



## **ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE**

**RECORDED PROCEEDINGS: WEDNESDAY, 11 DECEMBER 2024**

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**Natasha Stott Despoja AO:**

Good morning, everyone, and welcome back to the public hearings of the Royal Commission into Domestic, Family and Sexual Violence. I'm the Royal Commissioner, Natasha Stott Despoja, and I begin by acknowledging the traditional Elders of the land on which we're gathering, the Kurna people, and I pay my respects to Elders past, present and emerging, and to any other Elders or... Sorry, just had a tape issue. I pay my respects to Elders, past, present and emerging, and to any Elders from other communities who may be present or listening today. Yesterday was day three of our public hearings, where we examined issues in relation to primary prevention in education settings. Today, we're moving to look at interventions, early intervention and interventions generally. I'm now going to hand over to Counsel Assisting, Ms Orr, to provide an introduction and an overview of today's proceedings before inviting the first witness to present evidence. Thank you.

**Katie-Jane Orr:**

Thank you, Commissioner. Today, the Royal Commission's fourth day of public hearings is centred around effective interventions for people who use violence. At the outset, I again acknowledge the domestic, family or sexual violence lived experience of anyone involved in the hearings, following on the live stream or watching the recording of this hearing at a later time. As for our other days of hearings, people may find the content of today's hearing distressing. I remind anyone watching or listening that if you wish to seek support or advice, a list of support services can be found on the Royal Commission's website, [www.royalcommissiondfsv.sa.gov.au](http://www.royalcommissiondfsv.sa.gov.au). Also, as I've indicated at our previous hearings, when we refer to domestic and family violence, it includes all forms of violence that can occur within relationships. This includes intimate partner violence, violence perpetrated between family members and in family-like settings, coercive and controlling behaviour and sexual violence. Sexual violence, whether in a domestic or family setting or otherwise, includes any sexual activity without a person's consent. We will continue to use the term victim-survivor to refer to those who have experienced or who are currently experiencing domestic, family, or sexual violence. And we will endeavour to use the term person who uses violence when referring to an individual who uses domestic, family, or sexual violence to cause harm to another. However, today we may also use the term perpetrator because it is often used in the context of programs and services that are offered to people who use violence.

As I said, today's hearing is titled Effective Interventions, and we will be hearing about interventions for people who use violence. When people talk about addressing domestic family and sexual violence, they often refer to steps along a timeline. These are also reflected in the Royal Commission's Terms of Reference. The first is prevention, addressing the underlying social drivers of this violence. How can we stop it happening at all? The second is early intervention, which looks to identify and support individuals who are at risk of experiencing or using domestic, family and sexual violence and preventing the recurrence of such violence. After that is response to violence already being used or experienced and then recovery and healing. For today's purposes, we use the term interventions in the context of intervening in a person's use of violence. This might be at a stage before a person has used violence, early in the life of the use of violence, or after violence has been used for a longer period of time.

Historically, mainstream responses to domestic family and sexual violence have been predominantly focused on victim-survivors' safety, and the emergence of perpetrator accountability as a priority area in domestic family and sexual violence policy has taken some time. It's been observed that while ensuring the safety of victim-survivors is crucial to good domestic family and sexual violence responses, this focus has inadvertently led to a system that places significant responsibility and burden on victim survivors. It relies on them to report the violence, engage with services, leave relationships and households, and keep themselves and their children safe, rather than placing accountability and responsibility on the person who is using violence. Traditionally, responses to people who use violence have

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remained largely limited to sanctions in the criminal justice system. This approach also fails to address the large proportion of domestic, family and sexual violence that is never reported. And as a result, without a focus on accountability and behaviour change of people who use violence, many of those people are emboldened to continue to cause harm. Against that background, holding people who use violence accountable for their actions and intervening in their behaviour is increasingly becoming a key area of focus in domestic family and sexual violence research and reform in Australia. This is reflected in the first action plan of the National Plan to End Violence Against Women and Children. Action 5 is to strengthen systems and services to better hold people who choose to use violence to account, and provide opportunities to support people who have used violence or who are at risk of using violence to change their behaviours, with the aim of protecting the safety and wellbeing of current and potential victim survivors. It was also reflected in several of the key findings of the 2024 Yearly Report to Parliament by the National Domestic Family and Sexual Violence Commission. Consistent with this, the Royal Commission has repeatedly heard that to meaningfully reduce the prevalence of domestic family and sexual violence in South Australia, there is a need to focus more sharply on the people using violence, to hold them to account for their actions and to prevent further harm to others. This includes the need for more effective and evidence-based behaviour change and intervention programs for a diversity of people who use violence. The Commission has learned that such programs usually focus on education, individual accountability and behaviour change aimed at preventing or reducing further acts of violence. The Royal Commission has learned that in South Australia most programs and services offering interventions for people who use violence are tied to the legal and criminal justice systems. The Commission understands there are some intervention programs outside these systems which primarily focus on men at risk of or currently perpetrating domestic family and sexual violence, improving family relationships and or their parenting capacity. Some participants attend voluntarily, while others are encouraged to attend in the context of child protection interventions and family law parenting proceedings. We have heard that there are very few voluntary programs and supports available for people who want to improve their behaviour before it gets worse. Overall, the Royal Commission has consistently heard that while behaviour change and intervention programs are available in South Australia, there are challenges with their availability, efficacy, relevance, coordination and visibility. We have also heard that this is particularly so for people who use violence who might sit outside of mainstream services. For example, we have been told that there is a dearth of behaviour change programs that are suitable for women and for people from LGBTQIA+ communities who use violence. And that there are currently very few interventions available for children and young people using violence.

I wish to make it clear that these observations I've just made and today's focus on effective interventions for people who use violence do not mean that the Royal Commission's attention will be diverted from people who have experienced or are experiencing violence. Nor does it mean that the attention of the domestic, family and sexual violence sector or the community should be diverted from victim-survivors. Effective interventions are a crucial element of the broader domestic, family and sexual violence system, but they are only one element.

Before I go on to outline the witnesses that we will hear from today. I want to explain that the Commission has heard from a number of services that are working with people at risk of or using violence. While we do not have enough time in one day of public hearings to hear from all of these services, we acknowledge their valuable work in this space. These services include, but are not limited to, migrant settlement and support services such as the Australian Refugee Association, services working with people using violence in Aboriginal communities, such as KKY, the Cross Borders program and NPY Women's Council, services working with people engaged in the justice system, such as OARS Community Transition services that provide valuable crisis support, advice and counselling via 24-7

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phone lines, such as Men's Referral Service and Men's Line Australia, and other services that provide violence prevention programs and parenting capacity programs.

The first witness giving evidence today is Professor Donna Chung from Curtin University. Professor Chung is a professor of social work and social policy who specialises in men's behaviour change and intervention programs. She has conducted research for Australia's National Research Organisation for Women's Safety, ANROWS, on what makes interventions effective for people who use violence. She will talk about why it is important and helpful to focus on people using violence, the difference between accountability and responsibility, and aspects of interventions that make them effective. We will then hear from some witnesses who work for organisations running intervention programs. The first is Mr Jonathon Main. He is the Executive Manager of Trauma, Resilience and Wellbeing Services at the South Australian branch of Relationships Australia. He will tell us about Relationships Australia's court-mandated abuse prevention program, some other programs they run, what is working well in terms of interventions for people in South Australia who use violence, and where some gaps might be. This afternoon we will hear from witnesses from two organisations. Kate Melvin is the Senior Family Violence Clinician at KIND, which is a program for adolescents using violence who are currently engaged with the youth justice system. She will talk about the KIND program, what makes an intervention effective for young people, and the current services and gaps in the availability of these types of interventions for children and young people in South Australia. We will finish today's sessions with evidence from two witnesses from ThorneHarbour Health. ThorneHarbour Health is a LGBTQIA+, community-controlled organisation, operating primarily across Victoria and South Australia. Ms Sharna Ciotti is the Manager of Therapeutic Services in South Australia and will explain about the LGBTQIA+ context and service system in South Australia. She will be joined by Mr Vincent Silk, who is the program manager of family violence services in Victoria. He will talk about domestic, family and sexual violence in the context of LGBTQIA+ communities and the intervention programs that ThorneHarbour Health runs in Victoria for people who use violence.

Thank You Commissioner. I call Professor Donna Chung. Thank you.

**Kerryn Hawkes:**

Do you truly and solemnly affirm that the evidence you shall give will be the truth, the whole truth, and nothing but the truth? Say, I do truly and solemnly affirm.

**Professor Donna Chung:**

I do truly and solemnly affirm.

**Kerryn Hawkes:**

Thank you, and please state your full name.

**Professor Donna Chung:**

Donna Regina Chung.

**Katie-Jane Orr:**

Thank you. Professor Chung, you are a professor of social work and social policy. And could you explain broadly what your research interests are?

**Professor Donna Chung:**

Yes, so primarily I have worked in domestic and sexual violence over a number of decades. So initially my work was with women survivors and the impact on their mothering and supporting their children and then about in the late 90s I decided that it was important to look at responses to perpetrators to kind of stem the impact of FDV over that time.

**Katie-Jane Orr:**

FDV, Family and Domestic Violence? that's okay, and is it correct that you quite recently conducted research for ANROWS, which is Australia's National Research Organisation for Women's Safety?

**Professor Donna Chung:**

That's correct.

**Katie-Jane Orr:**

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Particularly looking at what makes interventions effective for people who use violence.

**Professor Donna Chung:**

That's great.

**Katie-Jane Orr:**

If I can start quite generally with some background, and you've said you shifted your focus into looking at work on people using violence, why is it important to focus on a person using violence in terms of preventing domestic family and sexual violence?

**Professor Donna Chung:**

I think that there's really, you know, in terms of its impact, there's two main reasons from my point of view. So one is that we know from the accounts of women, which we largely rely on to gather data today, or victim-survivors, that they tend to, people using violence tend to be serial offenders, either, I guess, one partner after another partner, etc, or multiple partners at the same time. Also I guess the other reason why I think that we need to, so in order to prevent it we need to get in earlier, as early as we can. And also that often post separation violence and abuse goes on for at least the same length of time as the relationship did. So I might have been in a relationship where my partner was abusive for three years, four years, I'm likely, especially if I have a child, to then experience post-separation violence and abuse for another three to ten years, which is impacting, obviously, me as a victim-survivor, any children, as well as, you know, family members, friends, work colleagues, etc. So the kind of stone-in-the-pond, ripple-like impact is really important to try and minimise that at all times.

**Katie-Jane Orr:**

You mean the ripple-like impact of the violence?

**Professor Donna Chung:**

Yes.

**Katie-Jane Orr:**

And so the focus then is on addressing the violence rather than the response to it. Is that a fair summary?

**Professor Donna Chung:**

Yeah, if we can get to stop that offending occurring.

**Katie-Jane Orr:**

What about from a resourcing or demand perspective, because you've talked about sort of serial offenders or serial victim survivors?

**Professor Donna Chung:**

I think that's one of the things that in terms of, like we know I guess at a sort of community level that there's billions of dollars that domestic and family violence costs a community but largely that cost is borne most by individuals over the life course so I think that's really important to kind of hold in this space as well. The other thing I would say about resources is just by virtue of the nature of domestic and family violence, we've had to understandably and continue to need to resource crisis end services for women escaping domestic and family violence or largely women is who the research has been about to date. So the resourcing has occurred largely in that space and it's been crisis driven. So the resourcing for responding to perpetrators has been largely within the existing criminal justice system or court system initially and funding for men's behaviour change or perpetrator programs as they're sometimes referred to has tended to be not particularly huge in amount and often it's a very urbanised strategy. So running group programs outside of metropolitan areas or large regional areas is particularly challenging. So you know one of the issues is also that the modality is a resource issue, and I guess the final resource issue for me is that we often struggle to have a fully staffed range of services. So there's a workforce capacity issue and a workforce skill issue in that.

**Katie-Jane Orr:**

Has the lack of, sorry before I go on, I did want to clarify most of your research has been in relation to men using violence and traditionally it's been with female victim survivors

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although that's not exclusive.

**Professor Donna Chung:**

Yeah.

**Katie-Jane Orr:**

So has that sort of lack, with no criticism, but lack of focus or lack of funding or lack of energy going into the focus on people using violence meant that there is sort of a limited amount of research, a limited evidence base in relation to that area?

**Professor Donna Chung:**

There is a reasonably good evidence base that's based on, largely comes from survivors' accounts of the dynamics and actions of those using violence. So we've relied heavily on those voices to give us understanding of domestic and family violence perpetration. In terms of research, what we often have is good research at the very front end. For example, how many people are, you know, how many family violence orders are being issued in a year, how many people are coming to court, etc. So we have official records in that sense. What we struggle with is that when we try to look at the long-term impacts of men's behaviour change programs, particularly, that what ends up happening is that the cost of follow-up, like longitudinal prospective follow-up, is more expensive than running the actual programs themselves, so people tend to be reluctant. So as you can imagine, when you're working with any hard-to-reach group, and they are a hard-to-reach group, to try and do follow-up over a number of years, if you want to actually get a really good understanding of their actions, is costly and difficult to do, versus wishing to just rely on government records or non-government records of where they're appearing in systems.

**Katie-Jane Orr:**

I understand that there are no sort of uniform programs, no national accreditation in Australia?

**Professor Donna Chung:**

So there's been a lot of efforts to try and work towards that, but at the moment across jurisdictions we still have varying types of programs and sometimes that's for good reason around the context, but in terms of kind of minimum nationally similar, no.

**Katie-Jane Orr:**

But against all that background, the research in this area is increasing and there is a bit more sort of energy being placed into it if I can explain it...

**Professor Donna Chung:**

Yeah, absolutely. So there's continuing efforts with research to try and better understand how interventions work and who interventions work for and under what circumstances.

**Katie-Jane Orr:**

And I sort of also want to address at the outset that I understand when we're talking about these programs and the effectiveness of interventions, the primary purpose is always on the safety of victim survivors.

**Professor Donna Chung:**

Absolutely, yeah.

**Katie-Jane Orr:**

Okay, so currently, just last thing by way of background or overview, I understand when you explain it, the current responses or interventions to violence can be divided into two sort of categories. One being orders or sanctions and one being counselling or behaviour change, is that correct?

**Professor Donna Chung:**

That's correct.

**Katie-Jane Orr:**

Can I get you just to explain that a little bit.

**Professor Donna Chung:**

Sure, so really what we've done and a lot of this comes from the history of wanting to criminalise men's violence against women from original sort of early feminist movements

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where the idea was that if I had assaulted a stranger I would be arrested and criminal justice system would take its course whereas if I assaulted a partner in their home behind closed doors who is my life partner then there would be unlikely to be any sanctions even though the actions are the same. So the criminalisation focus really comes from that original intent and how that's largely translated into everyday policy for the last 50 or so years is that we use the civil law protection order type systems which are called different things in different jurisdictions and over time so that people can get protection orders and then should they be breached that moves to being a criminal offence as well as assault charges and other charges which can be laid at the time of attendance at events often. So that's kind of taken its course in that criminalisation focus or court justice focus and then the second focus has been very much about working with men directly to try and to bring about change in their attitudes and behaviour with the ultimate goal, as you said, that women and children would be safer as a direct result.

**Katie-Jane Orr:**

Thank you. So moving on a little bit, in your research you talk about the difference between accountability and responsibility for someone who uses violence. Can you explain that?

**Professor Donna Chung:**

Sure, so those kind of two concepts have been the main pillars for most policy relating to people using violence in the last 15, 20 years. One of the things is that the terms are often not well defined and are sometimes used interchangeably. From the work that I've done, what I would argue is that accountability is very much an external body, whatever form that might take, holding somebody to account for their actions and behaviours which have crossed some sort of community sanction or legally sanctioned line in a sense, versus responsibility which is very much as an individual that I recognise and acknowledge the abuses that I've undertaken and that I also acknowledge the consequences of my actions as well. So it's a highly individualised concept in that sense and so you can then hold somebody potentially accountable through whatever forms of systems without them ever taking individual responsibility for their actions.

**Katie-Jane Orr:**

Why, this might be a difficult question, why is it important to separate them conceptually?

**Professor Donna Chung:**

I think it's important to separate them conceptually because actually holding people accountable can offer a community or the individuals impacted a sense of justice and fairness that there has been a response, which I think is really important when you've had your rights continually violated over long periods of time and there hasn't been any consequence for that. So there's that. I think there's a broader issue about people feeling that that is also one way in which the community in the future can be safer or, you know, they don't want this to happen to other people again in the future as well, which for me is very different to an individualised responsibility for my actions or for their use of violence in this case. And it may be that somebody never takes responsibility for their use of violence and abuse and the harm that it causes, but we can still intervene separately to that. So I think for me they're very different in that the accountability is really external facing and offers both individuals impacted and the community a sense that something, there has been a reasonable response to this injustice that has occurred.

**Katie-Jane Orr:**

You've talked about a sense of unfairness from the community. You've given an example previously about in criminal justice proceedings and how both sides can feel like it's unfair. Can you explain that for us?

**Professor Donna Chung:**

Yeah, I think that's often sort of one of the nuances of what results from, especially situations like domestic and family violence, where often, particularly at the point if there's a civil law protection order, and the person using violence is the respondent to that, there is a sense that they are seen as not having a fair say, and that they're being kind of found, if

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they like, found guilty without any right of reply or any natural justice being applied when in fact what it is, is in fact an order of feeling like I feel unsafe from you and I've got a right to not have contact with you. So I think there's a misunderstanding there which creates a sense of injustice and obviously it's sometimes about the complexities between the civil and criminal law which aren't well understandably, aren't well understood. So there's a strong sense of injustice, especially if somebody is taking no responsibility. So if you're trying to hold somebody accountable through the justice system and they take no responsibility, that unfairness builds and is reinforced a lot of the time by broad community attitudes. Whereas for victim-survivors who may be told, in order for you to be safe you need to report this situation, you need to leave this situation, so in effect you often need to make yourself more unsafe, okay well I'll do that, I'll get a protection order, I'll go and live somewhere else and take my kids with me and then when there's breaches of those orders and either there's no real action or somebody gets a fine, there is a real strong sense of injustice that given the terror and violation of my rights that you've caused, that's not a reasonable response by the law to that. So there's also a sense, along with fear for their safety, there's a sense of unfairness and injustice about how victim-survivors are not, are being treated in that process as well.

**Katie-Jane Orr:**

Just to clarify, when you're talking about civil law protection orders, I think in South Australia that would be an intervention order. So terminology's different.

**Professor Donna Chung:**

Yep.

**Katie-Jane Orr:**

So accountability and responsibility both are important and is it correct that in intervening in domestic family sexual violence that they can impact each other and overlap?

**Professor Donna Chung:**

Exactly, yep, I think that's the important point.

**Katie-Jane Orr:**

And can you give some examples of, generally speaking, different ways people can be held accountable, different accountability measures?

**Professor Donna Chung:**

Sure, so the most obvious one that we've sort of touched on already is through the justice system. So in a sense that is really largely if it's focused on the criminal justice system so that it doesn't include civil law which is where the intervention orders lie, it doesn't include family law which is related to those private matters but rather it is just through the criminal law system in terms of, it might be breaches of a protection order, which are a criminal offence. It might be through charges and then convictions for assault or similar criminal damage, et cetera. So they're the ways that people are largely held accountable through the criminal justice system. And I guess the other ways that we, I guess, broadly sometimes include accountability in that is by providing those opportunities or pathways for people to make changes through access to men's behaviour change programs such as bail conditions or part of sentencing conditions etc. So they're diversions or they're part of sentencing.

**Katie-Jane Orr:**

And is there a sense of being accountable to the community?

**Professor Donna Chung:**

And I guess in terms of the next one, it's often accountable to the community and I've talked to a number of, I guess, Aboriginal and Torres Strait Islander communities who will talk about people needing to be held accountable for the harm and disharmony that they're causing in their communities and that people don't necessarily think that the criminal justice process is always the best way to do that, but that through other programs like might be around specific community-oriented cultural ways of working with men, people can be held accountable and sometimes that extends to family members as well, broader family

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members in terms of their accountabilities for not being seen to encourage or facilitate other people's use of violence and behaviours.

**Katie-Jane Orr:**

Accountability to the victim survivor themselves?

**Professor Donna Chung:**

I think that is largely by proxy through the criminal justice system at this point and sometimes there might be, for example, criminal compensation claims, etc. but they're not necessarily specific to domestic and family violence that's within that broader system. So not a lot of specific aspects which really touch on the fact that you had an, I guess the difference for me with family and domestic violence is you have some form of intimate or familial relationship between the victim and the perpetrator which is the difference compared to other forms of crime.

**Katie-Jane Orr:**

So sticking with accountability for now, what's good practice to achieve accountability for a person who uses violence?

**Professor Donna Chung:**

I think that accountability is really important in terms of being able to have a swift response and a consistent response. There is something that's really important about the consistency of response because what we notice tends to happen in terms of the trends in justice system data is that people who already have possibly offending histories for other reasons, no matter what they might be are far more likely to then come to the attention of the authorities when it comes to domestic and family violence offending compared to I guess often more affluent members of the community who can often use a range of coercive tactics that might never involve illegal forms of behaviour in order to coerce and control another person.

**Katie-Jane Orr:**

I'll ask you more about the swift response in a moment. But you also talk about a web of accountability.

**Professor Donna Chung:**

Yes, so the web of accountability is something that very much comes from understanding governance within the public service so it's a kind of wider public administration idea and so what's useful about applying it to the area of family and domestic violence is that one of the challenges in responding to family and domestic violence is it's not kind of the responsibility of a single department or even a couple of departments, it's kind of spread across a whole range of range of departments and across federal and state jurisdictions as well, federal state territory jurisdictions. So the complexity of where it emerges is also, makes it complex to deal with. So in terms of a web of accountability, what we're looking at is, I think of it often as horizontal, because one of the issues is we all talk about policy silos, so education, health, everybody's doing its thing within its silos, but in fact what we need is a kind of horizontal web of accountability where what we're looking to do is to look at each department or each government and non-government department's responsibility to identify and respond to users of violence as early as possible. So they take on that responsibility as part of their work. So in that sense they're accountable for identifying and notifying, sharing information, information, whatever it might be, rather than you don't get the option to say, oh well look I'm only here to look after their mental health so I can't really deal with any, you know, I'm here for the mental health, like you can't kind of take a 'it's not my job' line on this. So what we want is a web of accountability where each of these organisations has a clear understanding about what their role is and their role is different, you know, so if it's drug and alcohol or GPs or mental health services we don't want you doing a whole lot of heavy specialised intervention, that isn't your role, but it is your role to ask a couple of questions and if you notice any risk etc or likely harm or you've been told about that, then you report that or that information shared in a meaningful way that further action can be taken. And then that offers the opportunity to wrap an individual web of accountability around those

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using violence. But without that systemic web of accountability across or horizontally we don't have a way of kind of wrapping around that for individuals.

**Katie-Jane Orr:**

And so you're explaining there's almost accountability in the system that then affects the accountability wrapping around the individual.

**Professor Donna Chung:**

Yeah, that's exactly it.

**Katie-Jane Orr:**

It probably seems obvious, but are you able to articulate why that wraparound around the person using violence is important?

**Professor Donna Chung:**

Yes, so the wraparound's really important because as you said in the introduction, very few of our family and domestic violence incidents actually get reported to any authorities. So the bulk of the offending that goes on or the bulk of violence and abuses, coercions, are not reported to authorities. So largely it's invisible to most organisations. So that's really important then that when we do see these things, that there is a very clear, well understood across the system by workers across the system, that if there is red flags, you do need to take action on this. So for example, I'm just thinking about like tomorrow, we're preparing a report for the coroner over a preventable death in Western Australia or if I look back to Rosie Batty's son Luke Batty, we see in both of these cases, in both instances the perpetrator or the person using violence had a long history of mental health and a lot of threats of violence about the victim survivors as well as to housemates or colleagues etc at work. These weren't picked up on by either the bystanders or by often practitioners who support working with them. And so that never really got formally reported through any system, people tended to minimise it, and so then we see these homicides which could have been prevented. So I think from my point of view, unless we have this web of accountability where there is an understanding that you do need to check the severity of this, and if in doubt, treat it with seriousness, don't minimise it, because I feel like it's a little bit like child abuse, you cannot afford to risk. that 'oh well I'm not sure so I won't' you need to go 'I'm not sure so I will' but also that you feel that there's a sense you feel a sense of obligation and you act on that obligation. What sometimes people have said to us is 'oh well I've got a good working relationship with this person I don't want to jeopardise that'. Well yeah fine but if you're a good skilled practitioner that shouldn't jeopardise that but also you need good awareness as well I think in the system of when you're being groomed as a practitioner or a manager too by people using violence. So really strong kind of training and responses to that. All these things get lost in the system and then we find out only through serious case reviews and death reviews that there was all these touch points in the system that were never reported as family and domestic violence and the seriousness was lost.

**Katie-Jane Orr:**

And so I understand that you're saying if those red flags are seen, it doesn't mean that, for example, the GP should be dealing with the risk, but that information should be shared.

**Professor Donna Chung:**

Yeah, absolutely.

**Katie-Jane Orr:**

So that obviously has a significant impact or benefit on the assessment of risk and the safety of victim survivors, but does it also impact actually holding that individual to account if all the departments are working, I say departments, of all of the parts are working together and holding someone accountable.

**Professor Donna Chung:**

Yeah, I think it does hold them accountable for their actions and it also doesn't enable kind of slippage to go, oh well that's a mental health problem or that's a direct result because of their own childhood trauma or whatever it might be. So it doesn't allow slippage into minimising or excusing the behaviour as well, so when we have that minimising or excusing

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of the behaviour we're actually losing opportunities to hold the person accountable throughout the system, so at a kind of individual level through to systemic level we need that capacity to be able to take it seriously, respond seriously in order to actually have accountability in the system.

**Katie-Jane Orr:**

While we're talking about different services and kind of wrapping around, but shifting the focus a little bit to a person using violence who needs help, what are the benefits in that wrap around ability to provide different services to the one person?

**Professor Donna Chung:**

I think that one of the things is the information sharing that can occur in that sort of setting so that there's information sharing but also the person is getting a consistent message about their behaviour and also whilst also being given the opportunity to make changes or to make a difference, to become a safer person, to move towards not using violence and coercion. So I think it's that consistency of response and the capacity to share information which is really important. And also, if people are concerned, like if there are risks, because risk is dynamic, so if things change, so for example, if a person loses their job or has a family court appearance and it doesn't go the way they had hoped it would, that could well change the risk. So by having a wraparound service, somebody can make contact with the victim survivor, check on their safety, et cetera, whilst also trying to manage the potential harm and the risk that the perpetrator or person using violence is.

**Katie-Jane Orr:**

And what about someone who has alcohol and drug issues that they might need treatment for, and mental health issues that they might need treatment for, and use of violence issues? You've talked about dividing people up, can you explain that?

**Professor Donna Chung:**

Yeah, so often what happens is people might be accessing mental health services, and even accessing drug and alcohol issues. They might be seeing a doctor for a range of physical health issues as well. And often the way we often think about this is that we often divide people up into cakes, you know, like slices of a cake. So I'm the drug and alcohol worker, so I'm only just going to manage that slice of, like if you think of the person as a cake, I'm only going to deal with that slice. Someone is only going to deal with their drug and alcohol behaviour, or someone else is only going to deal with their mental health aspects, etc. When in fact, all of these things are interacting all of the time. So if you're the victim-survivor, you can't just be, well, if you've got your mental health, you know, this is the mental health aspect of this person, or this is a drug and alcohol, like, all of these things are interacting on the totality of the person. And so we need more complex interventions which treat people in their totality. So the way that we work with somebody who is using violence, who has significant drug and alcohol issues, looks different to the way we would work with someone who is using violence who doesn't seem to be using drug and alcohol issues, who isn't financially stressed with cost of living etc. So the way in which we deal with people needs to kind of really hold that complexity of the person rather than sequence them through things like somebody will prioritise the drug and alcohol first. So we can't see you in a men's behaviour change program because you've got drug and alcohol issues. We can't see you in the drug and alcohol service here because you're using violence and you're a risk to other participants. So you get this kind of stand-off because you do this sort of cake-slicing of a person, whereas we need the person to be held in their totality, and the complexity of the intervention needs to be the responsibility of the workers involved, so that that is responding to them in their totality.

**Katie-Jane Orr:**

Does that extend to, and you mentioned before, someone who has a really ingrained or criminal history of using violence for a long time, as opposed to someone for whom this is new behaviour?

**Professor Donna Chung:**

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Yeah, I think that's a really good distinction and what we know from all of the evidence about particularly the criminal justice system end of things is that protection or violence restraining orders, intervention orders as our first port of call are going to be highly unlikely to be effective with people who have long criminal histories and have particularly histories where they've used violent offending so none of that works particularly well as a deterrent, whereas somebody who has had no engagement with the criminal justice system is much more likely to be deterred or work around the likely consequences of a breach. So I think that's a really important divide. So one of the things then if you have sort of men's behaviour change programs as a group is you often can have people mixed in who have long criminal histories and people that are very different and don't, and the people that don't have those criminal histories can then use that to minimise what they do, so it's not helpful, but also the people with the criminal justice, like long histories of violence, are going to be often maybe compliant, maybe disruptive, but it's not really, they're going to impact the group dynamics, but they're not really going to make those changes necessarily.

**Katie-Jane Orr:**

Can you just elaborate a little bit more on what you said about minimising, the fact that some of them don't have that history allows them to minimise their behaviour?

**Professor Donna Chung:**

Yes, so we know from survivors and from watching men in programs, in this case, that they'll often say to their partners, well, pardon me, you should be in these groups, you should see the group I'm in with these blokes, they're really dangerous, they've done far worse things to their partner than I've ever done to you, so you're lucky. So it's a way in which I minimise my use of violence towards my partner and say, I'm not that bad, it's not that bad and you're overreacting too. So you're lucky and you're overreacting. Alternatively, men in that situation can be, as can men with criminal justice histories, really enraged that a woman's reporting has led to them entering the program. So a kind of outrage and anger with her that this is her fault, that this has happened, which reflects their lack of responsibility for their actions. And I think sometimes in those programs they can also be very intimidated by those men with criminal, long criminal histories as well, compared to their own experience.

**Katie-Jane Orr:**

And just picking up on you, the sort of interactions with the victim-survivor that these people might have at home, you talk about, in terms of information sharing and gathering information, actually speaking to the victim-survivor to get information from them in the context of the web of accountability, is that right?

**Professor Donna Chung:**

Absolutely, and especially like this is a sort of group approach or group intervention where you do need to have that triangulated information from the victim survivor as far as you can because often the fact that I will, that there's a likelihood that people who use violence will either deny or minimise or obscure what's going on means that you do need that victim-survivor's perspective constantly to know, particularly in the context of post-separation violence, exactly what's going on. So we have some good examples where somebody would say, I haven't seen, like when they're doing a check-in, I haven't seen her, I haven't laid eyes on her, I haven't been to the house, I've been compliant, I've agreed with what I'm meant to do. You then speak to the woman and she said, no he hasn't turned up at the house but I've been getting 30 to 50 texts a night. So you are making contact, you are intimidating, et cetera. And that might all be covered off in an intervention order and sort of dealt with by the justice system. But it's the upfront, like not acknowledging what's going on, not understanding the danger.

**Katie-Jane Orr:**

And then it seems, and we spoke about this before, but that has an effect on accountability if someone's not being honest about what they're doing, but obviously the safety or the risk to the victim survivor.

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**Professor Donna Chung:**

Yeah, absolutely. Absolutely.

**Katie-Jane Orr:**

And if we can shift to responsibility now, what's a very broad question, but what's good practise in terms of addressing this aspect of interventions for people taking responsibility?

**Professor Donna Chung:**

Yes, so one of the issues has often been that some programs have taken the approach or program managers have taken the approach that unless somebody's at a point of wanting to take responsibility for their actions that they may not gain access to the group program or they may not be seen as appropriate or ready for the group program. So one of the issues with that is that actually that kind of leaves you at a bit of a standoff because then there is no other, at the moment there is no other forms of intervention, largely. So I think that that is a difficult kind of space to be in and I think, as I said before, we have got to get more nuanced about who we put into programs or, you know, this sort of who's available, you know, who's the kind of group, who's the next nine people coming through or the next 12, is kind of really important from a practical level but actually from a kind of level of change, then what you have in the groups is a very strong mix of people who may be starting to take responsibility or at least processing it or conscious of it, even if they're still denying it, there's a sort of glimmer of hope that that's happening through to people who are still in a kind of it's their fault and that's particularly the case with people who, the people least likely to take responsibility are people who live with or experience very extreme forms of jealousy and have high levels of distrust of their partner. So they're often a group that are very unlikely to take responsibility because she's always going to be blamed for what's happening in those situations. So in terms of responsibility, I think that there is some use in terms of engaging directly with men, in this case with men, using violence around the consequences of continuing to use violence as well as, I guess the thing though is that one of the issues is it's a kind of rational talking therapy. So we're assuming that everybody's on the same page with that, that there is a sort of a sense that they want to be deterred from their actions. So I think that, you know, there's a lot of assumptions within responsibility work. In terms of what we see with program dropout as an indication of responsibility, there's relatively low completion rates, but that isn't unusual in mandated programs of any kind where there may not be significant consequences for non-attendance in the program.

**Katie-Jane Orr:**

And so you've given some examples about the different types of people in a group, but I assume you're saying that they require a different technique or a different approach in terms of how you might start to get them taking responsibility.

**Professor Donna Chung:**

Yeah, that's right, that's right and I think that's important in terms of that's kind of a danger in the group program is you've often only got the sort of, you can do a bit of individualised work but you're largely using a single modality, so that is one of the issues and I think that is one of the sort of, because we've been very wedded to this orthodox of group programs that we do need to look at working in other ways, so working with men individually around their own actions and behaviours and that enables us to go back to the cake metaphor to kind of hold them as a kind of total cake in a sense, wherein you know we can address the complexities etc. and also I guess some of the work that we know around obscuring or not taking responsibility is about kind of often still blaming their mothers or families of origin so you can actually address that around kind of a future orientation like yep that may have all occurred but actually from here on in you're the adult this is what's happened so far do you want things to be different. So I think, you know, that's also the kind of, like to be able to individualise that approach to some extent is quite important if you want to engage around responsibility. Then there will be a group of men, a small group of men that will never take responsibility for their actions and the best we can do is to hold them accountable and have them under, you know, a fairly high level of surveillance and make sure they're on

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government and non-government agencies' radars for when things may escalate or they may re-partner. That I guess is the other challenge in group programs is that men may re-partner during the actual program. For example, they may be referred to a program in say May, they may not start to attend that program till August or September and so in that time they may well have re-partnered and the new partner is happy to say, there's nothing going on here, nothing to see. I agree with him, I think that, you know, she was imagining it, etc.

**Katie-Jane Orr:**

Are there benefits to group work?

**Professor Donna Chung:**

I think there are benefits to group work and some of those are practical things in terms of efficiency for running things. I've seen programs work quite well in groups around men sort of holding other men to account so when men have taken some responsibility for their actions and kind of clicked around those ideas, they will often give examples to the other, or challenge other people in the program. So that can work as a quite effective mechanism in the group. I think the other thing it can do is also make people aware that this isn't individualised to you, there's a whole range of people that do this, engage in family and domestic violence and this is what happens for all of you when you need to do this. So if you're kind of very, the world's against me, then that gives you a kind of a wider perspective on things too.

**Katie-Jane Orr:**

What are some other sort of good practice or strengths, important things to consider in a responsibility sort of focused behaviour change approach?

**Professor Donna Chung:**

Yeah, I think that there is those issues about strong engagement and ongoing contact with the person, so seeing somebody for two hours once a week or three hours once a week for a number of weeks can have an impact, but there's a lot of time when you're not seeing them. So the way I guess I think about it is also when they come to those groups, you know, you kind of, like if you're going to a job interview or anything you might be doing, you kind of put on your best face, you can sort of put on your best face for a couple hours a week and do the business. So I think you need facilitators who kind of recognise that and can ask good questions about, you know, their behaviour and their actions outside of the program. I think one of the things is to have that ongoing contact with victim survivors, so a very stringent response to that. We've seen really patchy responses to that. It's been very patchy across Australia where some people have just sort of made a phone call and if the person doesn't answer, then they don't do it. So you need very stringent ways of kind of responding and supporting the victim survivors. What we've found is that those victim survivors generally haven't had contact with services, so it's also an opportunity to connect them to services, which makes the program safer and is a way of being able to bring back information into the group to increase the likelihood of him taking up the option of responsibility. In terms of post-completion of the programs, one of the issues is often that, okay I'm up to week 26, week 34, whatever the number is, that's it, there's not a lot of, and sometimes there's no compulsion to have to do anything, but a good program would put in place opportunities for kind of safety planning and checking in post program, which are highly, again, highly individualised around the risks and that gives another opportunity to both keep people safer but also to keep taking responsibility beyond the life of the program rather than having a sense that I can, because often people attending programs are quite good at grooming, that you're not grooming the workers only for the 26 weeks or whatever it might be.

**Katie-Jane Orr:**

And you mentioned a swift response before.

**Professor Donna Chung:**

Yes, so what the evidence shows us, particularly from the states where there's the biggest studies, is that the speed with which we can, if people are, particularly if people are arrested

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or charged, whatever it might be, the quicker the time between that occurring and their first attendance at a behaviour change program, the more likely the program is to have some impact. So, if we have wait times to get into programs, if we have delays through the court system where it's anywhere, you know, between two or three months between that initial call out to your house compared to when you arrive in a program, the effectiveness of that is likely to decline quite quickly. The closer we can bring those two events together, the more likely we will get kind of change if we're going to get change.

**Katie-Jane Orr:**

And why is that?

**Professor Donna Chung:**

And that's largely because there's a clear link between the event that occurred and why you're sitting here. Whereas in 12 weeks, you can argue, well, I haven't, you can start to minimise in those 12 weeks and, you know, opportunities for taking responsibility have not been addressed. So to then pick it up 12 weeks later, it's like, well, why are you bringing it up now? I've been safe all that time. It's also seen as only a punishment then, like that delay further, you know, invokes notions of unfairness and I'm stuck in this group as a punishment because of her. So bringing it together and going you did this and then you're doing that and this is why we're doing this so the proximity is really important from that point of view and also things from a safety point of view like as I said they're highly likely to have re-partnered in some cases so they're re-partnered and everything's really good so there never was a problem. So again opportunity to minimise and deny the seriousness of the violence and abuse. So the closer we can put the two events together the better.

**Katie-Jane Orr:**

Can we extend that to say the sooner you can get a response even before a criminal justice response is that even more effective?

**Professor Donna Chung:**

Exactly, so I think that's what we're kind of aiming for, is to say that as soon as we can, you know, this isn't okay. And I guess the other thing that sometimes what we know that people who use violence will describe their relationship as having a communication problem. We've got a communication problem, we've got a relationship problem. So by saying that there's some recognition that things aren't working but you're mutualising them in that sense. You're not taking responsibility for what they are. But I think what we need to do is kind of, okay, we'll take that at face value and kind of start to work with the person, but you work with them in a way that's separate to, it's not a straight couple counselling where those tactics of coercion can be occurring right in front of you as the worker.

**Katie-Jane Orr:**

Training and skills for facilitators, is that important?

**Professor Donna Chung:**

I think so, we've had a long-standing issue with a workforce shortage and one of the issues I think is that because of, we've got this dilemma where we want to have enough programs available for people to be able to get to them versus we need a period of time for people to develop their skills in the work. One of the, I guess, just to speak to the workforce specificity, one of the differences in this work is that often most social workers, psychologists, counsellors are trained in a sort of like broadly a non-judgmental, positively kind of unconditional regard, accepting kind of way of working which is completely fine when you are working with people who are choosing to come to you to work through their issues versus working with those who use offences, those who use domestic violence who are minimising and mutualising what they're doing so you're needing a much more challenging approach. It doesn't mean it's not respectful and all of those things and empathic, but it does require a different style of working and so people do need that reorientation or sometimes we would almost say like kind of re-education, retraining around the orientation used in working in those programs. So you can't just take people out of generic programs and kind of pop them straight in there and expect them to function really

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well. So that kind of brings a bit of a lag, so we need good programs where people shadow, have training, so we have now kind of tertiary qualifications that people can do to work with men using violence etc. So I think we've made that transition but actually getting it up and happening is one of the issues.

**Katie-Jane Orr:**

If facilitators or social workers are not properly trained or properly skilled, can that do more harm?

**Professor Donna Chung:**

It can do more harm because they can be complicit with the person, they can misread, misread the red flags, misread the danger. And I know when I've observed groups, I've said to the facilitators afterwards, you know, what about the guy in the red shirt? He seemed like he seemed really worrying to me, given that I've read his history, given how he interacts and the way he controls the other guys in the group what's the story there and he said oh look I can't remember his name was Darren whoever I'll just make up the name Darren ah no Darren's a good guy he ah he just goes to work and then he goes to the gym and then he goes home because he was saying that's what he did and I thought oh I'm not sure Darren does just go home um you know because you can see he's quite vain he's quite controlling of other people so I can't imagine him living this sort of very quiet life, so, you know, the need to kind of constantly have a sort of sense of workers that can see what's coming down the line and watch those group dynamics. And I know it's hard because there's only two of you and there's maybe eight to ten guys in that room.

**Katie-Jane Orr:**

Do you have any views about voluntary versus mandatory programs or perhaps the pros and cons of either?

**Professor Donna Chung:**

Yeah, I think that we've sort of shifted to having largely mandatory programs, so there's some sort of, whether it's a bail condition or a diversion or a sentencing, but it's got a link to the fact that you've come to the attention of authorities in some way. So I think those programs are the best way we've got at the moment to try and offer people the option to make changes, to take responsibility etc. So what we know from the evaluations we've done is often men are attending their third or fourth of those programs as well, so they haven't always been either completed and or effective in their first or second attempts at those programs so often. And that might also relate to the fact that those programs aren't long enough. And the way I often think about it is if you bought a house that's a kind of renovator special, you went to Bunnings for the weekend, on Saturday morning you went and bought all the stuff at Bunnings and you went back to renovate the house, you're not going to see a lot by Monday morning. So I think that often the change process, all this hasn't occurred overnight so it's going to take a much longer period of time to also make those changes sustainable as well. So I think there's an issue about the length and what they'd call the dosage or intensity of the programs.

**Katie-Jane Orr:**

And does it take a bit longer to get through often in those mandated scenarios?

**Professor Donna Chung:**

I think so, and then the sort of dilemma is because you've been mandated you want it to often be as short as possible as well, versus it needs to actually be longer, so that's one of the dilemmas with that is that often we don't have the length of time that we need to really get the real change and also the issue about, you know, like we said before there might be drug and alcohol plus mental health plus plus, so all of those things to manage that as well.

**Katie-Jane Orr:**

We've heard the expression socially mandated in relation to the voluntary programs, what does that mean?

**Professor Donna Chung:**

So often what we're talking about there is that there is some pressure to attend those

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programs or some goal other than stopping violence to attend those programs. So for example we hear about people opting to take those programs or to take parenting programs on advice of their lawyers before they go to family court so they're showing that they are responsible for what they've done but they're also willing to make changes and here's evidence of change, I've been in this program and I've learned these things. So often that might be the case. There also can be the case where a partner can be completely, you know, fed up, lost hope for kind of the relationship and says to the person, unless you get help, I'm out of here. So they go to those programs and I guess the issue is that the ends becomes, the means becomes the end, so just attending is not the goal in itself but it feels like the goal for people when they ask. There's a relief when the person actually goes to those programs because you think, okay, there might be some chance for attending those and getting some, that attending might lead to some change. So one of the things, just to go back to the partner safety contact, is that a good partner safety contact or family advocate, whatever the phrase might be, is that they need to also work with the women about what's realistic about change too, so that women, or in this case women survivors, have an understanding of what's likely over what period of time. And I guess at the absolute worst case scenario where the programs don't work, if somebody's compelled to attend for whatever reason and it's, for argument's sake, six to eight on a Tuesday and the program doesn't work, what's really important is you hold the person there from six to eight because at least during that time the woman knows or the survivor knows that they have the opportunity if they need to escape or leave. They've got that two hours on a Tuesday which comes back specially to the importance of program practice, reporting on people not attending the program, not because you want to get them in trouble, but because there's a clear safety link to the victim survivor in that case. So that's just another element.

**Katie-Jane Orr:**

And in what you've just said there, is there a degree of that accountability that you're talking about? That even if a program might not be offering or achieving responsibility, taking, it can go some way to holding a person accountable.

**Professor Donna Chung:**

Yeah, absolutely. I think the fact that you've had this opportunity is a form of accountability. Should you choose to not take responsibility, that's still on that person. So I think it does offer that.

**Katie-Jane Orr:**

And then just going back to the voluntary or mandatory, you were talking about worst case scenario, is there at the other end of the spectrum people who genuinely are ready attending voluntarily and wish to make change?

**Professor Donna Chung:**

Yes, so we do have a group of people who are in that space. Often they may be separated when they attend those programs and then the other party is kind of feeling that they can experience change, etc. Again, walking through with people what's likely to happen because what can often happen early on is that the victim-survivor feels a little bit safer because the person's kind of... the fearfulness that they create has kind of reduced so they feel like they can speak up a bit more, they might say a bit more than they would have previously and without good practise work for both parties that gets seen as, oh now she's pushing my buttons further so she's trying to push me further rather than, okay well that reflects I'm not sure what, like that might reflect she feels safer so it's actually a good thing so talking that through with the person is really important. If we're going to ultimately, those people are going to reconcile or even just to continue to co-parent post-separation if those things are in place that's really important as well.

**Katie-Jane Orr:**

I just have one last question. You mentioned right at the beginning that one aspect of good practice is a consistent response. I think we were still talking about accountability then. Can you explain that a bit more?

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**Professor Donna Chung:**

So I think one of the things about, I guess, the dynamics of family and domestic violence and one of the ways in which coercive control is experienced by people is that the uncertainty is in lots of ways the power that it holds, so I'm not sure, it's the sort of unknowing how dangerous, like knowing, not knowing, quite not sure, so in lots of ways it's that inconsistency and unpredictability, which is the strength of the coercive actions. And so what you need is a consistent response for survivors in terms of knowing that when they call the police this is likely to occur, understanding exactly what happens going forward in terms of any actions for protection orders, but also there's a consistent response to to breaching of orders, to charges and then convictions and sentencing responses, etc. Because often what people see is very inconsistent ways of working, which then make it unlikely for people to want to call the police again, re-engage in criminal justice or court systems of any kind, etc. So the need for that consistency and it also shows the community and those using violence that this is something that will occur in an ongoing way. So that consistency of response is really important across the system to make sure that we have, that there's confidence to access the system and confidence that people will be held accountable and that you can ultimately be safer in those circumstances.

**Katie-Jane Orr:**

Thank you Professor, I have no further questions.

**Professor Donna Chung:**

Thank you.

**Natasha Stott Despoja AO:**

Professor I have a few questions. It's interesting on that last note to hear that there is an appetite for voluntary behavioural change programs. I do note that one of the recommendations you've made in your research has been to recruit more male workers into sort of human services, social work etc. Could you elaborate on obviously why that's important but specifically in relation to delivery of these programs, why male workers in this space are particularly important.

**Professor Donna Chung:**

That's particularly important because one of the things about the model which I think is helpful is that model that typically what we're aiming for is male-female co-facilitation of those programs so that there is actually a role modelling and an evidence of how, you know, how respectful ways of relating to women operate. It's also about demonstrating women in positions of equality, not oppression, etc. and modelling those dynamics. So one of the things that happens is because we have a majority of women in these helping professions that often we have two women facilitators available but not a male and a female facilitator. And I think, you know, it's important in terms of that male facilitator understanding how those, because those gender dynamics are being observed really carefully by the men in those programs. So if just little things like the female facilitator goes to wash up the cups or something, that will be seen in a particular way by those group members in a way that might not go unnoticed in other programs etc. So the need to have both male and female joint facilitation of those programs means that we do need more male workers in this space to do this work.

**Natasha Stott Despoja AO:**

That actually leads me into one of the questions I did have, which is exactly around the role of gender and gender dynamics. Because, obviously, we're talking about wanting to change behaviour to prevent or stop violence from occurring, understanding why it occurs and what the triggers may be. But then I'm curious as to that sort of next specific issue, which is this is not violence generally, we're talking about particular gendered violence, violence against women and children, in the main, not exclusively. So how do these programs tackle some of those ingrained, whether it's the rigid stereotypes or whether it's indeed the role models or the expectations we have of women, what does it take for these people who use violence to understand why they're doing this and why it's wrong.

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**Professor Donna Chung:**

So I think one of the things is that even in the last 10 years I think that we've seen a slight difference in the accounts that men offer in those programs and one of the things that they will talk about is look I think women should have equal rights or I think violence restraining orders, intervention orders are really important but in genuine cases, comma, but in genuine cases and so there is an outward kind of presentation that I don't have an issue with women, I don't have an issue with equality, it's just that this woman is, and particularly you know with the sort of irony for me is with the rise of recognising and talking about mental health in our community, it's then being sort of weaponised in lots of cases by perpetrators around, oh well she's mentally ill, in a way that we didn't hear. So they're sort of acknowledging, so there's a sort of denial that gender matters to them often and so one of the things in programs is around talking about the importance of that intimate relationship with a woman as really critical to the way that you are reacting just to them in that context etc. Often because there is that real tie to extreme forms of jealousy and this absolute kind of fear and reaction that your partner is off having sex with other men is often at the real heart of what's going on. So I think having those, and it's often extremely unrealistic, but I think having those conversations about expectations in relationships and how they are gendered and how are you, without saying how are you complicit in those, but in what ways in your household do these play out etc. and how do you think they're experienced by other people in the household. So trying, I guess the other thing to say is that generally, there's debate about it, but generally people will come to these, participants will come to these programs with a lack of empathy for anybody who is not dissimilar to themselves. So if you're similar to me, if you mirror me, I'm very empathic, very understanding. For everyone else, I don't have a lot of empathy or understanding or insight. So I think, you know, trying to build a lot of empathy in that case is kind of, I can understand why people might do it, but ultimately it's about kind of taking responsibility and looking at those very deep gendered stereotypes etc and also about how you buy into or how you're negatively impacted by the kind of dominant forms of masculinity that exist in the community that you need to earn all this money. As a man you should be earning money, you should be looking a certain way, driving certain cars, whatever those sort of dominant forms of masculinity are too, that actually it's not about men versus women but it's about how we step into those gendered expectations and how we react when we don't, we're not kind of top of the pile in those gendered expectations, particularly because the men attending these programs are largely going to be men who are, I guess, some of our most disenfranchised in terms of income and education and employment, etc.

**Natasha Stott Despoja AO:**

It's interesting you say that. Your discussion with Counsel Assisting around the efficacy of group sessions, both the positives and the negatives, and I was able to see and hear from first-hand men in prison who've been through a program and had very positive reflections and perceived benefits. And that was a very interesting cohort, very different dynamics to go back to your point in your evidence around not necessarily just the same types of people, but there's a potential benefit with different people as well. But we have heard anecdotally and from victim survivors around how some of those group sessions have been more detrimental, anecdotal comments like he learned more from the program as to how to get around the system, more aspects of coercive control, so it's a really hard balance, I don't know what you recommend in that circumstance apart from the trainers being expertly trained.

**Professor Donna Chung:**

Yeah, and look, I think these are really kind of tricky points. So I know, you know, we've been doing work on economic abuse for about, I don't know, 19, 20 years, and it's just now started to really become the latest profiled thing. And people are saying, well, should that be in men's programs or behaviour change programs? And I'm thinking, I don't think so, because if they hadn't thought to do it, they might go, oh, never thought to do that. That's an

opportunity. So I feel like that is a good example of why we might not include some of that in terms of the way that we, when we're talking about specific behaviours etc. So I think the upside is that it actually, with skilled facilitators can get men to engage in conversations about their feelings and emotions and reactions, which is something that they often haven't processed or haven't done, that the main reaction they've had is a defensive one and an angry one and a distrust and they don't even necessarily recognise that so some level of recognition about feelings other than that I think is important to know and I think that by doing that you can start to move into having conversations about then why you might be so controlling, why you're so worried you think your partner is doing X, Y, Z, why are you threatened by her having friends, having family come over. So you can sort of move it in that direction I think. But I also, so I think also it can be cathartic and valuable to talk about their feelings but that doesn't necessarily mean that they will then always change their behaviour in their everyday life with new partners etc. So I think there can be a bit of a disconnect there between getting benefit from having those conversations versus actually changing my everyday behaviour in terms of that. And not having support to keep doing those sort of changes as well, I think is really one of the real limits of what we've got now. So I think there are benefits personally that they can engage in, but I also think one of the things that I've mentioned in other meetings is that it relies on a level of kind of capacity and cognition to be able to take what are essentially abstract ideas and require reflective capacity to bring about change in behaviour. So if you don't have that, which rational talking therapies are based on then that can be a real limit to those rational talking therapies. And I guess also they're a very westernised way of working so they're a very middle class westernised way of working that we talk about feelings and we have those conversations versus people from other communities may feel that it's sort of culturally inappropriate to be talking about private stuff. So I think we've also got to look at their cultural fit in the wider range of perpetrator responses that we have.

**Natasha Stott Despoja AO:**

Just two more questions, if I may. One of the issues we have, certainly that we've noticed in South Australia is even when say a Magistrate has recommended a man for a person who uses violence to a behavioural change program, the delay, and this goes to your point about being swift, the delay is often with the assessment for appropriateness and eligibility for that program as opposed to being able to provide the program. Is that something you're aware of in other jurisdictions?

**Professor Donna Chung:**

Yeah, that has come up in other jurisdictions as well. And I guess my response to that is, provide some sort of individualised work then. So do one-to-one work until that person is, even if they don't end up going into the program, even if they're, if you like, assessed out, they still need some more immediate one-to-one work. And it might be just about information about what's happening, it might be what's happening for you, what do you not understand about court process, it can be anything you like in a sense around it, partly because it gives us a way to connect them to the system, to identify any likely post separation violence and abuse things that may be escalating and keeps them engaged in the system and talking about the use of violence and abuse in an ongoing way. So once we have that disconnect and that sort of lack of, you know, lack of anything happening, we've kind of disconnected the offending from why we're in the program. So to offer some sort of one-to-one, as I said, even if they ultimately are assessed out, but it means there's been some connection to their actions that's ongoing.

**Natasha Stott Despoja AO:**

Thank you, that's a very helpful suggestion. And finally, Professor, you talked about this, the wraparound model. I'm just curious, are there examples, and I know that Counsel Assisting has investigated some of this, but the issue of not just best practice, but are there actual other jurisdictions or other countries or places where you think they have, if not perfected this model, have at least had some good case studies that we could examine?

**Professor Donna Chung:**

Yeah, I mean I think probably the Victorian work around the MARAM program is probably the best work that's going on in Australia at the moment because it's attending to different sorts of workforces and is nuancing what some workforces need to do, like some sectors need to do this, others need to do that, what are the issues about the information sharing, how's that information used, how quickly is it used because it's one thing to share it but if I can't quickly get hold of it to make use of it, then it's kind of null and void. It's kind of lost its impact. So I think probably Victoria is the best example. I guess the other thing just to think about with where those things work best is you've got to think about the scalability of population as well. So where you have very, very large, where you have large cities where people are mobile, that can really make that work tricky. So I guess just taking into account that in any sort of scalability of the program.

**Natasha Stott Despoja AO:**

Thank you, thank you for your evidence.

**Katie-Jane Orr:**

Thank you Commissioner, I've got no further questions, I'd ask the witness to be excused.

**Natasha Stott Despoja AO:**

Indeed. Professor, you are free to go. Thank you for your time today.

**Katie-Jane Orr:**

Thank you. Thank you, Commissioner. We'll have a break before the next witness.

**Witness:**

**Jonathon Main, Relationships Australia SA**

**Natasha Stott Despoja AO:**

Welcome back to the fourth day of public hearings for the Royal Commission into Domestic, Family and Sexual Violence. I invite Counsel Assisting to explain the next witness.

**Katie-Jane Orr:**

Thank you, Commissioner. The next witness who will be giving evidence is from Relationships Australia SA, known as RASA. RASA is one of two providers for the Court Mandated Abuse Prevention program in South Australia. The other program is run by KWY Aboriginal Corporation. KWY was not available to give evidence at today's hearing, but the Commission will continue to engage with KWY in relation to the work that they do. With that being said, I call Jonathon Main.

**Kerryn Hawkes:**

Do you truly and solemnly affirm that the evidence you shall give will be the truth, the whole truth, and nothing but the truth? Say, I do truly and solemnly affirm.

**Jonathon Main:**

I do truly and solely affirm.

**Kerryn Hawkes:**

Thank you, and please state your full name.

**Jonathon Main:**

Jonathon Main

**Katie-Jane Orr:**

Thank you. Mr Main, you work for Relationships Australia, South Australia?

**Jonathon Main:**

Yes

**Katie-Jane Orr:**

Can you tell us about that organisation?

**Jonathon Main:**

Yes, Relationships Australia, South Australia or RASA as you say is a not-for-profit charitable organisation that's been in existence for over 75 years. It's a secular organisation that's been providing family and relationship services to the community as I say for 75 years. We run about 50 odd programs, I can't remember the precise number comprising both general family and relationship support programs, support for parents, support for children, for families pre-separation and post-separation, including families characterised by high conflict and engaging in family court litigation. We also provide a range of targeted services for children, some specifically in relation to children and domestic violence through our Together for Kids program. Also in our Ngartuitya family group conferencing program, working closely with the Department of Child Protection in relation to families potentially facing child removal, our Safe Start program, which is another program working in that same space with the Department of Child Protection. We also run some programs in relation to rebuild for our Victims of Crime Counselling Service, which is a state-wide service, our Redress Support Service, we're one of three providers of redress services in the state, as well as some post-adoption services and of course our specialised family violence services.

**Katie-Jane Orr:**

And within all of that, what's your role?

**Jonathon Main:**

So my role is the executive manager for what's called trauma resilience and wellbeing services which covers a range of those services I've just mentioned and also some of our practice managers which forms part of our clinical governance structure within the organisation.

**Katie-Jane Orr:**

Generally speaking, and you've kind of addressed this already, but does RASA commonly have clients affected by domestic family and sexual violence?

**Jonathon Main:**

Yes we do, we have, so last year for example we saw over 20,000 clients and of those adults, the adult proportion of those clients 40% of those are men in relation to service access. We use a tool called DOORS which stands for detection of overall risks screening this is a universal holistic screening tool which we apply for all clients coming to a service within the organisation. It screens across 11 different domains of risk, including family, domestic and sexual violence, mental health, drug and alcohol issues, gambling issues. And we know from our DOORS and from those 20,000 clients that one in two cases that present to RASA are naming family domestic and sexual violence as a presenting issue.

**Katie-Jane Orr:**

But as you said, that screening process will allow you to screen for different domains, I think you said? It screens for all of those domains. And is there often multiple of those domains that are picked up in that?

**Jonathon Main:**

Yes indeed, so what we do know is that through all of those 50 odd services we provide, people present for that particular reason, but we know there are many co-occurring issues that are occurring in people's lives that if we don't ask for across those 11 domains, we might only ever find out about the particular thing they're presenting for, so for us it's very important to universally and holistically screen.

**Katie-Jane Orr:**

Is it fair to say that a lot of your work deals with vulnerable, distressed families and complex issues and situations?

**Jonathon Main:**

Yes, absolutely.

**Katie-Jane Orr:**

Today I want to ask you about programs that RASA offers for people who use violence. So we've been speaking more generally about people experiencing or using violence, but we're

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going to focus on the people using violence. But before I come to those specific programs, can you give us some explanation about what some of the benefits are in providing these services to people who use violence?

**Jonathon Main:**

So the most immediate benefit is that, and in fact I think your previous witness this morning, Donna Chung, in a paper she presented with colleagues in 2010, made reference to the fact that programs for men are one of the most effective strategies, if effectively are used, to address safety issues for women and children. I guess the other thing I want to say in relation to that is when we consider the Prime Minister's comment earlier in the year about the national crisis in family domestic and sexual violence and the rapid review that he called in response to that, one of the outcomes of that rapid review was to say that we need to broaden what we understand as primary prevention which is a very important aspect of how we change attitudes and change behaviours. But that rapid review highlighted that we need to be able to focus on programs that are effective and have impact in the short to medium term. So what we know for people coming into the services is the best time to act is to act early. The best time to act is, or the best way to act, is to act holistically and respond to all of the needs that people are telling us are existing in their lives, recognising that the particular service pathway, whether it's a violence pathway, isn't the only thing that is occurring in their lives which is an issue. And therefore we need to be able to properly wrap around services, either within our own organisation or in related services, in order to provide the support that people need.

**Katie-Jane Orr:**

Thank you. So moving to RASA programs for people using violence, I understand that you've got two main programs in this space. What are they in an overview, in a general sense?

**Jonathon Main:**

So we run a community-based program in the north of Adelaide because that's attached to some Commonwealth funding I can tell you about, and there are other programs run by other non-government organisations in that space in other areas of Adelaide and around the state. The one I'm talking about is our specialised family violence funded program. It specifically has a focus around a group work engagement which we call Back on Track. The Back on Track is a closed 12-week group which means we recruit up to 15 people. They all start together, they proceed through the 12-week program, they finish together and then we run another group, so it's a closed program. Alongside that we also provide support to women and children and some individual counselling for men in that context as well.

**Katie-Jane Orr:**

Is that a voluntary program?

**Jonathon Main:**

That's a voluntary program.

**Katie-Jane Orr:**

and then the other program?

**Jonathon Main:**

The other program is the program funded through the Abuse Prevention program, which we call Reset to Respect, or R2R. So R2R is the program that offers ongoing open groups by exclusive referral from the Courts Administration Authority, which is ultimately derived from the Magistrates Court. KWY, as you just mentioned earlier, provide the Aboriginal specific component to that funding, or to that program I mean, and I should also mention that whilst it's not through this particular pathway, there's a complementary component to the program which is the Women's Safety Contact program, which is funded through the Office for Women, which is the Department for Human Services, and provides support to women who are named as protected persons in intervention orders for those men referred to R2R and the KWY program.

**Katie-Jane Orr:**

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I'm going to ask you a bit more about each of those programs. In relation to the Reset to Respect, you said it's part of the Abuse Prevention program, so that is the program run by the courts, is that correct?. And then it's the courts that refer men to that program?

**Jonathon Main:**

That's right.

**Katie-Jane Orr:**

And so participation in the program is mandatory?

**Jonathon Main:**

Correct. Which can be contrasted with the Back on Track program?

**Jonathon Main:**

That's right. That's right.

**Katie-Jane Orr:**

And then also just to clarify, each of these programs are offered to men using violence.

**Jonathon Main:**

Yes.

**Katie-Jane Orr:**

But you've said there are services, attached services or related services to the victim survivors who are usually female.

**Jonathon Main:**

Yes, correct.

**Katie-Jane Orr:**

And so starting with Back on Track, can you just give us a little bit more information about that program?

**Jonathon Main:**

Sure, so Back on Track has three different components to it. There's a 24-week program, a 12-week program, and an individual counselling program. The 24-week program, sorry, the other thing I should say is that for the group programs, we run 12 programs a week across 50 weeks of the year. So each year we see about 500 men through the program.

**Katie-Jane Orr:**

Is this Back on Track?

**Jonathon Main:**

No.

**Katie-Jane Orr:**

Can we ask you about Back on Track first?

**Jonathon Main:**

So Back on Track is a closed program. I beg your pardon. So we run three to four programs a year. We essentially run them consecutively. And so we're always maximally subscribed for those groups. So our maximum number is 15. So that way at least we can be assured that men have a three to four month wait depending on when the next group is. So across the year we're seeing something in the vicinity of 60 men through those groups and that group runs on a similar basis and similar models, similar thinking, similar approach to reset to respect.

**Katie-Jane Orr:**

And where you said it's voluntary, is that a self-referral?

**Jonathon Main:**

It's entirely self-referred, we've never advertised this program, so our own experience tells us, and originally we used to run it once or twice a year, then we realised the more we ran it, the more we were getting subscription. So we know that on the basis of never having advertised it, we're now running it about four a year. We think that if we were to quadruple that, we would still have no problem in filling those groups, and that's on the basis of not being advertised, we don't put it out there, it's word of mouth. We also participate in important networks and fora such as the Family Safety Framework, so we engage in networks where people find out about it because of them knowing what we do, but it's not

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something that we promote specifically.

**Katie-Jane Orr:**

You said that was through some Commonwealth funding?

**Jonathon Main:**

Yes, that's right. So Commonwealth Department of Social Services provides funding under their Families and Children program broadly called Family and Relationship Services. And so that provides us funding for the northern region of Adelaide. United Communities are similarly funded for a program based on Adelaide and sort of the western eastern regions. Anglicare provides funding for the south. There are other providers in the country. So I know that for metropolitan Adelaide for example the total funding is something in the order of a million dollars. The FTE based on our FTE alone would be, well we have three FTE people for the Northern program so roughly about nine FTE in Metropolitan Adelaide would be providing not the same but similar programs of support for men.

**Katie-Jane Orr:**

So you're saying those programs offered by Anglicare and United Communities have a similar FTE capacity?

**Jonathon Main:**

Yes, I believe so. I don't absolutely know that, but I believe so. I used to work at United Communities many years ago, so I had some understanding from then.

**Katie-Jane Orr:**

And generally speaking, more broadly speaking, are there other similar voluntary programs like this in South Australia? If you can't answer that...

**Jonathon Main:**

Yeah, not that I'm immediately aware of.

**Katie-Jane Orr:**

So there's not many if there are?

**Jonathon Main:**

No.

**Katie-Jane Orr:**

Turning to Reset to Respect now, which I'm going to ask you a bit more about, so this is a court-ordered abuse prevention program, can you explain more about how that referral process works and when people are referred to that program?

**Jonathon Main:**

Sure, so men who are placed on intervention orders, in some instances bail orders but primarily intervention orders, appear before a court, the Magistrate then makes a judgement about whether or not they think that person should be referred to the Abuse Prevention program for assessment, and then the Courts Administration team, also a very small team, 3.4 equivalent people, provide the assessment and then referral to us, and then they provide some case management support to those people while they're in the program.

**Katie-Jane Orr:**

And is it only for matters where domestic or family violence offences have been charged, where that person is charged with domestic or family violence offences?

**Jonathon Main:**

Yes, that's right. So intervention orders primarily in relation to violence, yeah.

**Katie-Jane Orr:**

And I understand that that happens through the Family Violence Court.

**Jonathon Main:**

That's right, there is a specific court, that's right.

**Katie-Jane Orr:**

Does that mean that if there are matters outside of that specific court that may have a family violence element, they won't end up in the court?

**Jonathon Main:**

Well that's certainly possible and again that depends on the matters before the Court and

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I'm not that familiar with it but for example I do know there is also a complementary court called the Treatment Intervention Court for people who are presenting on offences related to use of drugs and alcohol there is a very small number of men that have actually been referred to both the Abuse Prevention program and the Treatment Intervention program But we also know from our own cohort that there's a very high incidence of co-morbidity if you like, or co-occurrence of drugs and alcohol with violence, as with mental health, gambling, are other key contributing factors.

**Katie-Jane Orr:**

Is the program offered in a custodial setting, so for people in custody?

**Jonathon Main:**

The Abuse Prevention program isn't. I understand that the Department for Correctional Services does provide some in-house programs. Certainly we were speaking, we were approached by Correctional Services last year to see if we could provide a similar program within the new unit that that was being opened up at Yatala. Certainly they were looking at somewhere in the vicinity of 50 to 100 participants, specifically for a pre-release program that they were looking to engage for three months immediately prior to release. We certainly know that for men exiting prisons, where family and domestic violence has been an issue, regardless of how long they've been incarcerated, having some kind of a dose of intervention just prior to being released and engagement with families is an important element, protective element, for their safe transition to the community and resumption of relationships which are safe and respectful. But without that, we know there's considerable risk and in fact our Ngartuitya Family Group Conferencing program that I mentioned earlier, that has done some work, particularly with women in prison, in relation to family and domestic violence and pre-release support. So we know that early intervention can also be early intervention for people, men incarcerated, prior to release, if it's timely and ready for, at the threshold of them being released.

**Katie-Jane Orr:**

And is it correct that Reset to Respect is the biggest intervention program offered in South Australia?

**Jonathon Main:**

Oh, yes it is.

**Katie-Jane Orr:**

Coming back to the assessment process, so you said a person will be referred to the program by the magistrate and then the assessment process takes place within the Court Administration Authority.

**Jonathon Main:**

Yes. If I can just quantify that, if that's helpful, we know that in the financial year 2023 there were 6,156 intervention orders issued. We also know from some previous research undertaken that that equates to about 5,500 men. We know that I think in the financial year 2023 again I'm talking about that there were 671 referrals to Courts Administration Authority for assessment for the Abuse Prevention program and of those 671, 503 were referred.

That is based on Courts Administration annual report data so there's some differences in the data from what you might have heard elsewhere but approximately those numbers. So what that tells us is that 25% of men who are referred for assessment don't proceed to the program, and over 90% of men who are issued intervention orders don't receive support.

**Katie-Jane Orr:**

Yes, so that's of the 5,500 men.

**Jonathon Main:**

That's right.

**Katie-Jane Orr:**

only 503...

**Jonathon Main:**

Only 503 get referred to the program.

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**Katie-Jane Orr:**

I know that you've said that RASA is not responsible for the assessment, but can you just give us some indication of why someone might not be accepted into the program?

**Jonathon Main:**

Look, we think there's a range of issues and some of that relates to, even when they are affiliated with the program, the differentiation between the 12-week program, the 24-week program and the individual counselling. But clearly some of the more obvious reasons are for those men, and we sometimes talk about stages of change in relation to men and their violence. Men who are pre-contemplative, meaning they're not recognising there's a problem, they don't see that this is something that they need to do and think about, then Courts Administration will assess, well there's no point in putting a man into a program where that's going to be, the first hurdle isn't kind of breached so to speak.

**Katie-Jane Orr:**

Can I stop you? Sorry. Pre-contemplative. Can you explain what that means?

**Jonathon Main:**

Okay, so pre-contemplative is those men who don't recognise that there's a problem or don't recognise that if there is a problem that they're responsible for it. These are men who would typically deny that they're using violence at all. They might say that, oh, you know, yes we had an argument but they'll minimise, discount or blame the other person. Often they'll say, well actually my partner provoked me or often will just say, well no, it's my partner's violence, not mine. So there can be a flat out denial or refusal to accept that their behaviour was in any way regarded as being violent.

**Katie-Jane Orr:**

I imagine that you would see some of that in the programs anyway?

**Jonathon Main:**

Of course, that's right, yes we do, and inevitably men come with varying degrees of ambivalence about how responsible they think they are or indeed what they've actually, what behaviours they've perpetrated. I guess the other thing going back to your question is that there are obviously other men with mental health concerns, drug and alcohol problems that might get referred elsewhere, you know, such as the Treatment Intervention Court, so there might be other circumstances. There might also be circumstances in relation to that individual men that prevent them from being able to enter a group. And that might be around work arrangements, where they have come from or are living or working interstate, those kinds of things.

**Katie-Jane Orr:**

So I think you said that the assessment process involves or includes an assessment of which program a person might be referred to. So what are the types of programs that are offered?

**Jonathon Main:**

So, in terms of the 12-week program, I think it's probably sufficient to say that my understanding of this courts administration process is that those offenders, if you like, who are seen as being lower tariff, less complex matters, less severe violence, are ones that they see would be suitable for the 12-week program, and as I said, the 12-week program is two of the 12 programs a week that we run. The 24-week program is clearly for those men that are going to benefit from a longer participation in the group and therefore kind of experience the full benefit of a longer intervention. The individual counselling program is much smaller by numbers and in duration. So the individual counselling program for men referred to it comprises eight sessions of individual counselling. That's often men who don't have English as a first language, so we're often using interpreters to provide the service to those men. It can also be, in some instances, men who aren't able to attend within the structured group times and again that can be, there has been instances of men who are FIFO workers, fly in/fly out workers or otherwise engaged in work that makes it difficult for them to come to a regular group time.

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**Katie-Jane Orr:**

So the 12 and 24 week course are group programs, group courses.

**Jonathon Main:**

Yes, that's right.

**Katie-Jane Orr:**

And I think you said before, it's a rolling intake.

**Jonathon Main:**

That's right. So rolling intake means that the groups are always open, we don't have a cohort come in like I mentioned with the Back on Track community program. Men are continually being referred by the courts and so there will be men for example in the 24 week group who are soon to be finishing up with new men coming in. So there's a mixture of the composition in the group from those men who are, as I say, just starting, those men who are part way through and those men who are near completion.

**Katie-Jane Orr:**

So turning a bit more to the kind of content or focus of the program and group sessions. Can you tell us about that?

**Jonathon Main:**

Yep, so we run a program which comprises 6 modules, structured over the 12 or 24 weeks and within those modules we have a number of different topics, so broadly it's a psycho-educational and psychotherapeutic group, so psycho-educational is much more about a focus on a more cognitive behavioural approach in terms of helping people understand the behaviour and consider the attitudes and values that contribute to violence and understanding what violence is, which is an important basis for it. For it to be psychotherapeutic is really to help engage men in taking responsibility and understanding what we call the more affective elements of their behaviour. And so there's a range of topics that we focus on over the course of the 12 or 24 weeks. Those six modules are structured around things such as we talk about committing to change, calling it what it is, so naming violence and abuse, becoming self-aware, which is about understanding the signs and the physiological reactions that men experience when they're getting angry or what we refer to as being worked up, how they recognise what we call dangerous ideas, which is the type of thinking that will cause men to escalate in their behaviour, often happens automatically without conscious thought, looking at the effects of violence on their partners or ex-partners and children and what their plans for repair might be, where they can do that. And then finally maintaining change. So that's the six modules within which there's about four topics and sessions per module. And then within that program or within that structure, there's group discussion around those things led by two facilitators. And our groups are generally co-facilitated, mixed-gender co-facilitation, so it's important that men see a male worker and a female worker presenting this content. We can't always guarantee that given the funding constraints of the program, but for the most part, that's what we do. And so within that process, men, on four occasions throughout the duration of the group, 12 or 24 week, do a presentation, what we call a presentation to the group. And those presentations are their reflections on not just what's been discussed in the group but what they take outside of the group. So we provide them with a workbook. That workbook has all of the content that we talk about in those sessions or we cover in those sessions. That workbook has questions for them to reflect on outside of session. And then within that, there are these four occasions across the course of the program when we ask them to make statements, ultimately, about their commitment to change is one, their statement about how they recognise that they work themselves up, what their statement of realisation is another one around the effects of their behaviour on their partners or ex-partners and their children, and then finally their statement of change, and that's really to help them formulate what change looks like beyond the group, recognising that the group for many of these men has often been, it's quite common that they will say that they've never experienced something like this before. They've never, often they'll commonly say, why didn't I know about this before? If I'd known

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about this before I wouldn't have participated in it. So, which is kind of a match to what we know from our back on track community group in the north, which is that men do come. They do want to be able to access that kind of service if they know it's there. Many of these men haven't known of them before and so on one level appreciate actually having been, even though it's mandated, having been referred to the program.

**Katie-Jane Orr:**

You mentioned before the affective elements of their behaviour, can you explain what that means?

**Jonathon Main:**

So part of this is drawing on the theory of neurobiology and recognising that emotions aren't just behaviours, and that as for men to understand their behaviour, it's not just enough in a psychoeducational sense to say, well, this is domestic violence and this is bad. It is understanding that a moral position doesn't necessarily have men engaging in reflecting on their behaviour or understanding the impact of it. Whereas on the other hand, by looking at what happens for them and what are the drivers for them, how they feel, what they notice about themselves, how they understand the ideas that contribute to them engaging in behaviours or escalating behaviours or using violence are the things that have them engaging in the feelings and the sensations that they notice about their behaviour. And so that means we cover a range of things from what are the physical sensations they notice when things are starting to go awry or when they notice themselves starting to get worked up, what are the thoughts and ideas that accompany that, and we then use that to describe and help me understand what it is about their gender and masculinity that has them thinking that this is how they should behave as a man. And then working with their sense of values or ethics about how does that stand alongside who they see themselves as a person. How does that stand alongside how they want their partner or ex-partner or children to see them. Is that how their children or partners, ex-partners see them now? And where they're often then really engaging in is a more honest account of their behaviour. But this also brings them to shame. And so working with shame and helping men understand the shame of their behaviour. But we're also conscious that many men, and this is not a, well, you know, many men will reflect on their own experience of growing up and draw on their own childhood experience. And so we know in various ways that whatever their earlier childhood experience is, that has informed the person they have come to be, not necessarily the person they see themselves as being. So this kind of working around shame and helping men understand that we often talk about facing up shame and running away shame. And so facing up shame is the shame that holds men in a space where they can look at their behaviour, they can look at knowing what the impact has been for their partners and children, and start to fully reflect on what it is that that's meant, and what it means for them as they think about how they want to repair those relationships or restore those relationships if that's possible. So this is a very important part of the work and certainly in the case of 12 or 24 weeks in the group work program, we're able to cover across on the major elements of it, but I'm also conscious that, you know, as one of the researchers said, these programs aren't a miracle cure. And so what we need to be conscious of is what else needs to happen to support that change, both while they're undertaking that program and before they come into the program and once they leave the program. So there's some big areas of gap there.

**Katie-Jane Orr:**

Did you, you referred to running away shame before, is that literally as it sounds? Facing shame, sorry, not facing shame?

**Jonathon Main:**

So running away shame is so you know we often talk about things like for example we talk about time out as a strategy, time out is an important strategy but time out is not running out so you know often people can say well I'll use a strategy like time out which means that they'll have an argument and then they'll just storm out and they'll call that well I'm taking

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time out when actually what you're then leaving is your partner or ex-partner of children in a state of trauma which hasn't been dealt with. So I think there are elements of facing up shame which is to acknowledge that managing things ahead of violence becoming an issue, managing things before frustration escalates into violence, knowing how to manage that is part of facing up shame and facing up to recognising what men are doing in that instance that contributes to an escalation and how they can prevent that.

**Katie-Jane Orr:**

And you have used I think the expression ethical invitations to responsibility. Can you explain that concept?

**Jonathon Main:**

So, again, that's one of the elements that make it more psychotherapeutic. We need to understand that regardless of how men behave, they also have their own values and ethics, and we need to understand from them what those values and ethics are. So, most men won't say that they intend to harm their children or partners. Most men will say that they love their children or partners and they want to look after them. So we immediately have a juxtaposition of behaviour that they've demonstrated, that they've perpetrated, and values and ethics that they have about who they think they are. And so what's an important thing for us to do is explore and help them to explore what are the values and ethics around what it means for them to be a man. How do they reconcile notions they've grown up with about needing to be in control, for example, people needing to be the provider, needing to solve problems, you know, the sorts of things that commonly are constructed as gender-required stereotypical roles for men, and recognising that actually relationships are different to that, and for them to realise that those ideas actually haven't got them to a level of intimacy and loving and caring that they have wanted, and in fact what they've noticed is that they're now at a point where they're invariably have separated or at risk of separation, their children are scared of them. So, helping men get in touch with their values and ethics around who they are and how that might be different from the values and ethics of the parents they grew up with or the fathering they may have experienced as a child. It's certainly clear to us that while early life experience isn't a determinant of violent behaviour, it is certainly a contributor. And so if we, so it's, in a, on one level, you know, if you take a psychoeducational approach and say look, this is just about teaching men things, what that ignores is that if men have got their own experience where nobody's been held to account for whatever adverse experiences they've experienced in childhood, then it's hard for us to expect them to face up to taking responsibility for their behaviour. So we need to be able to put these things together in this program. We need to have men identify for themselves what their values and ethics are in being a person, being a man, being a father.

**Katie-Jane Orr:**

So that's the invitation aspect rather than just telling them.

**Jonathon Main:**

Correct. Correct.

**Katie-Jane Orr:**

Now, you mentioned a complementary or related service for victim's fathers through the courts program, run by Women's Safety Services. So how does that work in practise?

**Jonathon Main:**

So this is a way of trying to bring in collaboration and what we would say triangulation of risk and safety information. So one of the important things is that we want men to be able to be in a program where they can stop the violence, they can start to take responsibility for their violence and acknowledge the effects of the violence. but we also know that men will be prone to being discounting or minimising or diminishing the nature of the severity or the impact of their behaviour. So being able to liaise with Women's Safety Services and the Women's Safety Contact program and those women is an important part for their safety and it's also then an important part of how we can bring that information into working with the men in the group where we know there might be particular issues of risk that are arising for

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those women. A challenge in the current context of this system is that referrals to the Women's Safety Contact program are for women who are named as protected persons on an intervention order. Many of the men in the program have repartnered, and so whilst that is an important element of work for those women's safety, it can also be an important element of work in terms of our work with the man. It means that there are existing partners, potentially children, who are also therefore not covered. The other part of that is that women referred to the Women's Safety Contact program, it's not the full amount of the men. So for various reasons we don't get translation. And so when we look at some of the overseas experience of programs and program effectiveness, being able to provide highly integrated services which provide direct support to women, partners and current and ex-partners, to children as well, and wraparound support for men before, during and after the group program are important elements of then assisting men as they move through that journey of change.

**Katie-Jane Orr:**

And so just in relation to the victim safety contact program.

**Jonathon Main:**

Women's Safety Contact program.

**Katie-Jane Orr:**

It's connected to the intervention order, and that's because this whole abuse prevention program is connected to the intervention order.

**Jonathon Main:**

That's right, and that's right, and there is a policy challenge and a governance challenge in this because that portion of funding doesn't come through courts administration, it goes through Department of Human Services and Office for Women to Women Safety Services. So I think sometimes there are issues that we notice, I mean even in the data I've given you today, there is some of the data is hard to get and so the number of perpetrators, you know those 6,156 or 561, I beg your pardon, intervention orders, that number of men, that's difficult data to ascertain and that's partly because we have governance and policy fragmentation across the system. And the reality of the system is it's a complex service system, there are complex and intersecting parts, and so to have a robust policy and governance framework is really essential so that you can then do things like say making sure you've got rigorous integrated systems, you've got rigorous and robust data that can measure outcomes, that can measure who are the people coming in, who are the people we're missing, what are the intervention points where we could be providing services earlier, and so obviously those over 5,000 men that don't make it into the intervention program, the abuse prevention program, what about them, what about for those people that don't even make it that far but for whom police might be attending a domestic and family violence matter in a home, not all of those translate into offences or intervention orders, so there's...so there's a, across the system, we also know that, if I take a different tack, within the health system, Child and Family Health Service, which provides infinite maternal health for families with newborns, 20,000 new births a year, of that about, what is it, 30%? So roughly 6,000 women and babies are regarded as being vulnerable or at risk and we know that family and domestic violence is a significant portion of that. So that's another kind of intervention point, but again I suppose I'm saying this because if we don't have clear governance and policy framework that helps pull these things together, then you can get disjunctions, which mean as we look at, for example, women who are currently connected to men who are using violence and are on an intervention order, we're not getting to them all. So it's important we are able to think about how we can do that and how we can best structure programs to achieve that.

**Katie-Jane Orr:**

We heard from Professor Chung this morning about a similar idea and about the work of accountability across different services. I just wanted to check one more thing in relation to the Women's Safety Contact program and I'm sorry if you said this. Is this a therapeutic or

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counselling service to these victim survivors or is it just this check-in and safety?

**Jonathon Main:**

It is more of a check-in and safety, it is wanting to know how those women are managing and there is a case management approach to that. It's largely a telephone based service, but it is wanting to make sure that any issues of risk that are arising or that are current, that are A, are known, that Women's Safety Contact program can support them with that, either by way of support or referral, but also to be able to liaise then. So we have fortnightly high risk meetings with Women's Safety Contact program and courts administration abuse prevention program case managers attending to these.

**Katie-Jane Orr:**

And that's those three services that you...

**Jonathon Main:**

That's it. That's it.

**Katie-Jane Orr:**

And so, I think you said earlier that the voluntary Back on Track program uses a similar approach in the behaviour change sessions?

**Jonathon Main:**

Yes.

**Katie-Jane Orr:**

But I suppose it's earlier in the life of the problem because it hasn't got to the criminal justice.

**Jonathon Main:**

Yes. Having said that, there are men that come to Back on Track who have been subject of an intervention order, so they have voluntarily come to us without being ordered by the Court.

**Katie-Jane Orr:**

And then, I think you also said that the Back on Track has a Women's Safety contact or similar aspect.

**Jonathon Main:**

We, within our own service we do that, so our specialised family violence service in the north which runs the Back on Track also provides individual counselling for men and women and children and so where possible we're looking to try and link up the current partners of the men in the group but we're also providing support to other women who are victim survivors of family domestic and sexual violence who aren't in a relationship at that time but wanting support to deal with the effects of their experience.

**Katie-Jane Orr:**

And a 12-week or a 24-week program, I think you said it's just the beginning. It's not enough to solve an issue in a person in that time.

**Jonathon Main:**

No, I think particularly when, you know, as we talk about those, kind of helping men to face up to their behaviour but also their experience and recognising that their experience is informed by whatever their early childhood experience is and whatever their experience of parenting is and so forth, that this is a journey of change and a group program is a very effective way of being able to provide support. But the men themselves will often be commenting about what are they going to do now. And so we certainly think that there's a basis providing follow-up support on an individual or group basis. I mean, we think that's actually essential, that this should be. That men need to be able to capitalise on the gains they've made within the context of that group, through group or individual work. And certainly men, a number of men will say, you know, can you start a group? And so obviously if there was capacity to do that we would. I think one of the challenges in this program is that we are only, and indeed the Courts Administration and Women's Safety Contact and KWY are only funded essentially to deliver the service that it is. We don't get to spend time with men prior to coming into the group and really elaborate some of the risks

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they tell us about in their DOOR screening. We don't get to check in with men individually alongside their participation in the group and certainly in terms of at critical moments when things are occurring in those men's lives, it's important to be able to do that. Managing and holding risk, I think, is a huge issue, both in terms of risk for women and children where there can be escalated risk of further violence occurring. We're not able to respond to that other than what we can do within the context of the group. So, there does need to be, and then there's other attendant risks around men's mental health and alcohol and other drug use. We know that their consumption of alcohol and other drugs, their mental health are significant factors including depression, anxiety, suicide and suicide risk and course administration workers, their 3.4 FTE, in providing assessments to those 671 men a year don't have much time to be able to do case management outside of that. So the system is highly constrained for promoting the change and the support that's needed to create that change.

**Katie-Jane Orr:**

So what, I think you've basically explained it already, but are you saying if there was, sorry, if you were able to provide case management as part of this program or this support, what would that look like?

**Jonathon Main:**

So it would be stronger engagement, not necessarily detail, but stronger engagement prior to entering the group. So when we're talking about that pre-contemplative stage, we don't not accept men into the group because they're pre-contemplative, it's really about understanding what their pre-contemplative state is and how they express that. That helps us to be able to engage them more assertively in the context of the group. I mean, the groups are one and a half hours in duration, they have 14 men in them, you know, so there is, for example, when a couple of men are doing a presentation to a group, that will take up somewhere between 30 and 45 minutes. So there isn't capacity to provide intensive individual support that men will need at different points in that process.

**Katie-Jane Orr:**

And would that include referral for other services?

**Jonathon Main:**

Absolutely, that's right. So there's kind of a counselling and case management support that helps men to further address some issues or challenges that are occurring for them while they're in the group. That helps us then to look at what are the referral pathways that might be important for them and we might be able to manage that with just counselling sitting alongside their participation in the group. Certainly at the end of the group there needs to be something for them to be able to check back in on. But I also think we need to have, and this is one of the other things about governance I'm going to say, is having robust data that says how can we follow up with these men and their partners or ex-partners and children where appropriate at 6 months, 12 months, 24 months later to see how they're travelling. We certainly have got from Gondolf's study in 2004 and Project Mirabal in 2015 some good data that suggests there's change and sustained change, but those programs are those programs that provide that level of integrated and coordinated wraparound support. So you could expect those sorts of more positive results from that style of program. This style of program is much more parsimonious, if I can use that term, and I don't think we could see those sort of changes in the current system that we have, but we need to be able to do that. We also need to be able to assess for outcomes, 6, 12, 18 months, whatever, later. What that tells us about the efficacy of the program for different types of violence perpetration. So again, some useful work done by the Institute of Criminology has started to consider a different topology of particularly intimate partner homicide and saying there are some three distinct characteristics of men who commit intimate partner homicide. As we understand those sorts of topologies, we can then be assessing for, you know, those sort of topologies as they might apply to men in this program, which is different again. How we might then assess program interventions and what works better for different cohorts or sub-cohorts. I

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also haven't mentioned in this that we know that from a separate piece of work undertaken that 20% of adolescents from a survey research done are acknowledging their use of family violence in the home. So, there's another point of intervention where we should be able to, if we had a governance and policy and governance structure, which I think needs to be at kind of the highest level of government. We really needed a Premier and Prime Minister and a Ministerial level, and we have had things like that in the past. It's often recognised that people attend services through a particular pathway, but we need to recognise the holistic needs of those people and if there are other needs that need to be attended to. We talk about the importance of, by men in this case, accessing services, that maybe they should be expanded to particularly child protection, education and health services. What we often miss in that though is that there are non-government services which, based on our experience, one in two cases are presenting family domestic and sexual violence. We need to have, and then there are ones like us providing targeted support, like the Reset to Respect program, we need to have government and non-government collaboration at a governance level, rather than it just be, for example, something that might be a ministerial or chief execs group. We need to have government and non-government together in that partnership and that collaboration at a governance level.

**Katie-Jane Orr:**

I just want to pick up on what you're saying about chances for intervention and the kind of limitations of the Reset to Respect, which you've referred to, I think, in a few different ways. So we know that the program is limited to intervention orders. So it's limited to the criminal justice system, and within the criminal justice system, it's limited to the people for which there are intervention orders. So it's missing a whole cohort of people, as I understand you to be saying who could, who are not getting support, help, intervention.

**Jonathon Main:**

Yes, that's right.

**Katie-Jane Orr:**

And then we also know that there is significant under-reporting of domestic family violence. So does that factor into that as well?

**Jonathon Main:**

Yes, absolutely. If we're talking early intervention, and I know there's been some kind of debate in the literature about this, but if we think about early intervention or prevention being in the life of the problem, when we go to the analogy of the ambulance at the bottom of the cliff, many would say a program like the Abuse Prevention program is the ambulance at the bottom of the cliff, and we need to be doing something before then. But as Jess Hill and Michael Salter, who were part of what, who have contributed to the review, Jess Hill and the Rapid Review and Michael Salter and they together have published around this, recognition of early intervention means what are the short to medium term interventions as I said earlier that need to be and can be available and as Donna Chung herself has said in this earlier research that group programs for men provide one of the most effective ways of doing that in terms of stopping it, interrupting the problem. But we also need to be able to look at what are those earlier points of intervention. So for those 6,000 families who have a newborn in the house that CAFHS would see and say as being at high risk, we need to be able to think about how we can be picking them up. We need to be able to, I mean, one of the important things about holistic screening is if the services screen holistically then they'll see the prevalence of a problem which may not be theirs to deal with but they can at least respond to it by referring on. And that's an important aspect around service systems are often compartmentalised and have risk screening according to the service criteria of that particular service. We need to be able to understand that better so we can intervene earlier. We know, you know, we, from our DOORS screening in our gambling help service, which is one of our other targeted services, we were surprised to learn that the level of parenting stress in our gambling help service was higher than it was for couples coming to our family and relationships counselling service and that was completely not what we expected. Now

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we also know parenting stress is an indicator of family domestic and sexual violence. So we need to be able to pull these things together and we need to be able to recognise that early intervention can happen if there's better collaboration and better coherent screening across services so that services can detect and then refer. It doesn't mean services have to become all things to all people and become specialists when they're providing another service. But it does mean you need to be able to recognise and client self-report, which is our DOORS screening, but it can be any client self-report is a way of ensuring that people are flagging that this is a concern for them. Men can flag that they're concerned about their safe behaviour or they may say, I'm not concerned about my safe behaviour, but when I'm asked the question, has the police been called in the last six months, I'll answer yes to that, which is telling us something. Or has somebody close to you been concerned about your use of violence, they will answer yes to that when they might say no to I'm behaving safely, that they are behaving. So these are the ways we need to be able to triangulate information from people and between people, particularly in this family safety system, in order to make sure that we've got effective responses and early intervention. So there's many points I think before people come to the justice system when we can also be providing support.

**Katie-Jane Orr:**

Sticking with limitations, but back to the program itself. I understand that there are reasonably high withdrawal or termination rates, people are just not completing it.

**Jonathon Main:**

Yes.

**Katie-Jane Orr:**

Is that correct?

**Jonathon Main:**

Yes, that's correct.

**Katie-Jane Orr:**

I've got a figure that...we actually have some data from between 2019 to 2024, so it's a five-year period of time, that for the people referred to starting your program, the Reset to Respect program, there was a 42 % completion for those referrals.

**Jonathon Main:**

Yes.

**Katie-Jane Orr:**

Is that common, and what's the reason for that, if you can explain?

**Jonathon Main:**

Yes, so that seems to be consistent not just for us but across time, so I know the Attorney General's Department did a review about 10 years ago in fact where there were some similar issues occurring then. We know that terminations and withdrawals, so called, make up the difference of those from completing, and there can be a range of reasons for that. So withdrawal will often happen, for example, when there's a change in conditions on an intervention order or an intervention order in fact has ceased.

**Katie-Jane Orr:**

Can I just, sorry, I'll just explain, get you to explain that. So is this because the referral is connected to the intervention order? Then the intervention order is withdrawn....

**Jonathon Main:**

That's right, then there's no longer a compulsion for... Now, some men will choose to continue, a small number do, but that's a significant part of withdrawals. Terminations can often relate to men who aren't progressing in the program well, either because there's elements that we think may be better pre-engagement to the group if that was available or otherwise not being screened into the group might have avoided that. There certainly can be terminations for re-offending, being incarcerated. Sometimes it can be other circumstances where men, for example, might move interstate, those kinds of things, but generally withdrawal is around change of conditions type matters, and terminations is where there's been, it's not been appropriate one way or another for a person to progress in

the group.

**Katie-Jane Orr:**

I want to ask you about, you've got these two programs, one which is voluntary participation and one which is mandated by the courts, do you have anything to say about whether one is better? Are there pros and cons? Do they just operate differently?

**Jonathon Main:**

I think you need both, I mean I think we certainly know from Back on Track that men who are also under an intervention order have come to our program but not because they've been ordered to but because they see the group who's available and they want to take it up. I mean, ultimately, you need to be able to make sure both have that opportunity. In terms of where men are in that idea of stages of change and being pre-contemplative or contemplative, prepared, ready for action, whatever the stage is, those things are common to all men. So we would see that there is a need to be able to provide more voluntary programs. There's a need to be able to expand the capacity of the existing mandatory program. And in expanding the voluntary programs, that would mean, similar to what we do, which is to say we will accept people who are coming under duress, even if that duress is, and it's not uncommon for men to say they're only coming because their partner said they'll leave them if they don't come. Whilst that's clearly pre-contemplative, we still see that as an opportunity to work with those men. So ultimately having that level of support there, if we estimate that we can quadruple what we do in the north and fully subscribe and continue to offer those programs, then we estimate that that's roughly in the vicinity of 240 men each year that we could be providing support to who aren't currently getting to a service or aren't coming in a timely fashion. And so for as long as, if I just use that as an analogy, for as long as those 180 men who aren't coming to our group because we're not offering it, don't come, then the more, the longer the period of time that women and children are at risk of further violence and so if we can provide those sort of expanded opportunities, then I think there's capacity to take pressure off the justice system as well. And it's kind of interesting, well not interesting, it's tragic that when you, KPMG did a study of the cost of family domestic and sexual violence, there's been a number over the years, but KPMG is just the most recent, 2016, the cost per annum is \$22 billion. dollars. If you look at that on a population basis, that's 1.6 billion dollars for South Australia. So anything that provides services available at an earlier stage, where women and men can come forward and access support, provides an incredibly important short to medium term early intervention response. And it is a primary prevention response because it's preventing further perpetration of violence, or helping to circumvent whatever the experience those people's children are having in relation to violence that they're witnessing or experiencing.

**Katie-Jane Orr:**

We've spent some time talking about limitations, but what about effectiveness or success? In terms of the program, are there ways of measuring success? Is it working effectively to some extent?

**Jonathon Main:**

Look, certainly it is, but again, you know, we need to be conscious that we are doing this in a context where we don't have robust evidence or outcomes monitoring, so a lot of that is anecdotal and it's anecdotal from what we can know from the Women's Safety Contact program and those protected persons who are connected to men in the program. We can know that from the men themselves and certainly we can see that from what men describe. But we also don't want to sugar coat that because we understand that once they leave the program then without appropriate support there's a risk of relapse or further violence occurring. But men will describe. It's really interesting that when we have men start in the group, we will do a round, which is by way of introduction, and we offer it to men to let the newcomer to the group, you know, any words of advice, any perspective, anything they would offer. And men will often acknowledge that when they first came to the group, you know, they didn't want to be there, they didn't think there was a problem, and they will

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reflect on that, and say, but now I realise that there are things that I'm learning from this, and that this is a benefit for me and for my partners and kids, or partner and kids. They will quite obviously counsel people, you know, men joining the group, to say, you know, take your time, listen to what's going on, don't sugar coat, men will often say. So recognising that this is something that they've done, that they know men will do. So that men will often reflect on the benefit for them of being able to talk with other men in that facilitated, structured environment. They will also talk about having the workbook as something that they can use. you know, men will lead the program saying, you know, almost where's the effect of this is my Bible, this gives me something that helps me with what I've documented about what I've learned and what I've discovered for myself and helps keep me focused on what my future is and what I want it to be. We will see men, you know, talking about not wanting to leave the group, you know, wanting to be able to come back. We do have men come back, but that's often through further occurrence of violence and being re-referred. So that's part of what I would say around men's willingness, a, to be able to come to a group in the first place even when they're court ordered, their willingness to engage in the group in the ways that they do, their desire to want to be able to continue to get support after the group are strong kind of indicators, but we need to be able to back that up with more robust outcomes and data.

**Katie-Jane Orr:**

Thank you. I have no further questions, Commissioner.

**Natasha Stott Despoja AO:**

I've just got a few. Mr Main, can I take you back to a comment you made around Premier, Prime Ministerial, that ministerial involvement. Can I just clarify what you meant by that? Was that in terms of heightening the priority of these matters or was it in relation to structure given that sort of need for, or arguably a need for a whole of government approach? Forgive me, sending you back to that. It was just an interesting remark that I wanted to catch.

**Jonathon Main:**

So the context for that, well certainly I think that what the Prime Minister was doing was naming it as a as a national crisis and I think that was that was important for a number of reasons and in this state we had earlier this year four women who were murdered by their partners and those women and those men for the most part weren't known to the system. So, that was another worrying element. I think the calling for the rapid review and the recognition that we need to be able to think differently. We have a new national plan for family domestic and sexual violence, but we need to think differently about what's going to turn the curve, if you like, on what seems to be an unchanging rate of the prevalence of violence and the prevalence of women being murdered. So where the Rapid Review had come up with that idea of broadening that notion of primary prevention was to say a lot of the focus of primary prevention has been rightly around things like gender equity and respectful relationships and primary prevention being at the earliest stage of the continuum, so picking up earlier years, adolescence, looking at the issues around gender equity and what gender equity looks like within the community, and they're important things. We also need to be able to, but when we look at that, we will also see that in and of itself, those strategies aren't shifting the dial, so to speak, on the rates of family domestic and sexual violence or homicide. So this is where I think that, as you've heard me say a couple of times in this session today, where Michael Salter, Professor Michael Salter and Jess Hill have talked about that idea of looking at programs that are going to make an impact in the short to medium term. And I think we often, in that sense of, if I go back to my early social work days and crisis intervention theory, where in the moment of a crisis, people are most amenable to change, but timeliness becomes really important in that. So we know the police, for example, attend lots of family matters, domestic violence matters in a home which don't necessarily result in intervention orders. We know that there are breaches in intervention orders and there's not always often good understanding about how we're

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responding to those things. So it is looking across a range of areas where we can respond early, respond comprehensively and respond quickly.

**Natasha Stott Despoja AO:**

It's fascinating, I agree, and obviously the issue of primary prevention is that long-term investment as well, but it's interesting how we're using the terminology, because obviously what you refer to, I would have understood as secondary prevention or early intervention. So it's really interesting to see, you know, the different understandings and definitions.

**Jonathon Main:**

Of course.

**Natasha Stott Despoja AO:**

Thank you. Thank you. Counsel Assisting has done a wonderful job, the two of you, in unpacking what is a very complex area and the good work that you're doing. I'm interested though, in your submission you talk about a couple of clear gaps in service conditional behaviour change programs and that includes anyone who does not identify as a cisgendered, heterosexual man, and also you referred to the services for adolescents and young men. Is there demand for those services and who should be providing the best to provide some of those services, do you think?

**Jonathon Main:**

Well, in relation to adolescent violence for example, we know there's a program that we used to be involved in delivering was developed in South Australia run by ourselves with two or three other non-government organisations called Walking on Eggshells. It was a program to address adolescent violence in the home. It was an intensive program and it needed resourcing to do, but it was an effective program in terms of helping families to deal with violence as it was occurring by their adolescent children. So we need to be able to provide those opportunities and they can be done in any number of settings. I mean, again, if we look at that, we can certainly be looking at educational settings, health settings, you know, where families and young children will be presenting. So parents will often present to their GP. There might be a psychiatrist or a psychologist involved. There might be parents on a mental health care plan or a child on a mental health care plan where there might be a social worker or a psychologist involved. You know, any number of those services could be delivering a service such as this, you know, for adolescent violence. So it is one of those things that I think a lot of the public sector services have become more and more constrained to some extent. Again, I'm thinking back to the days when primary health care was a more open community-based thing and health agencies were able to do that. Primary care now, as we talk about it, is really how people can access health care through their GP and then subsequently into the tertiary system. So in relation to LGBTQIA+, or cisgender, I mean I think one of the things that we notice in our program is that there is quite a significant diversity within that group. Now we don't address specifically sexuality or sexual diversity, but we do know that we have people in the group who are in same-sex relationships, but we also think that there is a need to be able to have people who are providing same-sex specific violence prevention programs in those contexts. And again, in terms of who, I think there are certainly other agencies, any number of agencies could do that with the appropriate training and support. And again, many of these things are a question of having the appropriate program and resources and a model and funding, and then there's a number of people who could then do that, I would say.

**Natasha Stott Despoja AO:**

Thank you. Notwithstanding withdrawal numbers or other things that may occur with the programs, I have to say it was very impressive to see the satisfaction survey for the Reset to Respect, a high proportion of men viewing it positively and that it was beneficial for them. I know we're talking about behavioural change, but I'm just curious, noting that behaviour and attitudes of course are not linear, do you think you change attitudes as well? Is it something that you find is an outcome? And I don't underestimate how difficult that is.

**Jonathon Main:**

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Yes, absolutely. I mean, I think, I know we talk about men's behaviour change programs, but as I was referring to earlier, as we draw on the learnings of neuropsychology, the ways of engaging men effectively in facing up to what their behaviour has meant to them and meant to their partner or ex-partner and children, that is about changing their affective states which includes their attitudes. So that reference that I made before around psychotherapeutic groups often being around information, it's education. So it's this idea that if you give people information then they'll just change. We actually know that we need to be able to have them absolutely connect on an affective level to what their behaviour has meant for them and others affected by it, and we need to have them engaging in which is why we say we adopt a gendered understanding of violence. If we don't adopt a gendered understanding of violence, you can easily find yourself being caught in a, well, this is about conflict and relationship dynamics. It's absolutely not about those things. And unless you name violence and name it as a gendered construct, and men will often come to the group in their pre-contemplative stage just saying, why isn't she coming to a group? You know, she's the one that's perpetrated violence on me too. And our focus around saying we need to understand and men need to understand their behaviour. Yes, other people are in the mix on this as well, but their behaviour is what's at issue here. And unless we have a gendered understanding of violence, knowing that overwhelmingly violence against women is perpetrated by men, unless we bring forth for men their understandings of what they connect to in their behaviour that tells them that that's what being a man means, and how we can challenge that and they can challenge that to recognise that those constructs actually don't help them in the relationships they want with their children and their partners or ex-partners. That's attitudinal change. And that has them, but again, that attitudinal change doesn't just land and flourish, you know, it lands and it needs support to flourish. And so what you can do in a 12 or 20 week group, 24 week group, is a very good start. But men are telling us and we know that they need more beyond that to help really embed those kind of attitudinal changes and that effective shift I would say.

**Natasha Stott Despoja AO:**

Thank you for that, and also thank you for your reference in your submission and your testimony today to the impact of intergenerational trauma, and as you identify, not necessarily as a determinant, but certainly a contributing factor, to use your words. I'm always fascinated by the people who do have those experiences as young people or children, and then choose not to use violence. So we know there are great opportunities for change and I thank you for playing a part in that. I ask Counsel Assisting if she has any further questions or comments.

**Katie-Jane Orr:**

Thank you Commissioner, I ask the witness be excused please.

**Natasha Stott Despoja AO:**

Mr Main, you're free to go. Thank you very much.

**Jonathon Main:**

Thank you very much for the opportunity.

**Katie-Jane Orr:**

Commissioner, we are ready to take our lunch break before the next witness.

**Natasha Stott Despoja AO:**

I look forward to recommencing at around 2 o'clock this afternoon. I thank everyone and see you soon.

**Witness:**

**Kate Melvin, KIND program**

**Natasha Stott Despoja AO:**

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Good afternoon and welcome back to the Royal Commission public hearings today. We have had a break until now and today's topic is interventions that are effective. I will now hand over to Counsel Assisting to introduce the next witness. Thank you.

**Katie-Jane Orr:**

Thank you, Commissioner. I call Kate Melvin.

**Kerryn Hawkes:**

Do you truly and solemnly affirm that the evidence you shall give will be the truth, the whole truth, and nothing but the truth? Say, I do truly and solemnly affirm.

**Kate Melvin**

I do truly and solemnly affirm.

**Kerryn Hawkes:**

Thank you. And please state your full name.

**Kate Melvin:**

Kate Rosa Melvin

**Katie-Jane Orr:**

Thank you. Thank you, Ms Melvin, you are a social worker?

**Kate Melvin:**

Correct.

**Katie-Jane Orr:**

And I understand you are the supervisor of the KIND program. Does KIND stand for something?

**Kate Melvin:**

Yes. KIND is an acronym, stands for Kinship, Interpersonal Relationships, No Violence and Developing Skills.

**Katie-Jane Orr:**

and I'm going to ask you about that program today, but just to start with, how long have you been working there?

**Kate Melvin:**

Yeah, I've been with KIND for 3 years and 10 months.

**Katie-Jane Orr:**

And is it correct that you started as the only clinician there?

**Kate Melvin:**

That's right, so in February 2021, I came on board as the only clinician and then in September 2022, we received funding for two more clinicians and then this year we received funding for a mentor who came on board.

**Katie-Jane Orr:**

and you have experience working as a social worker in youth programs with young people in general.

**Kate Melvin:**

Yep

**Katie-Jane Orr:**

So can you tell us about the KIND program?

**Kate Melvin:**

So KIND is a nine module therapeutic intervention for young people who use violence or behaviours of violence within their family relationships or their intimate partner relationships. We sit within Department of Human Services in Youth Justice, so we are available to young people aged 10 to 18 engaged in the Youth Justice system.

**Katie-Jane Orr:**

So it's within the Department of Human Services, or DHS, so it's a government run service, is that right? And you've spoken about youth justice, so it sits within youth justice, within DHS. So what's youth justice, by way of explanation?

**Kate Melvin:**

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So Youth Justice is the government organisation within DHS, again, who provides service to young people who have statutory, I guess, obligations or mandates within the criminal justice system. So there's Community Youth Justice, which is a case management model for young people who are living in community with a mandate, and then there's a custodial setting, the Kurlana Tapa training centre, as well.

**Katie-Jane Orr:**

and so it's the sort of criminal justice system for youths?

**Kate Melvin:**

Correct

**Katie-Jane Orr:**

And when you talk about community mandates, so is that a mandate or a condition? Could be bail or could be another mandate that's imposed on a youth through the criminal justice system or obviously in the training centre which is like a custodial setting.

**Kate Melvin:**

Yes

**Katie-Jane Orr:**

So who is the KIND program for?

**Kate Melvin:**

So KIND is for young people who have engagement with youth justice or through the courts. We receive referrals through family conferencing as well, or the conferencing unit. And it's where it's identified that young people have behaviours within their relationships which are causing harm. That can be physical, emotional, verbal, property damage, sexual. the young person can be identified by their case manager or within the training centre even if the matters that are before the courts are not related to their use of violence. So some of our young people are within youth justice for other matters but then it becomes apparent that they're using violence in some of their relationships, so then referral will come in to us.

**Katie-Jane Orr:**

But as you said, the referral still comes through Youth Justice, so they have to be engaged in that justice.

**Kate Melvin:**

Yes, that's right.

**Katie-Jane Orr:**

And I think you've mentioned how sort of referrals come in, I just want to ask about that a bit more. So I think you said it can come from the youth training centre? If young people are detained, then referrals from those workers, is that right?

**Kate Melvin:**

That's right, yep.

**Katie-Jane Orr:**

And can that be youths who have been sentenced, and also youths who are on remand awaiting finalisation?

**Kate Melvin:**

That's right. Yes.

**Katie-Jane Orr:**

And then, I think you said referrals can come through a community youth justice. Can you explain how that works?

**Kate Melvin:**

Yes, so Community Youth Justice has case managers who are attached to young people who have a mandate or who are on bail and it can be identified through the case managers either directly relating to their charges or through conversations with the young person or contact with family members that there is violence happening within their relationships and then the case managers can generate a referral to us.

**Katie-Jane Orr:**

And I think you also mentioned the family conference. What's that?

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**Kate Melvin:**

So the conferencing unit is attached to the youth court, and it's a diversion program is my understanding, where young people, where the magistrate or judge recognise that maybe it's a first offence or, yeah. So it goes to the conferencing unit, who then meet with the young person. And it's based around restorative justice practises. And where a young person's matters are related to family violence or intimate partner violence, they can then refer in to us as well.

**Katie-Jane Orr:**

As to the young people who can be referred, is there an age range?

**Kate Melvin:**

Yes, so youth justice is 10 to 18, so that is upon referral in. If young people have committed the crime before the age of 18 but go to the courts after the age of 18, they can still be referred in to us as well.

**Katie-Jane Orr:**

Is there any restriction around gender?

**Kate Melvin:**

No.

**Katie-Jane Orr:**

So all genders can be referred. And what about culturally and linguistically diverse clients or clients from different backgrounds? Do you see everyone?

**Kate Melvin:**

Yes, we do. So we see the whole range of young people and then we, I guess, utilise cultural consultation and working with interpreters where we need to as well or external services who are already engaged with the young person.

**Katie-Jane Orr:**

And what about reach geographically? Is it statewide?

**Kate Melvin:**

Yes, so KIND is a statewide service. We're based in metropolitan Adelaide, so when we have clients who are regional, we engage them alongside the case managers who are normally engaged through Youth Justice, and they support the young person's engagement over Teams or over the phone. Teams is a better option for young people, but it's not always viable. So, yeah, we do offer regional but it is much more difficult to, I guess, engage therapeutically when we're based here.

**Katie-Jane Orr:**

Because of the remote travel?

**Kate Melvin:**

Yeah.

**Katie-Jane Orr:**

And you said before that the violence can be towards family members or intimate partners?

Is that right?

**Kate Melvin:**

Yes.

**Katie-Jane Orr:**

Is there one that you see more than the other?

**Kate Melvin:**

Yes, so family violence, adolescent family violence, makes up probably three quarters of our caseloads, if not more. Intimate partner violence is much less in that referral space.

**Katie-Jane Orr:**

So, coming back to referral and acceptance into the program, are there any, or how are they chosen or accepted, and are there any eligibility restrictions? How does that process work?

**Kate Melvin:**

Yep, so KIND is a voluntary program. We do have some young people who are mandated

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through especially family conferencing or the conferencing unit. But it's a therapeutic intervention so making that mandatory is difficult. So young people have to agree to the referral and I guess criteria is also that there has to be the pattern of violence. So if it's been reported to us and then we look into the history and we see that it's a one-off incident, that's not a pattern of violence, so we wouldn't see that as a young person using violence within their relationships, so we would look further at that around is it a response to something that's happening to them in the family home.

**Katie-Jane Orr:**

So, taking that example, what would you do in that situation? Would you still meet with the young person? Would you refer them elsewhere?

**Kate Melvin:**

Yeah, so not necessarily meet with the young person. We're really mindful that we're working with adolescents and young people. And we don't call ourselves a perpetrator program. We don't use that word because, I guess, we're working with young people with emerging behaviours as opposed to people with entrenched behaviours. So if the referrals come through a case manager and we do a bit of that history check and look into whether it was a one-off incident or not, we would then look at other referral options if indeed there were any or get that case manager to go back and do some more investigation into it.

**Katie-Jane Orr:**

And is there, I imagine there's a capacity issue with your program, so is there a waiting list of people ever turned away?

**Kate Melvin:**

Yeah, we do. So I think we've always run a wait list. That's why two clinicians came on board in September 2022, because there was a significant wait list. So at the moment, we have five on our wait list. That's pretty average. I guess KIND is a really flexible intervention. So there's nine modules that we work through, but it's done in an individual, flexible way, which sits alongside adolescent development and the needs of the young people and the family. So even though it's nine modules, that can take, you know, I've got a young person I've worked with for nearly two years, just because you're working with really complex young people a lot of the time. KIND also works with family or with the partner of the person, so the victim in the violence. So taking that into account as well, it can be a longer intervention. So again, that impacts our capacity to pick up young people. So although we don't turn young people away, we certainly have people who sit on a wait list for some time. We try to redirect to other services but there aren't really any other adolescent services for young people who use violence in relationships.

**Katie-Jane Orr:**

Is there a triage system to work out how that waitlist is managed?

**Kate Melvin:**

Yes, so when one of the clinicians has capacity to pick up a new client, we'll look at the wait list and we really look at risk. So, what is the risk of that young person causing violence within a relationship? So, for example, if a young person is in custody for a period of time, that's actually less risk to the young person who's residing in the family home and using violence and we'll just look at, you know, a risk assessment of that young person's situation.

**Katie-Jane Orr:**

Just changing topics a little bit now to dealing with adolescents, I'm talking generally rather than the specific program. But are there any things, specific things, that are important in designing an intervention program for young people using violence compared with adults?

**Kate Melvin:**

Yeah, so you're working with a really different client group when you're working with adolescents. I guess we're working with young people whose brains are not yet fully developed, so we're working in that real emotive space. We're also working with young people who have emerging behaviours, which are often based on their exposure to family violence or to, I guess, environmental factors which, yeah, have created that situation for

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the young person. So when we're looking at traditional adult perpetrator programs, we're often looking at group work and that real sense of taking full accountability and responsibility. Whereas when we're working with young people, we're working in that space where often there's a really fine line between their experience as a victim of family violence and now someone who's repeating some of that behaviour.

**Katie-Jane Orr:**

Can I just pick up on that? In the young people, so you're saying you see that they are a victim-survivor and using violence. So have you got numbers around how common it is for the people, the adolescents using violence to also be reporting that they have experienced family violence? That was a really long question, I'm sorry.

**Kate Melvin:**

Yes, so I have looked at that recently and 97% of our referrals have been exposed to family violence so it's really significant that victim experience for our young people so it's not everybody that we see but it is the vast majority.

**Katie-Jane Orr:**

And is that something that needs to be, I think you were saying, taken into account in the way that the program is delivered.

**Kate Melvin:**

Absolutely so and because it's a whole of family response as well where we're working with normally in most of our situations a mum, a single mum who has left a domestic violence relationship and is now living with a teenager who's expressing some of those. We're also working with that person who has been a victim previously and is now re-experiencing some of that so within that adult space as well. We're really mindful of historical experiences of family violence.

**Katie-Jane Orr:**

So in that family context, is there a different outcome that's often looked for with the young people in terms of keeping that family relationship?

**Kate Melvin:**

Yeah, and I guess that's one of the significant differences between adult space, perpetrator programs and young people, is when we're talking about family violence, we're talking about a unit with parents or grandparents and aunties and uncles, because it is kinship, not just parents, who want to maintain a relationship with that young person and who most of the time want to keep living with that young person, so you're really working in that space of how can we do that safely, whereas in the adult space, obviously you're often working where that relationship is ending. I guess within KIND, in the intimate partner space, lots of the relationships do end while we're working with the victim and the young person, but some don't, and within that intimate partner space, I think it's really significant that most of our referrals are for young people who are engaged in Department of Child Protection. So we're really working with young people with attachment disorders who are really seeking that connection. So again it's how do we do that safely when they want to maintain that relationship.

**Katie-Jane Orr:**

For those young people engaged with child protection, does that include children who are no longer in the care of their parents?

**Kate Melvin:**

Correct, yeah.

**Katie-Jane Orr:**

You've talked about dealing with, when it's family violence, your work with the whole family. How does that work? What does that look like?

**Kate Melvin:**

Yes, so when we're working with adolescent family violence, one clinician will be allocated to the whole family and that's because you're really working in a family systems environment so one clinician knowing each of the relationships and I guess working on

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those restorative justice principles is really helpful.

**Katie-Jane Orr:**

I'm going to touch on that. What do you mean by restorative justice principles?

**Kate Melvin:**

Yes, so I guess within our space, restorative justice within the family space is really around that understanding that healing needs to occur, that young people need to be taking responsibility for their behaviours, but also given that opportunity to work on healing within the relationship, that's what families have always said as well, that they would like a better relationship, we want our young person to live with us, so it's really that understanding and principle around healing that relationship.

**Katie-Jane Orr:**

And then what about when it's intimate partner violence, do you work with the victim survivor then as well?

**Kate Melvin:**

No, so in intimate partner violence, best practice for us is that one clinician works with the person using violence and another clinician works with the victim. You're working with a very different relationship and I guess we're really mindful of that colluding behaviour with the perpetrator or young person using violence, but also giving, like historically when I was the only clinician and I did work with both, most of the relationships ended and the young person using violence would obviously then say that that was you know down to me and intervention so this gives space for both of those young people to receive ongoing intervention.

**Katie-Jane Orr:**

But the two people are sort of worked with, it's just separate.

**Kate Melvin:**

Correct, yeah.

**Katie-Jane Orr:**

You said it's a nine module course, is there a regular number of sessions?

**Kate Melvin:**

Yeah.

**Katie-Jane Orr:**

But you also said it was very flexible.

**Kate Melvin:**

It's very flexible, and I guess that again is really necessary when we're working with adolescents, especially in a complex space. So we aim to meet weekly with young people, modules vary, some modules take some people one meeting, other modules take five sessions, so I guess it's really broken down to the needs of the young people. We're also working with young people who have often comorbidities, so mental health, intellectual disability, drug and alcohol misuse and other criminogenic needs as well. So we're also really mindful of the amount of services that a young person is offered at times. So yeah, we're super flexible. That meets a young person's needs. It's also when you're working with whole of family, you know, if you're working with a young person, mum, dad and a sibling, that's four people, so yeah, offering that in a flexible manner to meet everybody's needs who might move through the work at different paces is really beneficial.

**Katie-Jane Orr:**

And just going back to something you said earlier about it's an adolescent brain not working with entrenched or working with emerging rather than entrenched. Can you explain a bit more about that?

**Kate Melvin:**

Yeah, so I guess young people are, you know, adolescence is a difficult time where the focus is identity development. So young people move through lots of different spaces, like it's a very transient kind of period of time. If we're working with a 10-year-old compared to a 17-year-old, we're seeing very different functioning. But I guess in terms of that entrenched

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behaviours, our young people that we're working with, often by the time we get the referral some of the behaviours have been there for sometimes for years and you hear from family members that build up of how that behaviour began compared to now where there's often, you know, sometimes quite extreme physical violence. But often it's not happening outside of the family home so it's quite reactive to a relationship in the family as opposed to some adult spaces where, you know, you're working with adults who have multiple intervention orders with multiple partners. So I guess that's where we look at it as an emerging behaviour.

**Katie-Jane Orr:**

Is it easier to intervene? Is it easier to create change at that emerging stage?

**Kate Melvin:**

I haven't worked in the adult perpetrator space in this, so I don't know, but I guess from what I see and read from literature is that the youth space is really difficult because you're facing lots of other complexities as well. So that's where you need to have a flexible one-to-one approach. What we do know is that all of our young people speak to us about not wanting to perpetrate the same behaviours that they witnessed as young people, or not wanting to hurt their family, so there's definitely that mindset of young people wanting to change, which I think is really significant and important.

**Katie-Jane Orr:**

We've probably touched on it already while you've been explaining what you do, but are you able to explain when we're talking about young people who use violence, holding them accountable, helping them to take responsibility, helping them to change, what are some of the effective ways of doing that? What is important about the approach?

**Kate Melvin:**

Yeah. So an individualised approach is really necessary. Looking at the complexities that that young person's walking through the door with. So do they have stable accommodation? Do they have pro-social role models around them? What are some of the comorbidities that they're looking at? So really being able to individualise that intervention and tailor it to that young person's need. I think that's probably the most significant kind of point that I would make.

**Katie-Jane Orr:**

And you've talked about the complexity of these clients and multi-faceted needs I suppose. Is that something that's important? You would take that into account in the individualised approach?

**Kate Melvin:**

Absolutely. So for a lot of our young people, we develop really good rapport with our young people. We're talking about really tricky situations and behaviours that are quite shameful for a lot of our young people to talk about. So what we find is through our intervention, young people will talk about, in particular, their victim experience, but they will also talk about drug and alcohol use, some of the other comorbidities, things like childhood sexual assault come up as well. So part of our flexibility is that kind of pausing KIND as an intervention and working with the young person around what that other you know situation or kind of thing that they've talked about that's come up, if we are able to. So if we as clinicians have the skills to work with that, we will do that for a short term and then pick up KIND again, or it's supporting that young person to access another service, we're available to work with that young person if they would like to. So even things like, you know, supporting young people to access assessments for disability. Lots of our young people, everyone will talk about some of the difficulties, some of the, you know, patterns of behaviour that have been noticed but assessment hasn't occurred for disability, so even our ability to support young people to access those is really significant as well.

**Katie-Jane Orr:**

And when we're talking about what's going on for these young people that you're dealing with, you've talked about disability, drug and alcohol issues, guardianship orders potentially.

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So is it safe to say that these, generally speaking, are not adolescents living in mainstream schooling, mainstream society, is that right?

**Kate Melvin:**

The majority, yes. We do have clients who, you know, do live at home and they haven't had exposure to family violence and they attend mainstream schools. What we find with that cohort of young people is often there is underlying disability that hasn't been picked up and that the behaviours are really related to, I guess, difficulty with self-regulation and expression. So yeah, going in and working with that cohort, I guess having the flexibility to do that as well is really positive.

**Katie-Jane Orr:**

And we've heard a bit this morning about accountability for people who use violence, so taking into account all this complexity, you've spoken about, is holding these young people accountable still a factor, is it still an important consideration?

**Kate Melvin:**

It is, yeah, I guess alongside that mindfulness of everything that we've just talked about and the victim experience of young people. Like I said before, most young people do not want to be behaving in this way. They do not want to be repeating the behaviours that they grew up with. They just haven't learnt or had role modelled how to do things differently. So absolutely and KIND does hold people accountable and I guess asks people to take responsibility for their role in the relationship kind of violence. Again that's where being able to work longer term with some of these young people is really important because that takes really strong rapport to have an adolescent able to you know reach that stage where they can say actually yeah you're right, I am behaving in this certain way, so yeah.

**Katie-Jane Orr:**

So moving more generally now, away sort of a bit from the KIND program, in South Australia are there any other adolescent specific services for people using violence in relationships?

**Kate Melvin:**

Not that we have encountered. Yes, so sorry, KWY, an ACCO in Adelaide.

**Katie-Jane Orr:**

An Aboriginal Corporation?

**Kate Melvin:**

Yeah, Aboriginal Community Controlled organisation. They offer services to young people who use violence in their relationships. So we have co-worked some cases and certainly referral points into KWY for our young First Nations people who we're working with. Outside of that, there's a young father's worker at Metropolitan Youth Health who will work with young dads who use violence in relationships. Outside of that, we don't have referral points for our young people.

**Katie-Jane Orr:**

So, are you saying not only does that put more of a load on you, but there's no where else for them to go for any other kind support?

**Kate Melvin:**

Correct, yes. So we receive multiple requests with referrals for young people, especially from education, Department for Child Protection, and also directly from SAPOL, where they're attending houses where there's adolescent family violence, but it's not getting to the Court stage. We don't have capacity to pick up those referrals. But I guess that would be true early intervention, because at the moment we're working in that youth justice space, which is early intervention in many ways, but also to be able to go in when we're hearing from schools that parents are raising these things would be beneficial.

**Katie-Jane Orr:**

Because, as you said before, it's been building up to a point that someone has reported it and it's ended up in the justice system. Back to available services, are there any mainstream programs or general programs that are available to adolescents using

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violence? Does it work like that?

**Kate Melvin:**

Again, not that we have encountered, like within the family violence space, not in South Australia. KIND is offered in Queensland by an NGO and also by Forensic CYMHS (Child Youth Mental Health Service), and an ACCO over there. But in South Australia, yeah, we kind of hold that space, yeah.

**Katie-Jane Orr:**

other than KWY, which you've spoken about.

**Kate Melvin:**

Correct, yeah.

**Katie-Jane Orr:**

How is KIND funded?

**Kate Melvin:**

So KIND is funded through the Commonwealth National Partnership into Family and Domestic and Sexual Violence. So it's the short-term funding through them and then we have a mentor who is on board as well who's funded through the same stream but then through the innovative perpetrator programs.

**Katie-Jane Orr:**

So when you say short term, it's grants?

**Kate Melvin:**

Yeah.

**Katie-Jane Orr:**

Does that create workforce issues, longevity issues?

**Kate Melvin:**

So far, no, but yeah, absolutely. So when we have clinicians and you're trying to build that expertise in an area, it is difficult when you kind of can only offer short-term contracts.

Yeah, definitely.

**Katie-Jane Orr:**

And on that note, what's your capacity at the moment? How many people do you have working, clinicians do you have?

**Kate Melvin:**

Yeah, so we work at 3.6 full-time equivalent. So that's two full-time KIND clinicians and a mentor. And then myself and I do half-time client work and half-time supervising of the program.

**Katie-Jane Orr:**

And you said before, there's a wait list nearly always.

**Kate Melvin:**

Yes, always a wait list, yeah.

**Katie-Jane Orr:**

I want to ask about the training or qualifications of the people that work on the program. I imagine that's important. What kind of training do you have?

**Kate Melvin:**

Yeah, so it is really important and the reason it's important is because we're working in a really complex space. So all of the KIND clinicians, we're all social work trained and then we also have training in specific modalities for therapeutic intervention. So what that means is that I guess we have the capacity to hold the space with family members as well as young people. We also have a mentor on board who has vast experience in multiple settings as well.

**Katie-Jane Orr:**

Is there a risk if people are not trained to do this work, if they're not adequately trained or skilled?

**Kate Melvin:**

Absolutely. I guess we're working in a space of family violence, so having the skills and

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being able to do proper risk assessments of safety. As I said before, lots of, I guess, other comorbidities come up as well during intervention, so knowing how to respond to them. We're working with young people and families with trauma histories, so we need to be able to use evidence bases to do that intervention.

**Katie-Jane Orr:**

Is there any mandatory training for working with people who use violence in South Australia?

**Kate Melvin:**

No, there's not in South Australia. So as I said before, Queensland delivers KIND as well. And when I've been in Queensland delivering it, everybody who delivers a perpetrator program has to complete perpetrator program delivery training. I believe it's a five-day course, and then there's other subsets that they have to complete. That doesn't exist in South Australia, so we don't have like a state-based framework for delivering programs.

**Katie-Jane Orr:**

So back to the KIND program, I want to ask you about success, effectiveness, are you able to talk to that, whether there's either been a formal assessment of its effectiveness or as well, what do you see as the measures of success of the program?

**Kate Melvin:**

So we have just had an evaluation by Griffith University that just finished two weeks ago and that's cross-jurisdiction, so that's the two services in Queensland who have been delivering KIND for a few years as well and ourselves. It was a small sample group but it has come back with, yeah, I guess positive changes around how young people express their anger and the ability to control and regulate as well. So within that, the way that that was measured was through assessments that we do for young people at the beginning of intervention, at the end of intervention, and then three months after. There, yeah, a few different assessments, psychological assessments that we use, which measure that sort of change for young people, view of self, self-regulation, state trait anger, and then actual use of violence within relationships as well.

**Katie-Jane Orr:**

Are you saying you measure that as well?

**Kate Melvin:**

Yes.

**Katie-Jane Orr:**

Yeah, and if you see that three months later things have slipped again, is there any further intervention?

**Kate Melvin:**

Absolutely. So I guess the three months after intervention is there, it's not just for evaluation purposes, it's also for us to go and do a check-in with family and the young person. If there has been, yeah, any incidents, then we can revisit any of the modules that we need to, redevelop safety plans. Families are also aware that they can contact us after intervention if there are, yeah, some of those behaviours returning or someone needs a bit of a, you know, check-in. We're always available to do that as well.

**Katie-Jane Orr:**

Do you get anecdotal feedback from families?

**Kate Melvin:**

We do. Yeah, part of the evaluation was also phone interviews, so I believe 27 people participated in that where, yeah, that, I guess, feedback which was all really positive and young people were able to talk about self-regulation, so that was a consistent message that that was one of the most beneficial parts of KIND. But we, as clinicians as well, that's the best feedback that we get is when young people and families are reporting you know like things are so much better now or yeah just you know I guess for some families that recognition that things are not perfect but that there's been great improvements and people are feeling safer within that family as well.

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**Katie-Jane Orr:**

And you've mentioned a couple of times the program in Queensland. Is that the kind of program that was developed in South Australia that's being delivered interstate?

**Kate Melvin:**

Yeah, correct. So KIND is owned by Department of Human Services. It was developed in South Australia by Dr Lauren Moulds and yeah, was implemented briefly and then yeah, was re-implemented in 2021. So yeah, DHS owns the copyright and licencing to that.

**Katie-Jane Orr:**

And it's having success in Queensland?

**Kate Melvin:**

Yeah, absolutely, so an NGO has really successfully implemented that, so has Forensic CYMHS - Child Youth Mental Health Service - and yeah, they're delivering that as well.

**Katie-Jane Orr:**

I want to ask about gaps or limitations now, and we have touched on some of these today, some of these already, I should say. Can you talk to whether there are any limitations or gaps in the interventions, or what services KIND is able to offer?

**Kate Melvin:**

I guess the biggest gap is those referral points onwards, so we finish KIND, we're often the first kind of therapeutic intervention that's gone in to address the use of violence. It's nine modules, so when we finish, I think the average time to finish is around seven months, so after that, often there's still some unmet need in the family and there's really limited referral points. So that's probably the biggest gap that we see as clinicians.

**Katie-Jane Orr:**

You've mentioned earlier intervention would be better.

**Kate Melvin:**

Yeah, so absolutely being able to, I guess, open up if we had more capacity to work with people before they hit youth justice, that would be true early intervention, as well as the regional kind of capacity as well to be able to have clinicians based in regional areas. I know Port Augusta is desperately asking for, you know, kind of intervention around adolescent family violence at the moment, that's really hard for us to take on say a full caseload in a regional area, it would be much better to have clinicians based regionally.

**Katie-Jane Orr:**

And you've said there's no shortage of want or need because you've got a waitlist and you've got people ringing you to try and get those services? So it is a capacity issue.

**Kate Melvin:**

Absolutely, yeah.

**Katie-Jane Orr:**

What about workforce? Are there enough appropriately skilled workers? If you were to grow?

**Kate Melvin:**

If we were to grow, we could absolutely recruit skilled workers, yeah, we would have the ability to, yeah, I guess roll that out quite quickly I expect, because there are people who are skilled in these areas and with adolescents as well.

**Katie-Jane Orr:**

Thank you, Ms Melvin. Commissioner, I have no further questions.

**Kate Melvin:**

Thank you.

**Natasha Stott Despoja AO:**

Thank you, I just have a couple. I still have that figure of 97% ringing in my ears since you were talking about young people who've experienced that kind of intergenerational trauma. Reminds us it does have a long tail and it's obviously not an excuse, but it explains a lot of the handling for some of the young people. I wanted to just clarify, when you talked about your funding arrangements and the grant basis on which you are funded and the grant

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system, is it the case that you have no commitment, ongoing commitment, for funding in terms of either federal or state governments?

**Kate Melvin:**

Yes, that's correct. So we have funding for the three clinicians up until end of June next year and the mentor who has just come on board has up until 2026. And that's all Commonwealth funding.

**Natasha Stott Despoja AO:**

Right, and obviously, that leads to a degree of uncertainty which you've got. I think most of my questions have been answered in relation to workforce. Oh, one other thing that you mentioned in your submission, if I may. When you talked about the provision of services, expert services to under-18s, and you go on to explain what that might have got involved, you actually state these services should not be attached child protection as this increases the number of families where young people have been exposed. Let's just elaborate on what you mean by that.

**Kate Melvin:**

Yeah, so a lot of the families who we work with, as I said before, the violence has actually been going on for quite some time before it reaches the point where it hits youth justice. When we talk to families, one of the biggest fears is that if they report their young person, firstly that young person will be criminalised, but also that it will jeopardise the other young people in the house, that child protection will become involved and that those young people will be removed. So I guess having intervention attached to child protection, and especially when we're working with I guess our First Nations families who are often fearful of government departments, especially child protection, having perpetrator intervention sitting separately, I think will make people more likely to access us.

**Natasha Stott Despoja AO:**

Thank you, that's important. That's all my questions, so Counsel Assisting, is there anything further?

**Katie-Jane Orr:**

No, thank you, Commissioner. I'd ask that the witness be excused.

**Natasha Stott Despoja AO:**

Ms Melvin, thank you for your evidence. You are free to go. We'll take a short break, is that the case, Counsel Assisting? We'll be back at 3.

**Witness:**

**Vincent Silk and Sharna Ciotti, ThorneHarbour Health**

**Natasha Stott Despoja AO:**

Welcome back to day four of public hearings for the Royal Commission into Domestic, Family and Sexual Violence. We have our last set of witnesses that are about to appear on today's topic which is centred around effective interventions. Counsel Assisting, over to you.

**Katie-Jane Orr:**

Thank you, Commissioner. I call Sharna Ciotti and Vincent Silk.

**Kerryn Hawkes:**

Do you truly and solemnly affirm that the evidence you shall give will be the truth, the whole truth, and nothing but the truth? Say, I do truly and solemnly affirm.

**Vincent Silk:**

I do truly and solemnly affirm

**Kerryn Hawkes:**

Thank you and please state your full name.

**Vincent Silk:**

Vincent Silk.

**Kerryn Hawkes:**

Do you truly and solemnly affirm that the evidence you shall give will be the truth, the whole truth, and nothing but the truth. Say, I do truly and solemnly affirm.

**Sharna Ciotti:**

I do truly and solemnly affirm.

**Kerryn Hawkes:**

Thank you and please state your full name.

**Sharna Ciotti:**

Sharna Ciotti

**Vincent Silk:**

Thanks for having us.

**Katie-Jane Orr:**

Ms Ciotti, you are the Therapeutic Manager for ThorneHarbour Health, South Australia.

**Sharna Ciotti:**

Yes, I'm the manager of Therapeutic Services.

**Katie-Jane Orr:**

And Mr Silk, are you the program Manager for Family Violence Services in ThorneHarbour Health, Victoria?

**Vincent Silk:**

Yes, that's right.

**Katie-Jane Orr:**

I'm going to ask you, and perhaps we'll start with you Mr Silk, to explain or give us an overview about what ThorneHarbour Health is, generally speaking.

**Vincent Silk:**

Yep, certainly. ThorneHarbour Health began in 1983 as an AIDS council, one of the largest and earliest AIDS councils in Australia and has been a community controlled organisation since that time. So it was established in order to support with the HIV AIDS response in this country and over the last 40 plus years has developed into a health service for the LGBTIQ+ community and supporting those living with HIV and affected by HIV in Victoria.

**Katie-Jane Orr:**

You mentioned a community controlled organisation, what does that mean?

**Vincent Silk:**

So what that means is that the services are specifically funded and to be delivered for LGBTIQ+ people. The communities we serve are the LGBTIQ+ community and people living with HIV and, while we don't have an exemption under the Equal Opportunity Act, there's a focus on community support and members of the community being encouraged to apply for roles and volunteer.

**Katie-Jane Orr:**

And you operate in South Australia and Victoria?

**Vincent Silk:**

Yes, that's right.

**Katie-Jane Orr:**

And is it correct that your work in Victoria includes providing domestic family sexual violence supports to those communities?

**Vincent Silk:**

Yeah, so since 2017, ThorneHarbour was funded, initially funded as part of a consortium with several other LGBTIQ+ community organisations. That consortium disbanded, I believe in 2019, because that was when that particular funding was up. But the reason why ThorneHarbour got involved in family, domestic and sexual violence services was after the Royal Commission, some of the findings from the Royal Commission in Victoria were that community-specific services were really what people wanted. There was some feedback from the community that they weren't seeing themselves represented and they were experiencing barriers to accessing family, domestic and sexual violence services. So, yeah,

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that was specific funding and there was a small pilot program that was based on like casework and therapeutic alliance and peer work and so and that was for victim survivors or people who've experienced violence. Prior to that ThorneHarbour did run a behaviour change program also called a men's behaviour change program that's the terminology we use in Victoria and in also a lot of places I think a lot of places in Australia, use that terminology, also might be called an intervention or anti-violence program that actually was running since 2004, I believe, but was funded by the state government from around 2014. So different funding streams but it was a similar, it came out of lots of community wanting something to address problematic encounters in their relationships.

**Katie-Jane Orr:**

And Ms Ciotti, I will ask you to explain what's going on at ThorneHarbour Health in South Australia in a moment, but is it fair to say that in relation to domestic family violence supports, you're working on it?

**Sharna Ciotti:**

We are excited to say that we have been approved for a single worker role in the family domestic and sexual violence space and that was after some advocacy done to the Office for Women in response to community needs and gaps that we were observing amongst our client cohort.

**Katie-Jane Orr:**

A bit more by way of background, I'll just get you to describe briefly what each of your roles are, if I can, Ms Ciotti, what do you do as the Manager of Therapeutic Services?

**Sharna Ciotti:**

Sure, so I provide oversight to our alcohol and other drugs and our primary mental health care specialist services. And that includes overseeing operations, clinical practice, clinical governance, guidance to staff, consulting with communities and key stakeholders. We deliver a comorbidity model, and I'll speak to that a little bit more throughout today, and that's really been a strength of our service that we hope to replicate in different spaces too. So we exclusively work with LGBTIQ+ communities as well as people living with HIV.

**Katie-Jane Orr:**

And Mr Silk, as part of your role, what are you responsible for?

**Vincent Silk:**

So, I manage the family violence programs at ThorneHarbour Health in Victoria and that's an integrated service model. What that means is that we run programs for people using violence and people experiencing violence. Broadly, that just means that we receive funding for both of those activities and within that, what we put that funding towards is the behaviour change program that I mentioned before, which I'll probably talk about a little bit later. A family safety contact program, which is associated with that, you know, checking safety, making sure that people are, yeah, affected people are getting the most out of that program. We also have a very small sexual assault counselling program and a family violence counselling or therapeutic interventions program, and then crisis case management and general, like, specialist family violence support. When I say case management, I'm mostly talking about case management supporting people who are wanting to flee or who are recovering from family violence or who are wanting to make their lives a bit safer. So there's a number of things that those activities involve, but they are, yeah, they go from crisis to recovery.

**Katie-Jane Orr:**

Thank you. Also, by way of background, Ms Ciotti, if you can help us with some terminology. You have both spoken, used the acronym, and so have I, LGBTQ or IQA or QIA plus. Can you just explain what that is what that stands for?

**Sharna Ciotti:**

So that stands for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual communities. I think it's important to make mention of the plus at the end, which signifies those who don't necessarily identify with any of the labels, but don't necessarily

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conform to the heteronormative standards or other labels which we're familiar with.

**Katie-Jane Orr:**

and you've used communities, plural? Deliberate?

**Sharna Ciotti:**

Yes, I think it's important to acknowledge that we're not one homogeneous group. Communities, I think, helps to signify that, that we are subcultures within subcultures, individuals within our own right, and whilst we share unifying similarities and similar challenges and struggles, we are unique. So, yes.

**Katie-Jane Orr:**

Thank you. So now turning to ThorneHarbour Health in South Australia, if I can ask you about that. Can you just tell us a bit about that part of the organisation?

**Sharna Ciotti:**

Sure, so ThorneHarbour Health first expanded into South Australia in 2015 and that was in partnership with SHINE SA to commence a program funded by SA Health called SAMESH. SAMESH is a program that provides HIV and sexual health support, prevention, health promotion to people living with HIV, people affected by HIV and LGBTIQ+ communities more broadly. In 2021 and 2024, we received some funding from the Adelaide Primary Health Network and that was to deliver our alcohol and other drug service and our primary mental health care service. So both of those services predominantly offer one-to-one supports in the form of counselling, structured psychological therapies, care coordination, peer support, group work, family support. It. We do do community engagement and community development activities from time to time as well because I think that's a really important component of the work we do, being able to destigmatise some of those issues and spaces that we're trying to attract people into our services for. And we have recently joined a consortium with MIND, so this is the Carrington Street Office Therapeutic Services. We are located in Carrington Street, it's a central location and that program is to deliver psychosocial support for LGBTIQ+ people who are living with a severe mental illness and a functional disability and all referrals are received through the local health networks, that's funded by SA Health.

**Katie-Jane Orr:**

And you've said you've got approval for a dedicated domestic family violence worker.

**Sharna Ciotti:**

You we do. Indeed, yes. And that will be to provide casework support, particularly responding to people who are struggling to link in with crisis support services. And just navigating, I think, the way in which the system is so siloed, according to the funding structure, can often be overwhelming for people that are also, you know having to deal with family or domestic violence.

**Katie-Jane Orr:**

I want to ask now about general principles again, but if I can go to you Mr Silk, about domestic family violence, excuse me, domestic family sexual violence in LGBTIQ+ communities and how those communities are affected by domestic family sexual violence. Is there any unique perspectives?

**Vincent Silk:**

Yeah, what the research I think that we did quote in ThorneHarbour's submission into this Royal Commission, we're lucky enough in 2024 to be in a position where there's quite a lot more research than there was say 10 years ago, particularly in Australia, but what we're finding, what the research and all the studies and the stats show is that LGBTIQ+ people and communities are impacted by family, domestic or sexual violence at roughly the same rates. So in terms of prevalence, in terms of severity and lethality as well, it's roughly the same across our communities as it is in the heterosexual population or, yeah, men's violence against women and children. And so I guess where there are some significant, I guess, unique forms of violence or like unique experiences of that violence might be in the ways that our community can experience compounded stigma and it can experience some

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of those barriers that Sharna just mentioned around accessing services and that might be for reasons of gender or reasons of, you know, the general assumptions that we have in our society about what a person looks like, like what a victim of domestic violence looks like or what a perpetrator of violence looks like. Those can really mess up access and slow things down for people in our community. But what we are seeing, and the stats in the research reflect this and so does, I guess, the local and anecdotal and database knowledge that the sector in Victoria has been able to amass over the last five to seven years, is that it's the same rates and it's also can be quite severe in the same kind of prevalence across the community. So there used to be a little bit of a perception that it was family violence light or not really as big a deal and I definitely know that that isn't the case.

**Katie-Jane Orr:**

You've talked about assumptions about what people look like or who might be affected by this violence. Do those assumptions impact an individual's perception of it as well?

**Vincent Silk:**

Yeah, I think it's really important to note something that's reflected that we did outline I think in our submission is that people were reporting, people who were participating in studies were reporting violence, you know 38% of people were saying that they had been in a relationship where there was some form of violence or abuse at some point and then when they were being asked about behaviours or experiences, it went up to 60%, 60% had reported or said, oh yes, that did happen to me about specific actions or acts that constitute abuse. And I guess, you know, it's really hard to draw conclusions around these things, but something that this suggests is that people have really high tolerance to poor treatment, which is one of the impacts of like familial or societal homophobia or biphobia, transphobia and so something that I've found since 2017 having worked in in this kind of space in Victoria is that there were there are often quite low, depending on where you are, there are quite there's quite low literacy particularly maybe in some groups or communities around sexual violence there might be low literacy around what constitutes family or domestic violence in other groups. But yeah, it's something that people's perceptions of things are quite skewed.

**Katie-Jane Orr:**

You've mentioned stigma, does that impact reporting?

**Vincent Silk:**

Yeah, I definitely, I would say so. I think there's a few things which maybe Shana would be able to reflect more on locally, but even in the National Marriage Equality Survey postal vote a few years ago, what we were finding in the community is that people were less willing to report or less wanting to kind of draw scrutiny onto our relationships or our community. And I think that there is a lot of stigma around HIV, around sexual health, there's a lot of stigma around even what kinds of relationships that LGBTIQ people might want or might have or might value, and because of that I think there's a real fear or protectiveness, some that can happen, not wanting to, yeah, not wanting to cast in a poor light your lover or partner or parent, particularly of children of, yeah, queer parents, that also might be a big factor. So yeah, I'd say it definitely impacts reporting rates.

**Katie-Jane Orr:**

And are there unique forms of violence for these communities?

**Vincent Silk:**

Yeah, I think this is a funny question, it's not a funny question, it's just that it's difficult to answer, right, because there certainly are, in terms of, there are, people use all kinds of power at their disposal to exert control over another person. And if I'm thinking about themes, you know, things like denigrating someone about their about their gender expression or about their serostatus, like whether they're HIV positive or not, what they choose to do with their sexuality. Those kinds of things are quite unique, I suppose, to LGBTIQ+ experiences and communities. And I think that there are also things around outing, like that's one that comes up all the time, around people being outed when they

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don't wish to be, having their privacy invaded or becoming a spectacle or something like that, and particular comments around bodies or desirability, all of these things that kind of feed into the local culture of wherever that person is and what makes somebody worth something, and then what that makes, what that makes that person willing to accept or to not accept. It's kind of an abstract way of talking about it, but it's a, yeah, there are quite unique forms. The other things I'd probably particularly mention which seem important are things around like reproductive coercion or using children in quite specific ways with, when a person is not a biological parent or there's been a donor-conceived baby. And also something that's very common, both in our community and also happens across other communities as well, where there are intersecting factors, is the use of systems like erroneous complaints, malicious complaints, use of legal systems or immigration systems or police systems in order to control someone or criminalise them or limit their options. So they're not, it's not that they're totally unique, but they are, I guess, common presentations that seem to, in some way, relate to people's experience of their sexuality or gender.

**Katie-Jane Orr:**

Yeah. Ms Ciotti, is that all consistent with your experience?

**Sharna Ciotti:**

Very much so and so that sort of building body of evidence that we see through reports like the Rainbow Realities Report mirror some of the data that we've extrapolated from our own client cohort so from 2021 to October 2024 44% of our clients that accessed either our primary mental health care service or our alcohol and other drug treatment service reported having ever experienced family or intimate partner violence and that number was higher when we just looked at our alcohol and other drug clients in isolation to the mental health clients and that was 64% reported that they had ever experienced family or intimate partner violence and I think we also believe that that is under reported because of the many reasons that Vincent stated before people are often unable to identify or recognise that that's what's happening within the context of their family or intimate partner relationships. There's fear of you know outing their partner or subjecting their partner to any of the justice system consequences which might flow from that and that sort of broader fear of also bringing more negative attention to our communities where we're already you know highly stigmatised facing a lot of prejudice you know particularly at this moment in time too I think that's something that our clients are really feeling the pressure of politically, things that are happening overseas and in other countries. The rise of the conservative right, that's something that comes up quite commonly as a bit of a pressure point. And also because the violence that is often experienced within our communities doesn't mirror or connect with a lot of the public campaign and education material that's offered through mainstream culture. It's, as we know, very heteronormative, very much cis-gendered women are centred as the victim-survivor and then cis-gendered men as the person who uses violence.

**Katie-Jane Orr:**

So that doesn't apply in your communities?

**Sharna Ciotti:**

No, I think that we have to acknowledge that gender norms do have an impact on violence and on power and how it presents within our communities, but it looks different to how it does within the context of a heterosexual relationship.

**Katie-Jane Orr:**

So turning to services in South Australia, do we have in South Australia specialist domestic family sexual violence services for your communities?

**Sharna Ciotti:**

So there is one newly developed service that is offered that provides counselling support, but that's only once a person has made a decision to leave the violent relationship, not whilst they're still contemplating whether or not they do want to leave. So that was newly funded, but other than that there aren't any other specialist LGBTIQ+ services available.

**Katie-Jane Orr:**

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And that service that you mentioned, is that for people experiencing violence, people using violence?

**Sharna Ciotti:**

Solely for people who are experiencing violence, which again is another limitation, because there are many situations that we're seeing, again within our current client cohort, where there are people that are victim survivors and also will use violence.

**Katie-Jane Orr:**

What about, and I think you've answered it, services specifically for LGBTQIA+ people who use violence, specific services I mean.

**Sharna Ciotti:**

No, there aren't any specific services within South Australia that we're aware of. Again, the services which are available are men's behaviour change programs and they're catered towards cisgendered heterosexual men and are not necessarily a space where a cis gay man or a trans man might feel safe presenting up.

**Katie-Jane Orr:**

So that was going to be my next question, that of mainstream services that may be available, and I'm talking now about people who use violence. Are they available to LGBTQIA+ communities? Are they suitable? That's two questions I know, I'm sorry.

**Sharna Ciotti:**

Well, no, no. I think firstly they don't exist and the ones again that are targeted towards people who use violence are very much premised on the idea of the heterosexual cisgendered male as the perpetrator and that doesn't fit for our communities even if there was the ability for people to connect in.

**Katie-Jane Orr:**

Some sometimes there's sort of a barrier because you can't even connect in because of various eligibility criteria, so for example, a male, a cisgendered male is the only type of person that can access it, but then even if you could connect in, it's just not always appropriate because the mainstream approach isn't suitable, is that right?

**Sharna Ciotti:**

Yes.

**Katie-Jane Orr**

And is that, it's not allowing necessarily for some of those unique factors and dynamics that we've spoken about this morning?

**Sharna Ciotti:**

No, no. And it doesn't recognise also that people who use violence who are entering into that space, you know, their safety is still important too. And we have to be mindful of that, particularly if we're looking at, you know, behaviour change. Safety is paramount for all participants to be able to engage meaningfully and that safety can't be guaranteed or assured.

**Katie-Jane Orr:**

Yeah. So practically speaking, what are you doing in South Australia if people are approaching you and need help or need these services?

**Sharna Ciotti:**

So oftentimes we're left holding people because there aren't places for them to go, particularly in the crisis and emergency accommodation space. What we have done is we have formed relationships with specific service providers, but really it's based on individuals' workers relationships with other individual workers in other services, and also their clients' willingness to accept our client into their accommodation. So as an example, we've formed a relationship with a manager at a particular provider of emergency accommodation and before we were able to send one of our Transfem clients to that accommodation we had to get consent from all of the people that were staying there, the other cis women, and if they had said no, then she would have had nowhere to go.

**Katie-Jane Orr:**

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You've talked about co-morbidity, people presenting with alcohol and other drug problems or mental health problems and then they disclose the violence. Can you tell us how you deal with that and best practice in that situation?

**Sharna Ciotti:**

I think I'll go back to what I was saying earlier about the benefits of a comorbidity model and I guess even building more upon that and adding in other services into the suite of services available. It provides this sort of wraparound, you know, one-stop-shop approach, and it allows different access points for people depending on their readiness and where they're at in their journey. You know, things like family, domestic, and sexual violence are still highly stigmatised, particularly in our communities. Alcohol and other drugs carry stigma too, whereas people feel more comfortable often coming through the mental health pathway into our service. And then once they build rapport and they feel at ease and comfortable with their workers then they may disclose and we're able to appropriately triage them internally and you know we're working with people who've often had really negative experiences engaging with mainstream services where they've experienced you know prejudice you know negative stereotypes and assumptions where they felt like they've had to educate the mainstream service about their circumstances when really they're the ones needing the help. And I think being able to provide an LGBTIQ+ community controlled service and offer that safety and that affirmation also means that people are more willing to share and to move across services freely.

**Katie-Jane Orr:**

And they don't have to re-report and re-disclose to another service?

**Sharna Ciotti:**

That's right, and I think that also there's confidence, because when we're working within the domestic, sexual and family violence space, often there are different parties involved. If someone does want to pursue a police complaint or report, or go down the justice path, having a service to also be able to stand alongside to advocate, because we can't guarantee that those systems are going to be inclusive, responsive and safe. In fact, many people in our communities have had negative, historical negative experiences with SAPOL, with the police force, you know, who've experienced a lot of violence and vilification in the past, similarly with the justice system. And you know, there are fears, I think for people that will report sometimes, the intention is not to punish, it's because they're wanting their situation or the behaviour to change. And, you know, there is also this fear that if their partner or their family member is imprisoned, then what does that mean for them and their safety too, or how will they be treated within that justice system.

**Katie-Jane Orr:**

Thank you. I'm going to move to you, Mr Silk, if I can, because now I want to ask about the program in particular that you are running for people who use violence. Sorry, you gave us an overview of the different types of services, domestic and family violence services that ThorneHarbour Victoria offer, but if we can just focus on the people who use violence. So is it a particular program?

**Vincent Silk:**

Yeah.

**Katie-Jane Orr:**

Yep. Can you tell us about that?

**Vincent Silk:**

Yeah, sure. We're funded to deliver a men's behaviour change program. Everyone in Victoria who is funded to deliver a men's behaviour change program is funded under the same kind of bucket of funding and it's the same code and you do the same activities. We just do it for our target population, which is LGBTIQ+ people and people who are living with HIV. So, we have a behaviour change program called START which is either online or it's in-person depending on a person's availability. That's because we run a Victoria-wide program, even though our catchment is Metro Melbourne and South East, so depending on

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the availability of people it's either online or in-person, and usually at our Hoddle Street office, which is in Abbotsford, which is the main part of the main office of ThorneHarbour, Victoria. We also, so that program runs for 20 weeks, which is the standard, the minimum standard of men's behaviour change or intervention group programs in Victoria. That changed in 2018, it used to be 12 weeks and then it all, it was standardised by the peak body in No To Violence. So there's a group program and we also have a case management program which involves one-on-one work if somebody needs to do some casework, or things like group readiness, extensive risk assessment, if there are – yeah, it just offers a little bit of flexibility. and that's a new activity which was allocated, I think, in 2019 as well.

**Katie-Jane Orr:**

This is the case management one on ones.

**Vincent Silk:**

Yeah, yeah. So it's the same, it's the same persons, it's the same group of the same cohort, same workers, it's just that it's, it's if somebody needs something a bit extra, not just the group program. And we also do have post group support, which is a really specific type of intervention, which has only been in place since 2021. And quite excitingly, we recently were supported by the Department of Fairness, Families and Housing to pivot some of our delivery to include people who aren't men. So our START program has run for gay, bi, trans and queer men and also for non-binary people who don't identify within the gender binary but who feel that the group is right for them. We'd do a bunch of assessment and they would be able to elect to be in the group. But for example, for someone who is a transgender woman, for example, or a cisgender woman, or just otherwise ineligible, I guess, based on gender, or it would just be not safe for them, there is, we've recently done a small group model, which is a shorter program, and we were supported by the department to do that, which was very exciting, and we had, yeah, we've just finished the first eight-week pilot of that.

**Katie-Jane Orr:**

Can you just explain a bit more about that? So originally it was funded for men's behaviour change, but did you say anyone could go into it if they felt comfortable?

**Vincent Silk:**

Yeah, so we tried to, I guess it's very difficult in a LGBTIQ+ organisation to separate things down the lines of gender, right, but in domestic family and sexual violence we often have women's safety package and men's anti-violence package of funding and so when you are working where there might be some slippage or there might be some diversity in gender or sexuality, or it might, you know, just an analysis of gender might not account for what's going on in the person's life or relationship, you just have to be a bit creative. And so while it has been historically, and up till recently, that the START program is for men, but that's inclusive of trans men and non-binary people who want to come to that program. We've made really concerted efforts through evaluation and I guess co-design and focus groups with participants to make that trans inclusive. It's important to note that just because it's a community controlled organisation, it's not automatic that it would just that it would fit, that it would be, yeah, really inclusive of everybody and I think there's been a, yeah, I think we've had some success in that area in the last couple of years.

**Katie-Jane Orr:**

And then you said the funding's been expanded anyway, so it can look after a broader range of people.

**Vincent Silk:**

Yeah, yeah, and that did that that happened in Victoria in the area specifically of men's family violence, which is intervention perpetrator intervention, I guess for shorthand across the yeah across the board there was in 2019, there were specific case management programs that were given funding mostly to support group readiness or actually, yeah, getting people into a space where they can come to group and it's more useful or more supportive of safety. So that was, yeah, very positive and then the post group support came

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out of an evaluation I think in 2022, not yet, across the board in Victoria, not just at ThorneHarbour.

**Katie-Jane Orr:**

What's the referral process? How do people get to you?

**Vincent Silk:**

Yeah, so we, people can self-refer, so I guess similar to what Sharna was speaking about around, you know, the kind of internal referral process or someone might come through talking about their alcohol or other drug use or talking about their mental health or they might have had a big conflict in their relationship or they might have had a breakup where they, you know, have difference of opinion about whether or not they should break up and they'd come through and talk about this and then they'd do an assessment. They'd be triaged at intake and then do an assessment. So that's one way that somebody might come through by some, I guess, helpful coaching or walking alongside from a practitioner or peer support worker or friend. We also have recently, only in the last six months, had a self-referral form option on our website, with an area where someone can type in their name and contact details and that they want to be contacted by somebody in our intervention team and that is really, I'm very pro that approach because it cuts out a phone call and it cuts out a little bit of back and forth and that streamlines processes a little bit. We also receive referrals directly from court, so when people are mandated or either mandated or advised or it's suggested by a magistrate that they have to do a program, and they are within our, eligible because of the cohort that they're in, they'll be given a referral for our service and then we would do an assessment. Yeah, there's, we don't receive many direct police referrals at this point. We used to, we did a couple of years ago, which again was a kind of, it was a pilot and it was based in relationship with a specific police station and with ThorneHarbour. And so that has ended and that's because of a rule, I'm trying to keep it as less jargony as possible, that's because of a rule where police referrals, when a police go to a call out and they have the summary of the incident, the AFM, or the affected family member, is referred to the Orange Door, which is the central access point for domestic family and sexual violence. And if it's a man, whether or not they're an affected family member or they are the alleged perpetrator or respondent, they're referred to the Victims Assistance program. And then, because we're something outside of that core service, even though we're a specialist service, it has to come, it takes another few steps to come to us. So police referrals aren't direct. I think, yeah, I could probably talk about that for longer, but I don't need to.

**Katie-Jane Orr:**

What about health? Do you get referrals through health services?

**Vincent Silk:**

Yeah, yeah, yeah, definitely. We get quite a few referrals through like hospitals, particularly that we have a, there's a hospital called the Alfred who in Victoria, in Melbourne, that have a HIV social work department. So we have a quite a close relationship with that department. And we also have a quite a close relationship, I sit in a network meeting with the alcohol and other drugs practice lead who's like part of the family violence implementation plan for that hospital. So we'll get a few referrals that way and we often will get referrals from primary, I guess area family violence services when the person has said that they would rather go to an LGBTIQ specific service.

**Katie-Jane Orr:**

So it's not limited?

**Vincent Silk:**

No, no, no, it's not limited at all, it requires intake and triage, I guess, similar to any, I guess, like, switchboard or crisis service, really.

**Katie-Jane Orr:**

So tell me about that next. Is there like an assessment stage that happens?

**Vincent Silk:**

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Yeah, so for people who are using violence?

**Katie-Jane Orr:**

Yes.

**Vincent Silk:**

Yeah, so we have, we do an assessment, generally again, to go back to the minimum standards in Victoria, which, yeah, minimum standards from NTV, NTV is No To Violence, which is a peak body across Australia, but the ones I'm speaking about are minimum standards in Victoria, because that's where I work. The assessment process is two 90 minute assessments, so it's a form or a tool. All of the assessments are a tool and they're like a dialogue tool to really get a picture of what's going on. And they're around assessing risk and assessing readiness to change or readiness to participate and assessing, yeah, mostly family violence risk really. And the reason, so you do one week and then there's two weeks apart and then you do a second assessment to finish off the person using violence assessment. And the reason for that is in the intervening two weeks a family safety contact worker would get in touch with any affected people, any affected family members or loved ones, including children, and check their safety and get a bit of help that inform the assessment. And it is a requirement of all men's behaviour change programs funded by the state that you have to provide the contact details for that person. If you can't, then you can do information sharing. There's lots of things workers can do to get the details of those people, and it's totally voluntary whether or not they want to participate, but the person who's coming for the assessment does have to provide some kind of details.

**Katie-Jane Orr:**

And that requirement is part of those minimum standards in the state of Victoria?

**Vincent Silk:**

Yeah. That's right yeah.

**Katie-Jane Orr:**

And are people ever, once you go through this assessment, are people ever turned away? Turned away or not accepted onto the program?

**Vincent Silk:**

Yes, so there are several people who I have said you cannot do this program because you are ineligible, because this is a program for people who are using violence and you are not. My assessment shows that you are not using violence, you have been misidentified, so that would be a reason, someone might be turned away, in which case I would be sharing that information with the Court and with police if it had got to that stage and that person was at risk of, yeah, being erroneously criminalised. And so that would be a reason. Other reasons would be around appropriateness of our group for that person. I don't know how possible it is to be a small community controlled organisation running groups on Zoom or in person and fit everyone's needs I suppose. So where somebody had really specific needs, I'm thinking of things like acquired brain injury or I guess really not being able to participate because of not being able to get to the centre or not having internet, that kind of thing, we might look at a different option. We might look at some one-on-one individual case management. We do exit people from group, not at the point of assessment, but if people don't meet certain requirements in terms of attendance or, I guess, if there's really disrespectful behaviour towards another person in group or if there's violence or threatening behaviour, we'd be having a really serious conversation and it would have to either stop or they would have to leave, really.

**Katie-Jane Orr:**

Is it correct though that it is generally promoted as being inclusive and accepting of, unless there's a reason not to be.

**Vincent Silk:**

Absolutely, yeah. And the only real reason that we wouldn't accept somebody is if it would be more damage, yeah, if it would increase risk to anyone. So whether that's them because they've been misidentified or if them participating in a program wasn't going to translate to

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safety, then we'd be thinking, we'd be really considering. But yeah, we don't really turn people away based on assessment. If we were to find that someone would be better suited somewhere else, for example, like say a bisexual man who is now in a relationship with another man but who has been mandated to come to our group because he has used violence against three different female partners or ex-partners, we might be wondering if perhaps mainstream men's behaviour change program would actually fit his needs okay. And I think, yeah, in that case, we'd be doing that kind of warm referral that Sharna was speaking about.

**Katie-Jane Orr:**

Is the program funded I understand through the department and I think you said it before Fairness Families and Housing?

**Vincent Silk:**

Yes, yes, so yeah, to the full, yeah.

**Katie-Jane Orr:**

So it is not connected to courts or?

**Vincent Silk:**

No, no. Recently, there are two ways that men's behaviour change programs are funded in Victoria. One is the DFFH that I mentioned, which we get, and then the other one is the Court mandated counselling programs, which we have never received that kind of funding anyway. It's usually larger organisations that receive that kind of funding who have different catchment areas and have different relationships with courts. But recently all of those, that was re-tendered for. It was five-year funding and it was all re-tendered for about maybe four months ago.

**Katie-Jane Orr:**

Bigger picture now, for intervention behaviour change, are you able to give an explanation about what's effective for accountability?

**Vincent Silk:**

Mmm.

**Katie-Jane Orr:**

I know that's a big question.

**Vincent Silk:**

Yeah, I think, well, I think what I would say is that in my experience meaningful family safety contact or meaningful contact that's integrated and that's collaborative between group facilitators and people who are working with people who've been harmed is the only way to move towards accountability, and the reason for that is that without having that person's perspective in the room, there are real limits to what you're able to measure, I suppose, or what you're able to, yeah, account for. And I think that that really speaks to the fact that, you know, accountability is, like, it's very hard to extract accountability from somebody. It's very difficult to kind of put a measure on it and to find out, okay, well, what constitutes change? And so, I generally kind of shy away a little bit from, you know, having a really direct measure for change or for accountability. Because if I'm thinking about it, you know, the whole point is to reduce violence, reduce violence in the community. And so, that might look like somebody going, oh, I have realised that this thing that I did and really harmed this person, this person, this person, I chose to do that, what does that mean for my future and for my relationships, and what does that mean for all of my interactions with all the other people, I suppose, in my life, and I think that there's lots of, yeah, in terms of evaluation, there are lots of ways that you can measure change, or that you can measure, attitudes, right? Like there's, in 2022, we were funded philanthropically to do an evaluation of an online men's behaviour change program and there were validated measures there, like there's the one called the negative attitudes to effeminacy scale, and there's like a quality of life survey, there's the K10, there's these kind of, these kind of ones. And there's also, you know, the readiness for change measure which is borrowed from the AOD space, which has some applicability around, you know, change, I suppose, less so around the causes of violence or

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what contributes to those behaviours. So there's lots of ways that you can measure. The main measure really, in my opinion, is like, is something translating to safety. And that might be by that person completely changing their behaviour or his behaviour and, you know, not using violence anymore, ceasing using violence, accounting for it, apologising, making meaningful change, contributing to the community, speaking with other people about his use of violence. Or it might be the fact that, you know, that person's mum or ex-partner or whoever it is that they have harmed and has someone to talk to every so often who understands that what they're going through is, you know, is not the result of an individual pathology or it's not just how gay men are or it's not just, you know, it's not just because of the alcohol and that that person might then know some more options about reporting like Sharna was talking about or know more options for like, oh, what, you know, what kinds of relationships am I willing to accept, I guess. So it's probably a bit of an abstract answer but there are ways and I guess it's a community approach really.

**Katie-Jane Orr:**

And you've talked about measures of success, have there been formal reviews or evaluations of the program?

**Vincent Silk:**

Yeah, so we did the one that I mentioned in 2022, which was, that was philanthropically funded in partnership with No To Violence, which is the peak body. And at that time in Victoria, there wasn't state funding being given to evaluation of programs. So for that reason, we had this philanthropic funding experience that was really great because it was funded by the Monash Centre for Gender and Family Violence, and so it was a really reputable and really experienced evaluation team, and what that showed was that you need to have family safety contact in order to make programs meaningful, and also that you can be inclusive in, I guess, an LGBTIQ+ way. You can be inclusive and non-judgmental and have an expansive understanding of gender and not collude in people's use of violence. So that was valuable, I think, for that reason.

**Katie-Jane Orr:**

Can you just explain that a bit more? What do you mean, and not collude in their use of violence? So how?

**Vincent Silk:**

Yeah, yep. Well, I think Sharna was speaking a little bit earlier about safety and people's safety in programs. So for example, if there's a mainstream program and the example is there's a trans man who's going to a program that is ostensibly assumed to be for cisgender men. Or if there's a bisexual man who is going to a program where people use slurs about men who have sex with men and he's kind of, yeah, has to hide that bit of himself or feels threatened or ashamed. What my training and, I guess, practice has taught me is that whenever we, there's lots of ways to collude, we might say, oh no, that wasn't, yeah, that actually wasn't violent or that wasn't that bad or they deserved it or whatever it is, whatever narratives, whatever ways we couch things in our heads to make it okay. What we do, but another way I think that often practitioners don't realise that we're colluding is by, yeah, contributing to that person's victim narrative by making them feel more victimised, you know, if we're going to a, if we're, yeah, if that trans man is going to a men's behaviour change program and then the facilitator outs that he is trans and then everyone is suddenly having these really invasive questions about his life and his experience, that probably will lead to some level of feelings of, like, unsafety and dehumanisation, which then feed into a narrative of, I'm not responsible because bad things happen to me.

**Katie-Jane Orr:**

I interrupted you, you were talking about the results of the evaluation.

**Vincent Silk:**

Yes, all I was going to say is that we were really lucky we did that evaluation and after that in 2023 the statutory body which is called Family Safety Victoria which is responsible for all family violence funding in Victoria decided that actually, so in the minimum standards in

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Victoria there's a section that says programs must be evaluated on a yearly, one to two yearly basis, but then there was feedback from, I guess, member organisations that there was no instructions on how and by what measure and who and that kind of thing. So it was a, it can, you know, like anything, it's just a bit of a free for all. It's like, how do you measure inclusivity? And so there's, yeah, there's an 18 month study at the moment, which is in partnership with the University of Melbourne, which is about an evaluation framework and a tool. So we are not, like, ThorneHarbour in Victoria and our program isn't exactly partnering on that, just because of resources, but we have had the researchers come and to our, we've participated as group participants, and I think it's really useful having a, yeah, having an academic arm of evaluation, yeah.

**Katie-Jane Orr:**

Thank you. Ms Ciotti, I'm going to come back to you to finish off. In an ideal world, where to from here in South Australia?

**Sharna Ciotti:**

I think we would like to see firstly just some more LGBTIQ+ specialists and inclusive services that are available and accessible for members of our community, whether they be people who experience violence or people who use violence. I think that there needs to be some capacity building done. One, we accept that, you know, the mainstream DFSV sector, you know, will continue to service the majority of our communities. And also, we respect our communities' choice, you know, their agency around what services they choose to link in with, but there needs to be some capacity building in partnership with organisations like ThorneHarbour Health, so that they understand those nuances and the different ways that our communities experience violence. So yeah, I hope that there's the introduction of new services, a lot of collaboration, a lot of consultation. And I think just picking up on what Vincent said with evaluation, evaluation is really important because we need to understand what is working and what isn't working. And, in order to do that, there needs to be appropriate funding. When programs are funded, you get the money to do your service delivery, and then it's like, oh, it would be great if you evaluated that, and, you know, it's sort of put, the onus is back on the organisation to find spare pennies to do that with, or, you know, to do that free of charge, and it's just not always possible. So, I think evaluation is really important, and it will mean that we can continue to improve and be responsive to the community's needs.

**Katie-Jane Orr:**

Thank you both of you. Commissioner, I have no further questions.

**Natasha Stott Despoja AO:**

Thank you, Counsel Assisting. I've got two quick ones and I am conscious of time. I'm glad we got that ideal world question over and done with. I was curious, but I'd specifically like to know more about two recommendations. The first is for increased training or better training of South Australian police officers to deal with this issue and in this space. Can you give us an example of where that's done well? Is there best practice in another jurisdiction, or would you have a pro forma or some ideal training for police? And my second question relates to another recommendation about constituting a state-wide expert group with government support in order to more deeply and effectively address these issues. Happy for either of you to speak to those questions.

**Vincent Silk:**

Do you have a thought, Sharna, on the best practice or where you've seen it done well around the capacity or networks around police?

**Sharna Ciotti:**

Not specifically in South Australia, you know I'm aware we have LGBTIQ+ inclusion officers that are embedded within SAPOL, and I think that it's a great initiative and a great move but that's often one person to have to shoulder the burden for the whole force or a large section of the force and often it feels sometimes a bit like lip service. Whereas, I feel as though that needs to be more embedded within rather than just relying on tokenistic

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officers. And I think that the same applies within just the general family domestic violence space. They have sort of specialised sections and officers that will undertake that work, but again that should just be across the broader force. That sort of, you know, the training, the exposure and the experience that's required.

**Vincent Silk:**

We've been doing a little bit of relationship building in my area and that's been mostly on the initiative of a senior family violence, a senior sergeant in the family violence command in Victoria in the area that we're funded in and that, so yeah, we've been invited to go to their, or me specifically actually, been invited to go to their community of practice and speak to the senior sergeants from the wider area, so for those precincts. And I think what is helpful about that is when, yeah, when you form relationships and when particularly, like, anyone who's a first responder knows that they're under so much pressure and there's a feeling of, like, if there's a feeling of letting people down or being scared of what you're, you know, getting it wrong, or identifying the wrong person, or mixing up the evidence, or messing up things so that you can't charge a crime. I think that's where a lot of the antipathy might come from, even, as well as being scared of doing the paperwork right. I think sometimes it might be as much a workplace kind of issue as it is a LGBTIQ+ antipathy issue and I don't have like a good pro forma or like a training manual for that but I think, yeah, I recently met with the person who is in charge of training all of the family, training at the police academy in Victoria and she does the family violence training and yeah, I think that there, I think there's an opportunity to have relationships. that mean that there's a friendly face and so that that particular police member or even that sergeant knows to be like, oh I remember Sharna, I'm going to ask Sharna about this, which is, yeah, it is hard because it obviously needs to be legislated not just about relationships but I think that there's something important about doing that, having communities of practice and fora for that, yeah.

**Natasha Stott Despoja AO:**

And the expert advisory group that you're suggesting to assist government?

**Vincent Silk:**

Yeah, I think from, you might have more context Sharna, but from my perspective I think what came out of the Royal Commission in Victoria, which obviously was a reactive Royal Commission following the really tragic death of Luke Batty, one of the things that came out of that Royal Commission was that having a lived experience advisory group and that still exists, that still, we have a, in every local area, network or partnership of specialist family violence services has a representative from the victim survivor advocacy group who also sit in government and so, yeah I think, in Victoria there's only one LGBTIQ+ person who represents in that group and so, yeah, I think we're always advocating for more. More representation and, you know, more opportunities for more people with our diverse experiences to have their voices heard. So I think in South Australia that's even more relevant, really.

**Sharna Ciotti:**

Definitely and I think that there needs to be, intersectionality needs to be taken into account as well. So as I mentioned earlier, we're not a homogenous group and we have to think about, you know, for Aboriginal and Torres Strait Islander LGBTIQA+ folk, you know, they're dealing with additional barriers and different presentations and struggles too and so it's important that we're also hearing their voices and culturally and linguistically diverse LGBTIQA+ community members and having that real diverse mix of experiences on the advisory panel to guide government.

**Natasha Stott Despoja AO:**

Seems a positive note on which to conclude, but I'll check with Counsel Assisting if she has any further questions.

**Katie-Jane Orr:**

No, thank you, Commissioner. I'd ask that the witnesses be released.

This transcript is intended as a guide only and as an aide memoire with respect to the audio visual record, which constitutes the official record of the hearing on 11 December 2024

**Natasha Stott Despoja AO:**

You are free to go, thank you both for your time and energy.

And I would now advise that this concludes our public hearing day four. It actually concludes our public hearings for this year for the Royal Commission into Domestic Family and Sexual Violence. On that note, I would like to thank all the witnesses who have shared their testimonies and insights with us over the four days. I would like to congratulate our Counsel Assisting on a stellar job over the last couple of days especially. And I'd also like to thank our technical experts, thank you very much for keeping us online and relatively on time, I think that's my fault not yours. And I'd like to thank the Secretariat for their hard work. Once again we're conscious of the fact that some of the information that you would have heard over these few days could be quite confronting and quite traumatising and I suggest if anyone needs support 1800RESPECT is one option, otherwise please go to our website where we have other opportunities and suggestions for support if you need help. That's [royalcommissiondfsv.sa.gov.au](http://royalcommissiondfsv.sa.gov.au) On that note, I thank everyone and I hereby close today's hearing and look forward to public hearings in 2025.