program?

47. We are interested in what level of contact your program has with other agencies providing family violence services for women. Please try to describe the frequency of your interaction with these services named below, using the following codes:

- 1= Very frequent contact with this service (almost daily)
- 2= Frequent contact with this service (1-3 times a week)
- 3= Fairly frequent contact (about every other week)
- 4= Not all that frequent (maybe once a month).
- 5= Occasionally (when we need some specific information or service)
- 6= Hardly ever
- 7= Never use this service (if significant, please explain why in space provided below list)

Name of Service	Frequency of Interaction	
Domestic violence outreach service, local worker	[]
Local women's refuge worker/s	[]
Local Centre Against Sexual Assault (CASA)	[]
Local Police Station	[]
Clerk of Court (local)	[]
Local Domestic Violence Support Group or Program	[]
(Please give name of program/s)		

Women's Refuge Referral Service	[]
Domestic Violence and Incest Resource Centre	[]
Women's Information and Referral Exchange	[]
Federation of Community Legal Centres	[]
CASA House	[]
Local Community Legal Centre	[]
Court Welfare Network, local worker	[]
Ethnic Refuge Workers Program	[]
Community Policing Squad	[]
CSV child protective workers (local or regional office)	[]
CSV Social workers (local/ regional office)	[]
Other services you believe are important to your program		
_____	[]
_____	[]

48. Are there any particular difficulties in using or accessing any of these services for you?

- i) Yes
- ii) No
- iii) If yes, please explain.

49. What does your agency / program believe are the main issues on the topic of programs for violent men?
50. What would you identify as the most urgently needed services in your own community/ area, in terms of reducing family violence?
- 1.
 - 2.
 - 3.
 - 4.

APPENDIX F: SAMPLE MENS' GROUP CURRICULUM

GROUP C

Session 1: Whole day orientation program.

1. Welcome and introduction
 - Introduce leaders
 - Housekeeping (toilets, tea breaks etc)
2. Warm up exercises
 - i. Names
 - ii. What is your favourite animal and why?
 - iii. Tell us something you enjoy doing
 - iv. Age continuum
 - v. Something that you've done that no-one else has
3. Stress levels
 - On a scale of 0-10, whereabouts is each participant?
4. Rules of the group
 - What do participants need from the group in order to make sessions safe for them?
 - i.e. confidentiality, non-judgemental..... etc
5. Journals
 - (Journals to be distributed)
 - Explain the concept of journals, that they can be personalised, a place to keep personal notes, articles, songs, pictures, poetry, handouts etc.
6. Exercise (Small groups)
 - Take time to reflect on the following questions, your answers may change over the next 10 weeks.
 - i. Why have I come here?
 - ii. What has stopped me from doing something about my violence before?
 - iii. How do I want my life to be different in 10 weeks time?
 - iv. What do I need to change about myself (eg. behaviours, thinking, values etc)
 - v. Why will this time be different?

Participants can be invited to share in the large group.

7. Dynamics
 - i. Definitions of power - Social and Personal
 - ii. The critical years 0-5
 - iii. Fear/ Anger/ Sadness
 - iv. Self-esteem - a personal bank balance.

Discussion

LUNCH BREAK

- 8 What is anger, violence?
 - i How do you fight at home when you are angry? (record on whiteboard and divide into columns by types of abuse)
 - ii Distinguish between anger and behaviour. eg. it isn't just our anger which causes problems, but the behaviours we use to express that anger.
 - iii How are you going to keep your partner safe?
 - iv Further build on the types of violence (physical, psychological, social, financial, verbal, sexual etc..) Brainstorm. Handouts on change.

Stress that emotional/ psychological violence is as damaging as physical violence.

9. Behaviour circles
Participants to divide a circle measuring both their abusive and their positive behaviours in each significant relationship (partner, children...)
- 10 Diaries (Hand out)
Use the diary to record experiences of anger, time-outs, and positive experiences. Handout on the "steam boiler".
11. The myths about violence (Handout)
Brainstorm. What do you believe about male violence and men who are violent?
Video (optional) - "Loved, honoured and bruised"
- 12.. Change: What it takes. Handout.
 - i. Why are you here? Are you prepared to make a commitment to change yourself? The next weeks are not about changing other people, but about looking at the changes you need to make.
 - ii. Small groups.
13. Contracts. Re-emphasise the contracts from the pre-interviews.
14. Conclusions.
 - i. Evaluation sheet (handout)
 - ii. Stress level now 0-10 ?
 - iii. Leaders feedback
 - iv. Homework: diaries.

Session 2: First evening session, 2.5 hours.

1. Feedback and follow up
Evaluation sheets
Partners response? Positive? Negative?
Anger Journal
Rules of the group (Handout)

2. Here and now: Owning the violence
 - i. being a perpetrator: participants perceptions and reactions to the term
 - ii. Questionnaire: How angry do you get?
 - iii. Distinguish between past and present: That we have the power and choice to change
 - iv. Costs vs Benefits of violence/ abuse. Exercise handout/ brainstorm

3. The cycles of violence
 - i. the generational cycle of violence/ abuse
 - ii. the single and increasing frequency cycle
 - iii. key characteristics of each stage
 - Explosion
 - Remorse (justification, minimisation, guilt)
 - Buy back/ pursuit phase (pursuit, promises and romance, helplessness, threats)
 - Honeymoon phase: enmeshment, denial of previous difficulties
 - Build up phase, increasing tension
 - Standover, explosion stage: control, fear
 - EXPLOSION

4. Mapping individual cycles.

How does your anger happen? Preceding, during and after? Can you predict a cycle?

 - i. Behavioural indicators (handout)
 - ii. Physical indicators preceding participants anger and violence (small groups)
 - iii. Emotional indicators (e.g. feelings)
 - iv. Psychological signs, thoughts, behaviours (Refer back to steam boiler handout)
 - v. Other behaviours: buying back, denial, blame etc.

5. Some techniques for dealing with violence and keeping partner, family safe.

Crisis techniques:

 - Time out
 - Relaxation
 - Moving Out
 - Other ideas
 - Participants own experiences in controlling their violence

VIDEO: "TIME OUT"

Longer term skills:

 - Communication skills
 - Assertiveness (vs aggression)
 - Cognitive restructuring
 - Conflict resolution

6. Conclusions and homework.

Session 3: Communication Skills

1. Relaxation exercise
2. Feedback for the week
3. Communication exercise
(Pairs and instructions)
4. Communicating effectively
What is communication? Brainstorm.
What are the components of communication?
Message carriers: body language, words

Divide board into 4 quadrants, brainstorm examples of communication types.

Crossed lines of communication (sending and receiving)

Listening exercise

5. Barriers.
What barriers stop us from being heard and understood? (Brainstorm under the headings of "my barriers" and "other people's barriers")

Communication killers (Handout)

Relate this to the barriers, how do they make us and others feel?

Barriers to listening.

6. Styles of communicating
Passive/ assertive/ aggressive (Handout)
Work to three columns: How do you handle a difficult relationship problem?

The games people play: The power triangle (Handout)

Ego states

7. Improving communication
"I" messages
Cutting out barriers
Assertive listening and communication
8. Talking about problems
Brainstorm the key components in working on a problem (Handout)
9. Conclusions.

Session 4: Who I am today

1. Feedback and logs
2. Dependent relationships
My whole life (Pie chart exercise)
Healthy relationships
3. Personal development review
0-5 years
Positive and Negative self-esteem

Break

4. Family history
family history exercise (Handout)
Small group feedback
Large group feedback
5. Who I am today
Pie diagram exercise: The circle representing all those significant others who have made me what I am today, for better or worse. Eg. mother, father, partner, other role models.

Seeking change (Introducing positive others, confronting, building the "me" part)

Time alone to complete the exercise, followed by feedback to the group.

6. Visualisation
De-briefing exercise. e.g. The wheelbarrow of life.
7. Positive exercises.
things I like about myself (something I last enjoyed doing, I'm good at, I like about myself)
Life raft.

Session 5: Our shadows, our dark selves

1. Feedback on the week
2. Introduction
This week will also be difficult: this week looks at ourselves today, where last week looked at our past
3. The shadow
Circle exercise (Divide circle into 2 parts, one is shadow, one is light) Each has a smaller contrasting circle within it.
Explain the Jungian concept of the shadow.
Brainstorm names / labels for the contents of the dark side
Name your shadow, your dark self
(small group & large group feedback)

4. Prisoners of War
Visualisation exercise, draws parallels between the domestic situation and a prison camp
 5. Debriefing
visualisation (the barrow)
knots
life raft
- Standby:
- i. picturing your anger
visualisation exercise: picture your anger, draw it (large group feedback)
 - ii. my violence
self assessment exercise (handout)
visualisation exercise: the last time I was angry
anger log and role plays
fill in the anger log as per the visualisation

Session 6: Masks and Nurturing

Part A: Shadow Masks

1. Brief introduction and recap of previous week
2. Video and group feedback
 - links to previous weeks prisoners of war
3. Masks
 - recap the shadow
 - visualisation: Remember a time when you were last angry, feel, see yourself; who else was present; go to a mirror or step outside yourself and look back. Look back at yourself.
 - shadow masks: these masks are to represent their own image of the shadow; these can be taken home and kept in a prominent place; feedback can be obtained from family members.
4. Feedback from the past week and role plays
*Note feedback can use the masks as part of the process' participants can make decisions whether masks are part of their engagement with their partners, and can even face themselves.

Part B. Nurturing

5. Visualisation: the child in the woods
 - debrief

6. Finding positives

Exercise: 10 things I like about myself, and 3 ways I have changed since starting the group.

Stroke sheets exercise.
(Focus: It's easier to give a compliment than to receive one, look at the difficulty we have in identifying positives about ourselves, yet to change, we need to build on those, i.e. our self-esteem)
7. Nurturing exercise
 - a) Re-cap the concepts of self-esteem. Ask each person to rate themselves on a self-esteem scale, noting where they were:
 - 6 months ago
 - at the start of the program
 - now
 - where they want to be
 - b. What are the things you need to or change in your life in order to keep changing? (e.g. self, peer group relationships, joining groups, personal space, time, owning your problems...) Refer back to the "me" in the personal pie.
 - other issues: Who to do the nurturing? Structuring nurturing into your life. what keeps you safe? Self-talk: cognitive issues, positive stroking.
8. Surviving the push back.
 - i. passive/aggressive/assertive (responding, not reacting)
 - ii. dealing with those around us
 - other people's anger and rejection
 - others who are not changing fast enough or in ways we would like
 - role play examples

Session 7: Cognitive Restructuring

1. Feedback on the week & role plays
2. Put-downs

Brainstorm

How do put-downs make you feel/ react?

What happens if people keep giving you negatives?

You begin to believe the ideas, and adopt self-talk

The consequences of self-talk on feelings, thoughts, actions, (aggressive - to self & others; passive - to self and others)

We can absorb put downs and turn them into "self-talk"; self talk can have a powerful effect on our own thoughts, feelings, actions.

3. Introduction to thoughts and stress.

Note that people can interpret identical messages differently. What upsets one person does not affect another. An important part of our interpretation of events (stressors) is our thinking habits and our self-talk. (Man is not upset by things/ events, but by the view he takes of them). Our emotional reactions are largely the result of the way we structure reality as individuals.

Examples: High gas bill > I can't pay this > it will ruin me > physiological reaction (hot flash) > painful emotion (anxiety).

Example of the mother & crying baby in the supermarket.

Picture the cognitive process.
4. Self talk, Faulty thinking, Automatic thoughts.

Where does faulty thinking come from?

Internalisation process. i.e. What happens if you are repeatedly told something? We eventually believe it.
5. What are automatic thoughts (Handout)

Specific, discrete messages, appear in short hand, are always believed....
6. Faulty thinking.

Identify faulty thinking (brainstorm)

The 15 styles (handout)

Irrational beliefs (handout)

Exercise on faulty thinking
7. Other issues

Self-esteem: the effect of self-talk, positive messages

Stress boomerangs (setting ourselves up) eg. the girl at the dance

Locus of control: ie they disempower us

Tendency to "awfulise": the pain in the heart is a heart attack, a lump is breast cancer etc.
8. Challenging faulty thinking

The benefits:

 - changing the locus of control
 - reducing stress levels
 - reducing emotional boomerangs, breaking the spiral
 - RET model: breaking the cycle

Re-stating faulty thinking

Discussion & Exercises
9. Role plays and follow up

Session 8: Gender

Gender confronting exercise: each participant to hug the person next to them.

1. Images of gender
 - Men must.... women must....
 - What does being masculine mean?
 - What isn't being masculine?(ie real men don't eat quiche etc.)
 - What does being feminine mean?
 - The best and worst thing about being a man
2. Brainstorm
 - Will the "real" men please stand up?
 - Is there such a person as a pure man?
 - Gender and sexuality continuums
 - Composite men and women in the media
3. Discussion
 - Heroes and villains
 - Brainstorm childhood male heroes in the media
 - Were there any female heroes?
 - What are the characteristics of the heroes?
4. Rites of initiation
 - Who taught you about being a man?
 - What were you told?
 - What weren't you told, but wish you were?
 - Who feels close to their father?

What do you remember about the feelings and behaviour of your role models?

Memories: invite any personal memories about growing up, childhood, adolescence, adulthood

What are the male rites today? The Buck's turn, The piss on. What are they about? What do they encourage?
5. Sexuality and the myths
 - male sexuality: what is it? Is it different to female sexuality?
 - Pornography (who uses it, for what reasons....)
 - Fantasy and reality
 - Myths "2 foot long & hard as steel!!!!!"
 - The effect of myths
 - Where do the myths and other images come from?
 - Other men, society, media...
6. Breaking free
 - Think of something you would like to do but cannot because you are a male
 - Who and what stops us?
 - What to do?
7. Power and gender

Session 9: Rights and responsibilities

1. How did last weeks work affect you?
 . Role plays
2. Rights
 What do you see as your rights?
 What responsibilities follow your rights?
 What are other people's rights?
 (Brainstorm 3 columns and match, i.e. my rights> responsibility> other person's right)
3. An assertive bill of rights
4. Paddocks
5. Arguments

Session 10: The Rocket and conclusions

1. Feedback and role-plays
2. The rocket
 (an exercise in setting goals and planning for the future)
3. Where to from here?
 Information and other supports
4. Evaluation and conclusions.

METHOD

DETAILED PROGRAM DESIGN & PROCESS

The program was held in the
a clinical staff of six.

Group & Agency

which has

- A. Initially men were interviewed by both men's group leaders to ascertain their suitability for inclusion in the perpetrators' group. We did not include men who had ongoing drug or alcohol dependencies or men with psychiatric histories or recent psychiatric hospitalisation. Group leaders were also free to reject men about whom they had personal concerns or doubts about whether they would respond to this type of intervention. All men were asked to read "Man to Man" in preparation for the group. Payment for the program is seen as an integral ingredient in helping men take responsibility for their violence and was therefore discussed in detail in the first interview. Each man was required to pay for the full program and his partner was not charged. The cost of the program was based on gross income. Half of the cost was to be paid at intake or before the first group session. The second half to be paid midway through the program.
- B. Once the man was accepted into the program we invited him and his family to an initial family interview. In this interview we first assessed partner and child safety and then asked the family to help us get to know them and their issues. We asked the perpetrator and his partner about the violence and the children about their father's behaviour and what they did when he was angry. We then asked all family members to help us develop measures that we could use to evaluate the effectiveness of the program. We invited the perpetrator's wife to join a women's support group to be run concurrently with the men's group and asked the family permission to meet with them again at the end of the program.

C. The men's group was planned to run over a period of 10 weeks. The main aims of the group were:

1. - keep partners and children safe from violence
2. - enable group members to acknowledge responsibility for their violence
3. - that each man should feel that he has started a process to eliminate violence (the full process may take two to three years)
4. - that there should be evidence of decreasing levels of intimidation and control

Sub-aims for the group were:

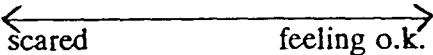

1. - that the men should take more responsibility with parenting
2. - to increase the man's ability to cultivate intimacy
3. - to increase the men's ability to deal with separateness

Because of the high expectations of the men entering the program, we felt it was necessary to make it clear what we believed we could not offer.

1. - while we do not condone ongoing violence, the group could not guarantee to stop all violence
2. - to fix marriages or hold the wife in the marriage via the women's group
3. - to provide reports which could be used to mitigate legal responsibility

MEN'S GROUP PROGRAM STRUCTURE

The first seven evenings of the men's group were to follow a set program. The planned structure and the actual outcomes are set out side by side below:

<u>Plan for Session 1</u>	<u>What actually happened</u>
1. Group members introduce themselves to each other and the group	There was earnest compliance from the group and everyone was keen to learn. All members had very high and unrealistic expectations. These were defined using lineups. S and T emerged as leaders in the group.
2. Lineups to address the anxiety in the group	
	
Lineups to address the degree of optimism in the group	
	
3. Look at the concept of violence using the "boiler model"	
<u>Plan for Session 2</u>	<u>What actually happened</u>
1. Check in	With the cycle of violence the group
2. Introduce cycle of violence Exercise: Where are you on the circle? What does it feel like when you move around to different places?	tended to identify themselves with the "repair" phase. B and S introduced the idea that the partners had their own cycle of violence. There was a discussion about the partners' reactions at different phases of the cycle. The men talked about wanting to "be understood" and that they wanted their partners to stop what was happening. The men as a group avoided looking at the actual violent behaviours and adopted a shared victim stance.
3. Ask "How do you know when you are about to be violent?"	
4. Working in pairs - define individual goals. Share these with another pair (How will you	

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- know when you have reached these goals?)
5. Check out

Plan for Session 3

1. Check in
2. How do you know when you are angry?
3. What are your triggers?
4. What do you THINK, FEEL, DO?
Exercise: Concentration camp (to look at how your violence has defined your family..issues of power and control)
5. Check out

What actually happened

In the discussion on triggers to violent behaviour, the group was focused on what their partners do and needed much prodding to look at their feelings of powerlessness. There was a strong emphasis by the men on how they were victims of their family of origin.

Plan for Session 4

1. Check in
2. How do you present to the world?
3. Exercise: Masks - paint on the outside your anger, inside paint what it feels like to you on the inside.

Swap masks and talk about how they look on your wife's face - Reverse, then discuss in group
4. Check out

What actually happened

This week the work was on family of origin. The group contacted painful feelings connected with their Father's abuse. T defined himself as different as he was not abused and S said "I am my own maker". The focus of this session was in the main on violence as a generation conditioning.

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Plan for Session 5

1. Check in
2. Family of Origin: Draw yourself at three, then draw yourself now. Break into small groups to discuss and then continue discussion in large group.
3. How do you want it to be different for you/your family?
4. Check out

What actually happened

The "Concentration Camp" exercise planned for Session 3 was presented. There was mass denial of the images presented. Except for M all felt that they had been "survivors of the system" and had developed adaptive behaviours. There was denial of the helplessness and depression of the victims. Their homes were seen as different: as fathers they saw themselves having thankless tasks with lots of responsibility and no recognition. S and T were the key players this week and M who had identified with the commandant was isolated and withdrew.

Plan for Session 6

1. Check in
2. Working with toys.
Exercise: Use toys to represent how your family looks now. Once all men have produced a freeze, the group leaders ask "What can you change that will make it better?" then clarify with each member in turn.
3. Check out

What actually happened

M, the isolate of week 5, confronted the group and stuck to his guns and some others recognised the role of "commandant". The group became involved in hair splitting - "is it exactly right?" B emerged and commented on the group "wanting to get something". The group discussed itself and became less stuck.

Plan for Session 7

1. Check in
2. Talk through any issues arising from last week's exercise. Relate this to men's personal goals.

What actually happened

T defined himself as "freed" from macho-ism. Rage was expressed about the women and the women's group. S felt he was a "sacrifice" to the relationship and this fuelled B's sense of frustration and not being acknowledged. S challenged B

- | | |
|--------------|--|
| 3. Check out | about leaving his wife to take responsibility for his hopes. |
|--------------|--|

Plan for Sessions 8, 9 and 10

- | | |
|---------------------------------|--|
| 1. Check in | |
| 2. Process issues raised | |
| 3. Deal with termination issues | |
| 4. Check out | |

What actually happened

Session 8

M. ... expressed his distress at the possibility of his wife leaving. He was vulnerable and able to say so. Sid talked about now being able to attend the last two sessions. The group expressed their admiration for the improvement in S's relationship.

Sessions 9 and 10

The group continued to process personal issues and dealt with the issues around termination.

D. Women's Support Group

The women's group was designed to run over seven weeks beginning at week three of the men's group program. This was done so that the men had time to become committed to the group, settle in and begin to trust the group before they were faced with the issues raised by their partners having outside support. The aims for the women's group were:

1. - to support and empower the women
2. - to educate them in aspects of violence
3. - to plan for their safety if necessary
4. - to provide the women with appropriate information and increase their ability to connect positively with social networks

Plan for Session 1

1. Talk about anxiety and normalise feelings
2. Introductions
3. Talk about safety issues for women and children.
Discuss safety plans where necessary
4. Check out

What actually happened

After introductions, safety issues were raised. The women explored what they would do in case of crisis (money, emergency numbers, etc.). The group brainstormed for individual and group aims. Anger about being "here" began to arise. The group began to discuss their need to let go of responsibility for the men's violence and take responsibility for themselves.

Plan for Session 2

1. Check in
2. Brainstorm WHAT IS VIOLENCE. There will probably be confusion. Look for differences between anger, conflict and violence. Look for projections, e.g. I make him angry by nagging.
3. Group discussion: What does brainstorm raise for you?
Remember safety issues

What actually happened

The group shared and examined their lists of aims and then brainstormed and looked at differences between anger, violence and conflict. The group then compiled a list of safety numbers, both personal and institutional (i.e. Police, hospitals, etc.). There was a resistance to being in the group. This was discussed.

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4. Check out

Plan for Session 3

1. Check in
2. Cycle of violence. Trace this either on the board or with women around the room. Look for trigger points. Look at how the women can be empowered by their anger. Issues: Why is anger different with women and men?

How many of their men have threatened suicide? What does this do to the women?

3. Check out

Plan for Session 4

1. Check in
2. Get women to draw genograms. Look for patterns of violence and at how things can change
3. Check out

What actually happened

Asked what kept the women's relationships going. Then asked for a volunteer to look at her family of origin. The team leaders facilitated the group in a family sculpture where the women took the roles of family members. The sculpture had a powerful impact on the protagonist as she was surrounded by the entire group all pointing at her in a blaming position. All members of the group were de-roled.

What actually happened

After a brief check-in, the group discussed their strong identification with the protagonist in the previous week's family sculpture. They all knew well the feelings of inadequacy triggered by critical, blaming parents. They were also aware of the repeating patterns in their present families and wondered whether they were passing these patterns on to their children. The shame that they had felt as children as a result of the blaming had locked them into "victim" behaviour patterns that had stayed with them as adults. The group then moved on to recognise that they need not be victims and that it was up to them to stop the trend by taking responsibility for themselves and their children. A second family sculpture was facilitated in the same manner as the previous one.

Evaluation of the Family Violence Group Program,

Plan for Session 5

What actually happened

- | | |
|---|---|
| 1. Check in | There was a discussion on family violence. |
| 2. Legal issues with
from Information
Service | told the women how to get help in a crisis, covering their rights, intervention orders, refuges and the role of other legal and helping agencies. |

Plan for Session 6

What actually happened

- | | |
|--|---|
| 1. Check in | There was a valuable discussion on court proceedings, custody issues and preparation for court appearances. |
| 2. Issues with children with Ilana
Katz from the Family Court | |

Plan for Session 7

What actually happened

- | | |
|------------------------|--|
| 1. Check in | The group leaders asked group members what was useful and what was not. |
| 2. Where to from here? | They were also asked to give each other feedback about their roles in the group. |
- Group members were invited to participate in a relaxation exercise. They were asked to think of a safe place they could escape to in times of stress. They were asked what they required to get to their place of safety and what they needed to maintain this "safety". The group was reminded about the family interview at which they could discuss their future needs.

E. Supervision

Weekly supervision team meetings of an hour were initiated the week before the first meeting of the men's group. At these supervision meetings, the process of the men's group and later of both the men's and the women's groups and the interaction between them was discussed. Issues arising from previous group sessions were talked through. Of particular interest was the interplay between the two groups, and of specific

Evaluation of the Family Violence Group Program,

participants with their groups and with their partners. The relationships within the team and specifically between the two facilitators leading each of the groups were examined to find out how they reflected projections of "the violent couple". This helped the team follow the developing process at work within the groups.

Between the supervision team meeting and the next group session, the leaders of each group would meet to reassess and plan the program for the following week.

One of the characteristics of violent men is that they minimise their behaviour and the effect it has on others. Constant contact between the leaders of the women's and men's groups ensured that any attempt at minimisation could be monitored and challenged.

F. Final Family Interview

Final evaluation interviews were held about 10 weeks after the completion of the men's program. They involved the whole family unit as far as possible. One family dropped out, and one partner did not take part at all.

APPENDIX G: STATED AIMS/ PHILOSOPHY OF INDIVIDUAL GROUPS.

Almost all of these groups have formally stated documentation of their philosophy, aims and objectives, and policy on partner safety which are available on request from the agencies concerned.

Group A

The program is a whole package which is its philosophy. The community needs to learn how it continues a climate of violence. The community as a whole needs to raise knowledge about violence. This program is a more rounded package than those of interstate and overseas. It is part of a whole agency response to violence, it is not part of an isolated program, it is part of the community.

Group B

The aims of the course are to assist men to:

- * develop and practice ways to stop their violence.
- * confront the potency and range of their violence.
- * accept increased responsibility for their behaviour.'

The program is designed to develop and implement ways to stop the men's violence, as well as confronting the potency, range and criminality of their violence.

Group C

This is a program for men who want to prove to themselves and to others that they can be different, that they can change, that they can control their own anger, stop their violence and stop their abuse towards the people they love and care about.

The stated objectives of the program are:

- i) to have men recognise the power imbalance between the genders
- ii) to encourage attitudinal changes towards power and violence
- iii) to establish behavioural changes which prevent/reduce/ eliminate their use of violence in their family relationships and in the wider community

The program emphasises the criminal nature of assault in the home, and focuses on the man taking responsibility for violent behaviour.

The program employs a broad definition of violence, which includes a wide range of abusive and controlling behaviours, such as: physical violence, verbal violence, property destruction, economic control, sexual violence, psychological and emotional violence and controlling behaviours.

Group D

The program operates within a feminist perspective. The program focuses on men taking responsibility for their violent behaviour, including emphasising the criminal nature of the violence.

It aims that the men should 'be made to realise that no excuses will be countenanced for their violence.'; and that they 'will come to realise that they have much to gain in changing their beliefs in relation to make power and dominance.'

Group E

The stated Philosophy of the program is that:

- everybody has the right to be safe and live without fear of violence and abuse
- that in order to address the long term patterns of violence in our community we need to break the cycle of violence through a change in attitude and behaviour
- men should, and if given the opportunity will, accept the invitation to take responsibility for changing their violent behaviour and attitudes
- relationships will be enhanced and become more intimate and fulfilling via this process of behaviour and attitude change
- issues of violence need to be addressed at a community level as well as on an individual level of the long term of violence is to be reduced"

The stated aims of the program are:

- To ensure the safety of individuals and families
- To provide men with the opportunity to take responsibility for change
- To create an environment which will challenge and support men in the process of change
- To enable men to develop greater intimacy in their relationships through improved communication skills
- To encourage men to provide a different model of male behaviour and attitudes for the general community

Group F:

The aim of the program is to stop violence: especially in its physical form, but also in sexual, verbal, emotional, social and economic forms. The program advocates and teaches moving from relationships of power and control to those of equality and respect. The program providers believe that men can change and can learn other ways of relating to their partners and others.

Group G:

The stated objectives of the program are:

- i.) to confront participants with the criminal nature of family violence, to have them accept full responsibility for violence perpetrated by them, and to promote an understanding of the social (including gender) and personal determinants of family violence;

- ii. to teach effective strategies for managing conflict in relationships in order to prevent further violence; and
- iii. to facilitate the rehabilitation of family relationships and/or to prevent the perpetration of violence in subsequent relationships.

The underlying philosophy is that most perpetrators wish to change their violent attitudes and behaviour, and can be successful in doing so through various conditions. These conditions are that they become well motivated, they are taught appropriate skills, social (including gender) and personal determinants are understood) and that they are given a safe environment in which to express their inadequacies and learn from their personal and relationship distress. The dominant theme throughout the whole program, though, is that the men should take responsibility for their behaviour, their lives and their feelings.

Group H:

The program has a philosophy that violence towards women and children is a crime. "Patriarchal beliefs, attitudes, roles and structures support men's violence and should be challenged. Men are responsible for their own violence, it is a chosen act. Men's violence to women and children is about power and control, it is not about anger, frustration, stress, etc."

The program focuses on the men taking responsibility for their own behaviour and attitudes. Its aims are to get men to give up violence. It hopes to get the men to adopt new attitudes of caring, respect and trust in their relationships, to get men to act responsibly.

RE FURY



... an elderly woman in Sarajevo bread she has managed to buy.

slav na- its allies 2 Serbian shoulder ung re-

d Parlia- ia had me mea- rbia, in-

is faces

Parliamentarians ended weeks of squabbling and elected him after leading anti-Mafia judge Giovanni Falcone was killed in a bomb attack last Saturday.

The great bells of Parliament, which ring only when a president is sworn in, pealed until Mr Scalfaro entered the building to the salute of paramilitary Carabinieri police in red-plumed ceremonial dress.

After he was sworn in, Mr Scalfaro began reading his inaugural address.

He was later due to stop at the tomb of the unknown soldier before being driven in an open-top car to the presidential Quirinale Palace.

— REUTER

support had made his visit to Australia worthwhile.

Meanwhile, UN Secretary-General Boutros Boutros-Ghali warned against sending peace-keeping forces to Sarajevo while fighting continued.

And Bosnian leaders walked out of talks in Lisbon when they heard of the mortar attack.

"There is no negotiating under pressure and at gunpoint," Bosnian Foreign Minister Haris Silajdzic said.

The conflict, which began two months ago when Bosnia announced it was quitting the Yugoslav federation, has killed more than 2300 people and forced more than one million from their homes.

Serbia, which has seized two-thirds of Bosnia, has used force to oppose the secession of republics with large Serbian populations.

Mr Boutros-Ghali said the devastation was "on a scale not seen in Europe since World War II".

But he would not immediately support trade sanctions, saying he had not examined how they would affect the humanitarian situation.

China yesterday said it would oppose sanctions.

"We have no intention of imposing sanctions on the Federal Republic of Yugoslavia," Foreign Ministry spokesman Wu Jianmin said. He would not say why.

Thai talks

BANGKOK — Thailand's parliament meets today to try to break the stalemate in talks on forming a new coalition that could select a prime minister. This follows the resignation of General Suchinda Kraprayoon.

— REUTER

The Man Next Door?

GARY, 32. Charming, sensitive, intelligent, friendly, sympathetic and funny - to his friends and colleagues. Hostile, verbally aggressive, physically violent, withdrawn, prone to volatile mood swings, often harried, worried and insecure - to his wife and family.

Just who are society's violent men?

We often think of men who beat their wives and children as "monsters", yet experts suggest this is not the case.

Violent men can be charming, passive, sensitive and intelligent. They are rarely mentally ill, and often interact very well socially.

They could be your son, dentist, manager or teacher, a factory worker, builder or you.

Domestic violence is estimated to be occurring in one in five families in Australia. Many incidents are not reported for fear no one will believe the victim.

Social worker Rod Greenaway said although most violent men appeared to be no different from the man next door, experts had identified a number of common characteristics, including:

- believing men have a right to control women in a variety of ways;
- insecurity in personal

relationships with a strong emotional dependence on women and a lack of understanding of their own emotions;

- resolving conflict only through violence;

- a difficulty accepting criticism and an inability to accept women as equals.

Rod said many violent men used power as a way of masking their own insecurities.

"Power can be exerted through physical, sexual and social abuse or through very subtle means of control including emotional abuse and lack of respect," he said.

"These forms of power can serve to boost the perpetrator's self image at the expense of his partner's confidence."

Rod said violent men could change if they were honest with themselves.

"Many violent men have never learnt to resolve conflict peacefully. They feel frustrated or angry so they use force to get what they want - but deep down they know it is wrong," he said.

"Attitudes have to change. Regardless of where you are, at home or on the street, violence is unacceptable."

Men seeking information or advice should contact Rod Greenaway on (03) 791 5700 or Dale Hurst and Tom Griffith on (03) 743 2022.



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