Responding To Domestic & Family Violence

‘Not in My House’ is a resource for skilled trainers and group facilitators to explore the dynamics of domestic and family violence and its impact on women and children. Professionals with extensive experience in the field of domestic violence are invited to utilise this resource for practitioner training and in men’s behaviour change group work.
BaptistCare would like to acknowledge the courage of the women whose stories are told in these vignettes. Their stories were drawn from a wide cross-section of Australian society, from Aboriginal women, newly arrived migrants and many different cultural groups with all of them saying the same thing – our stories of living with domestic violence and family violence need to be told. In particular BaptistCare would like to acknowledge; Diane Coleman (Project Leader), Susan Geraghty, Cathy Zervos, Anne Crestani, Sue Hart, Sue Wildman, Noula Efthimiadis, Judy Reid as well as Christine Kennedy and Janice Kennedy (Aboriginal Consultants) for their assistance throughout this project’s development.

The ‘Not in My House’ DVD and support material is not a comprehensive training package designed to provide workers with all the necessary information or expertise that will equip them to work effectively with people impacted by domestic and family violence. Instead, basic and advanced training and experience in working with victims and perpetrators of domestic violence must be undertaken by those who would seek to use this material.

BaptistCare values feedback from the community on the services it provides to the community and if you have innovative ways that you have used the material or wish to comment on the package please forward all feedback to:

P (02) 4624 8700
E ask@baptistcare.org.au
Diane Coleman (2015)
Overview

BaptistCare has been active in the prevention of domestic violence and in offering services to victims and perpetrators of domestic violence for over 30 years. The series of vignettes recorded in ‘Not in My House’ were developed in response to the need for resources which can be used in men’s behaviour change programs and to train professionals in the issues surrounding domestic violence and family violence. These stories depict a brief glimpse into the lives of women, children and men impacted by domestic violence. Funding for this project was made possible by the NSW Government and BaptistCare.

Support material provided for the ‘Not in My House’ DVD includes BaptistCare’s philosophy and values for working with domestic and family violence, the experience of women and children, definitions of family violence, and a resources for training professionals around the effects and impacts of domestic violence as well as suggestions for facilitators to use the vignettes in men’s behaviour change programs.

Building Safer Families

A ‘whole of family’ approach to domestic and family violence is integral to the ‘Building Safer Families’ philosophy of BaptistCare, where priority is given to increasing the safety of women and children. BaptistCare acknowledges that men can be victims of violence as can people with disabilities, the aged, gay, lesbian, transgender, bisexual and intersex people (GLTBI). However the majority of victims are female with their abuser being their male partner. Therefore in working with domestic violence, BaptistCare’s main focus is on working with women and children as victims, and survivors and men as perpetrators of domestic violence. In instances where men have experienced domestic violence they are offered individual counselling and support services as are those who identify as GLTBI, other abled people and older people. In any instance where BaptistCare is unable to provide services to those affected by family and domestic violence an appropriate referral is offered.

BaptistCare’s Building Safer Families program offers an integrated, client centred, invitational and strengths based approach to break the cycle of domestic and family violence. The ‘integrated’ response involves the commitment to providing clients and their immediate families with access to services that are most relevant to their needs and to enacting a proactive engagement with local communities, government and non-government sector for the prevention and treatment of domestic violence.

Priority must always be for the safety of victims therefore safety planning for women and children, and referral for children and young people at significant risk of harm is essential on initial presentation and throughout client contact. Support and referral may include assisting people to access women’s refuges, community housing, NSW Housing, women’s support services, legal services, Aboriginal services, police, Family Relationship Centres, children’s services and programs, Human Services, financial assistance, culturally specific services, men’s services, and other organisations as relevant to the individual or family.

Working within the Children and Young Persons (Care and Protection Act 1998 No 157), BaptistCare works collaboratively with Government departments and non-government organisations to ensure the safety and well-being of children and young people. BaptistCare’s policy is to obtain informed consent from the parent/guardian before any information relating to children or young people is disclosed.

Where significant risk of harm issues are present, other agencies/organisations will be contacted to ensure the safety of the children and people concerned. Where ‘significant risk of harm’ thresholds are not reached clients (and their children) are supported to gain access to programs and assistance within BaptistCare and with other organisations relevant to the needs of the client. Safety assessments, planning and assistance is provided throughout client contact with BaptistCare.

Integral to BaptistCare’s men’s behaviour change program is the provision of confidential contact with the partners of men who attend the Facing Up group program. Through this contact women and their dependants are offered counselling and support services relevant to their needs. Contact is maintained throughout the program and thereafter to enhance their safety and find relevant resources that may be of benefit to them.

1 Australian Bureau of Crime Statistics and Research (2011)
BaptistCare’s Underpinning Values and Beliefs in Responding to Domestic & Family Violence

BaptistCare would like to acknowledge the extensive work undertaken by the Department of Human Resources Victoria (defined below) in outlining clear values and beliefs in working with domestic and family violence.

Working with domestic and family violence has its foundation in a human rights, social justice, feminist and strengths based framework. These values are demonstrated in all areas of BaptistCare’s organisational policy, practice and service provision and is consistent with the broader Christian and organisational values of BaptistCare.

Rights
Domestic and family violence is a fundamental violation of human rights and is unacceptable in any form.

Safety
The safety of victims and their children who have or are experiencing family violence is of paramount consideration in any response.

Children
Children need to be protected from harm, to have their rights protected, and to have their opportunities for development promoted.

Empowerment
Family violence services work with women and children to build on their strengths, enhance their capacity to make informed decisions and exercise their right to self-determination without coercion and free from judgement.

Diversity
Family violence is experienced by women and children regardless of class, ethnicity, religion, age, abilities or sexual preference. The experiences of women and children who live with family violence are distinct and unique.

Access and Equity
Services responding to family violence need to be committed to improving their services through greater coordination and integration.

Responsibility
Responsibility for the violence rests with the perpetrator of the violence, and eradication and prevention of family violence is the responsibility of the community as a whole.

Accountability
Perpetrators should be held accountable for their use of violence and challenged to take responsibility for their actions.

Power
Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).

Justice
Physical or sexual violence within the family is a crime that warrants a strong and effective justice system response.

Advocacy
Family violence services advance the rights and interests of women and children affected by family violence on an individual and broader societal level.2

---

Training Professionals Who Work with Domestic & Family Violence

Definition: Domestic & Family Violence

Determining the best terminology around domestic violence has proved challenging with ‘domestic’ and ‘family’ violence being the most used terms. In this resource ‘domestic and family violence’ is used to acknowledge the primacy of women and children as victims of domestic violence and also the wider family implications of domestic violence in Aboriginal and Torres Strait Islander communities.3

Family violence is the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.4

In the Australian context women are the victims of domestic violence in over 90% of all identified incidents.5 The Australian Bureau of Statistics reports that 20-25% of all women who have been in a relationship report abuse from their partners in their lifetime and approximately half of households in which there is violence contain children.6 Men do in fact experience 10% more violence than women with the majority of this violence being physical and perpetrated by a male stranger (65%) who is not their intimate partner.7 For a detailed analysis see “Domestic violence In Australia: An overview of the issues” (2011).


Power and Control

Research has demonstrated that all forms of violence in the home are not the same, with distinction needing to be made between typologies of violence and intimate partner violence.8 A single act of violence can be sufficient to cause fear and intimidation in the victim, with this usually being embedded in a pattern of abusive and controlling behaviours that escalates over time and gradually undermines the victim’s confidence and ability to leave the perpetrator.9 Those exposed to domestic violence can develop an underlying or overt sense of fear for their own or another’s safety (e.g. their children) and become socially isolated and immobilised, trapped within the cycle of abuse and its impact on themselves, their children and their social networks.

The ongoing prevalence of domestic and family violence is seen as an outworking of historical and ongoing social constructs in which power and gender inequality impact on, and internally within, domestic and intimate relationships. Power, who has it, who can access it, and how it is utilised can be gender neutral and can be used for ones or another’s safety and well-being. Although gender equality is an ideal, actualising this in reality has proved challenging socially and in interpersonal relationships.

When someone is asked to share power (personal or social) it can be experienced as threatening, which can lead to gradual or immediate actions to reject that invitation and re-establish the previous status quo. Willingly and openly sharing ones personal or social power with another challenges our values and beliefs about what it means in practical and political terms to be in true community with another. When the values, beliefs, actions and feelings inherent in power remain unexamined (or challenged) they can be enacted in ways which can be abusive and violent. Ironically this can often be enacted against the ones the person is closest to and who are most loved.

The individual concerned (with power) may believe that at some level they are under threat and that they are justified in using ‘power over’ to re-establish their control of the person(s) and situation. For many men who use abusive and violent behaviour against their partner they can also have concurrent values and beliefs for safe, respectful, caring and ethical relationships with their partner. This internal conflict between ones actual behaviour (where it is abusive) and ones ideal self (of being loving, supportive and respectful), collide.

---

8 Wangmann J. (2011).
It is in this ‘collision’ between the ideal self and the real self that acts of controlling actions leading to abuse and violence can occur. Within the context of intimate and family relationships, being able to explore and work with these concepts in a non-judgemental and non-shaming manner frees men and women to develop safe and respectful ways of enjoying intimate and family relationships that share power and are inherently respectful and life giving.

A key component in working with domestic violence is in the distinguishing between ‘anger’ as an emotion and ‘violence or abuse’ as behaviours and attitudes that maintain power and control over others, leaving their partners and children to living in fear. This distinction is vital and constitutes a core concept where people are held accountable for what they do and say and are not judged because of what they feel.10 Anger as an emotion is common to all humanity and is associated with our ‘flight, fight, and freeze’ response which is triggered when we perceive an implied or actual threat. The psychobiological response of the person to the perceived threat is embedded within the person’s personal narrative and the social political and personal context (relationships) in which the person lives their lives.

“When several hours of gruelling verbal attacks from my partner, I lost it. I walked in the house and he followed me. I turned and began to hit him and scream. Then I realized that this was not me. I stopped and started to cry. I did not do any of that to control him. I had not stooped to his level. I just wanted to be heard and still he was not hearing me. I realized then he would never hear my voice. For him, I had no voice.” Marie.11

Distinguishing women’s anger and abusive actions from those of their partner must be placed into the context of the relationship with the enacted patterns of control, abuse and fear generated in that relationship. What on the surface may present as a ‘relationship issue’ may be domestic violence that has not yet been identified.

BaptistCare believes that to be effective in working with violence and abuse and to create safe and respectful relationships requires intervention and change to occur within the person, their immediate family context, socially and the wider community. To do this the ‘client’, individual therapist/worker and organisation has to examine their own underlying philosophy, values, beliefs, ethics, reactions and behaviours to ensure consistency between what they say and do. Equality, respect, safety, responsibility and accountability are always a choice in our personal and social relationships. It was Socrates who said ‘an unexamined life is not worth living’. This applies to our selves, social context and organisations within which we work.

Cycle of Violence

Unique to domestic and family violence is a distinct pattern of coercive and abusive actions and attitudes that differentiate the pattern of conflict from other types of couple conflict and angry exchanges.12 Domestic violence has at its core key beliefs around how intimate and family dynamics and relationships ‘should’ operate. This includes who has the ‘right’ to make decisions and who has the power to enforce it. Normal couple conflict will develop its own ‘dance’ around how the couple resolves differences between themselves, with such ‘dances’ involving angry exchanges and at times abusive words. However domestic and family violence is differentiated by the distinct and repeated pattern of behaviours and attitudes that are designed to maintain power and control in the relationship at the expense of the ‘other’ and the relationship itself. The recipient of these attitudes and behaviours experiences dissonance between the person they thought they entered into a relationship with and the person they now find themselves living with.

Determining whether a person is experiencing domestic violence is fundamental to ensuring they receive the right assistance at the right time. Naming the cycle and exploring its phases can be the first of the many steps in freeing the victim/survivor and their children from its destructive impact. The person (abuser) who demonstrates these abusive and controlling behaviours and attitudes often finds it difficult to come to accept the reality of the cycle, due to the shame it touches or the fear that their behaviour has been exposed for what it is and possible consequences. The recipient of the abuse can also experience ‘shame’ and perhaps relief as it is named.
Forms of Violence

For many victims and perpetrators of domestic violence the extent and types of violence used in domestic and family relationships can be extensive and devastating.

Physical violence can be lethal to the women, her children and other family members, however other forms of violence can have an intra psychic lethality that erodes the very essence of the person they once thought themselves to be isolating them from themselves, those they most love, and socially leaving them wondering if they are in fact crazy.

In Victoria, male intimate partner violence is found to be the leading contributor to death, disability and illness for women aged 15 to 44 years (VicHealth 2004).13

The examples listed below are just a small example of what can occur.

Physical: Violence occurs in many forms with the most obvious being physical. Many people mistakenly believing that direct contact is only when violence occurs e.g. hitting or punching a person. Other physical abusive behaviours may include hair pulling, pinching, pushing and shoving, grabbing, choking, slamming walls and doors, destroying property and cruelty to animals. Tragically, permanent injury and murder of the victim and or their children occurs in an alarming number of instances.

Emotional & Psychological: Involves belittling the person, their family, beliefs, actions, name calling, criticism under the guise of guiding or correcting, withholding information and affection, threatening their partner and or family members, using the children to control and manipulate the person, mind games which deny the person’s reality and sense of trusting their own judgement. All of these actions can leave the victim feeling lost, doubting their own reality, capability and ability to trust their own judgement and decisions.

Verbal: Often overlaps with emotional abuse and includes name calling, shaming, yelling, threatening, lying, put downs and crazy making, blaming, snide jokes, veiled threats which can come in subtle disguised forms with the tone of voice conveying contempt, sarcasm and disguised threats.

Sexual: Unwanted touching, accusations of cheating, ignoring the partners message that they are not interested in sexual contact at that moment, demands for sex and unwanted sexual contact, humiliating and coercive sexual practices, rape, degrading sexual talk and jokes, photographing her sexually and posting it on the internet e.g. use of facebook or texting the photo to her or his friends and family.

Social: Isolating the victim by forbidding them to see or talk to friends, family or work colleagues, stalking, constant texting or phone calls, monitoring emails. Putting them down in front of others or being the ‘perfect partner’ in social gatherings so that no one believes the victim should they raise the issue of abuse. Women from culturally diverse backgrounds can be threatened with deportation; that unless she complies with his demands he will send her back overseas and she will never see her children again.

Financial: Restricting access to funds for the most basic needs, demanding accountability for every cent spent. Insisting all assets and bank accounts are in his name only or that she takes out loans in her name that are actually his debts.

Spiritual: Shaming, ridiculing or belittling her faith and beliefs, misusing religious texts to control her behaviour, insisting that she abandon her own beliefs or faith or insisting that she follow the belief of the abuser.

---

Women’s Experiences of Domestic Violence

Amongst the many other findings, Evans (2007) reports that women experience long term effects from domestic violence including severe impacts on their self esteem and general well-being. While not drawing from victims of domestic violence, Rosenberg (1965) found that people with low self-esteem would put on a false façade to hide what they were feeling and in the process, experience high anxiety, stress and somatic symptoms through trying to maintain the illusion to others that they were okay. These same symptoms are displayed with women who live with domestic and family violence, with the effects taking a high toll on women’s psychological and physiological health.

Brent insists on keeping “everything in its place”. Their house is spotless and every knickknack and appliance has a place where it belongs. Overtime, Brent changes the rules about where things are to go. Julia spends a lot of energy trying to anticipate how he would like the home to look. Lately Julia feels panicked when she comes home from work and she second guesses every decision she makes.

For women who have experienced domestic abuse the trauma can have the effect of fracturing the connections between the women and those around her including her children, family and wider social connections. Living with domestic violence can profoundly isolate the woman through deliberate tactics by the abuser or through the shame and loss of self worth experienced through the trauma of ongoing abuse.

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery therefore is based upon the empowerment of the survivor and the creation of new connections.

Women can and do work through issues around their experience of domestic violence in their own ways. However, the breaking of secrecy around violence often means that women will share with a friend, colleague, family member, doctor, support worker or community member what is happening in her life. Women are often fearful that they will not be believed or that the listener will think they are ‘crazy’ because others do not see the abusive behaviour of the perpetrator. Openness to hearing her story and assisting her in finding helpful support is essential.

Briere and Jordan (2004) report on the need for multimodal forms of treatment for women who report traumatic experiences including domestic violence that includes safety plans, therapeutic relationships, emotional processing of the trauma (once she and the children are not in immediate danger), exploring the person’s negative belief systems that relate to themselves and their victimisation, ongoing treatment of symptoms, and advocacy.

The naming of domestic and family violence as unacceptable in any relationship and the breaking of the secrecy that surrounds the violence is part of the process for establishing the safety of those who experience the violence and holding the abusers accountable. Creating and establishing physical and emotional safety for people requires empowering the ‘victim’ to explore and decide the best way for them to achieve this in their individual context. Avoiding secondary abuse from the well intentioned actions of others is essential. Every intervention can be high risk for the victim(s) of the violence and may involve the police, social services, specialist domestic violence services, extended family, friends and other social networks. Co-creating personal and psychological safety and well-being for those who experience domestic violence can take considerable time.

---

18 Herman, J (1992), Trauma and Recovery, New York: Basic Books, (p.133)
Therapy and groups can play a pivotal role in ameliorating the effect that the abuse has had on the women’s life with intervention (including groups) needing to be empathic, non-critical, strength based and provide peer support. The group process itself, with its various elements, forms a corrective balance to the issues the group is seeking to address including that of violence. The very processes involved in participating in a group enhances women challenging the impact that the trauma of domestic violence has had on her life and the accompanying secrecy and shame experienced by living with violence.

"Trauma isolates, the group recreates a sense of belonging. Trauma shames and stigmatises, the group bears witness and affirms. Trauma degrades the victim, the group exalts her. Trauma dehumanises the victim, the group restores her humanity.”

Feminist approaches to interpersonal and group work that seek to empower women through collaborative practice, with the participants themselves being the ‘expert’ of their experience, means that the isolation, secrecy, self blame and social construction of the impact of gender power imbalance can be named and challenged. The negative and debilitating effects of living with domestic violence impact women’s mental health, her relationships with her children, herself, interpersonal relationships and her active inclusion in the wider community can be transformed through the corrective experience of a group and individual therapy.

Children’s Exposure to Domestic Violence

Children do not need to ‘see’ the violence to be profoundly impacted by it. Living with or being exposed to domestic and family violence negatively impacts all aspects of the child’s or young people’s developmental, emotional, social and family relationships. Children’s exposure to and the impact of domestic violence is not limited to living in the same household, where the violence occurs, but often continues through extended family and social networks and post separation parenting arrangements, with some parents continuing to use the children to punish and control their ex-partner. For a detailed overview of research and impact of violence on children see The Benevolent Societies (2011) report The Impact of Domestic Violence on Children: A literature review.

At times the first indicator that a child is living with domestic and family violence is through their behaviour, with symptoms pointing to distress and trauma:

- Crying, distress, screaming, bullying others, victimisation
- Poor health, physical reactions: eating and sleeping problems, stomach cramps, bedwetting and headaches
- Aggressive and demanding behaviour and language
- Use of drugs or alcohol
- Taking on inappropriate adult responsibilities or behaviours
- Low self esteem and shame, anxiety, heightened irritability, panic attacks, trauma responses, self harming
- Withdrawing from friends or difficulty making and keeping friends.
- Problems with school work, cognitive or physically regressive behaviour.
“(My oldest daughter) had something there and she was a real extrovert... She had this sort of stable network... That helped her through those years... but (the violence) had an opposite effect on (her younger sister)... She didn’t have a lot of friends, and when she does have friends they don’t last long.” 26

When working with victims and perpetrators of domestic and family violence, maintaining a ‘whole of family’ strategy where children’s right to live without fear and in safety must be paramount and must be addressed with every intervention. Parents and caregivers of children exposed to domestic violence can become so insulated within their own internal and external responses to the violence that the children can disappear from their view. It is the responsibility of therapists and group leaders to ensure that this is not replicated in working with victims or perpetrators of domestic violence.

“It just gets me so muddled up. I’m frightened I’ll be like him when I grow up.”
(8 year-old boy)27

Men’s Behaviour Change Groups

To work with men who demonstrate abusive and controlling behaviours requires considerable skills on the part of the counsellor/therapist/group worker. The workers, male and female, must have extensive training and experience in the field of domestic violence and be able to clearly articulate how gender and the socialisation of men and women can contribute to the development of controlling and abusive beliefs and behaviours in some people and relationships.

Maintaining an attitude of genuine respect, thoughtful enquiry and invitation for the men to explore their values, beliefs and behaviours that engendered their abusive behaviour and move towards positive, equal and non-abusive relationships is required of the professionals. Sensitivity to and awareness of how collusion, blame and denial is implicit in domestic violence relationships, and which can unwittingly be replicated in the group leaders and group processes, needs to be constantly monitored by the group facilitators through reflection, debriefing and specialised supervision processes.

Providing an integrated approach to working with domestic and family violence means that organisations and individual workers hold themselves to the same high ethical standards they ask of the men. This means that the safety of all victims is kept in the forefront of any intervention, and group facilitators partner with organisations that support the safety and recovery of victims and keep abreast of supports in the community, as well as research which explores best practice and ongoing research in the field.

In the last ten years considerable research has demonstrated how trauma experienced early in life can impact a person’s attachment relationships and their reactivity to others, particularly those they are in close relationships with later in life.28 BaptistCare acknowledges the implications of early trauma on a person’s psychobiological development, attachment style and potential reactivity including overt anger responses, abusive and violent behaviours towards others. Developing an integrated and nuanced theoretical and practical application of psychological and social theories into a framework remains the challenge for all who work in the field of domestic and family violence.

Thorough assessment of people accessing individual or couple counselling requires the

worker to be alert to childhood trauma and its possible effects intra and interpersonally, including a careful exploration of past history of anger and violence including when, where and with whom it occurs. Comprehensive assessment will include the type and frequency of violence/abuse, level of threat to persons, property, animals, previous or current charges or convictions of assault, property damage, current mental health, drug or alcohol use/misuse and those impacted by their behaviour. Such assessment also needs to include past attempts to draw back from violence, strategies used to reduce their anger (successful or not), family or personal supports, the goals the person has for attending counselling/groups and seeking to draw out from them the ‘person they most want to be’. Working with men who are abusive towards their partners or family members is not about shaming or ‘guilt tripping’ the person into behavioural or attitudinal change, but rather inviting them on a journey towards choosing safe and respectful relationships and behavioural and attitudinal change towards themselves and those they love the most – their partner and family.29

Intrinsic to working with coercive controlling violence is an understanding of how ‘power’ is enacted socially and in family relationships. Men who use power and control in their intimate relationships usually have entrenched beliefs concerning male privilege in their role as males, husbands/partners and fathers. It is these unexamined beliefs that lead to behaviours that are abusive and controlling of their partners and children. Their identity as men is closely linked to these beliefs, which means for them to change their behaviour they need to not only change their beliefs and behaviour but also how they believe men ‘should’ be. Jenkins (2009) urges that counsellors/therapists need to ensure that they do not perpetuate the same coercive control practices within any individual or group work but rather work collaboratively with men to discover a different way of being men that embodies safe, respectful, accountable and mutually empowering interpersonal and family relationships.


---

**Effectiveness of Men’s Behaviour Change Groups**

Research into the effectiveness of men’s behaviour change programs in dealing with domestic violence has mixed results.30 The safety of women and children in any intervention needs to have priority with women’s experience being prioritized through contact, connection as well as referral to support services being vital. Research has shown that a number of determinants can contribute to men seeking to engage in men’s behaviour change programs, these include; when the couple wants to continue their relationship, where the perpetrator is legally or socially mandated to attend, where there is hope for increased access to ones children, and expectations of reduced penalties at court or that through attending such programs it may stop their partner from leaving.31 While these factors may assist motivation to attend, they are not sufficient in themselves to create lasting change and respectful non-violent relationships. Many factors (including those external to and intrinsic to the man) are involved in the man’s ‘readiness for change’ and needs to be comprehensively assessed before men are accepted into a domestic violence behaviour change program.

Although domestic and family violence occurs behind closed doors it is not a private affair and its solution must rely on engagement with the wider community. The most obvious pre-condition for effectiveness is a systemic, integrated response. Mulroney (2003) defines integrated responses as ‘coordinated, appropriate, consistent responses aimed at enhancing victim safety, reducing secondary victimisation and holding abusers accountable for their violence’ (p.2).32

It is this integrated and collaborative response to domestic and family violence that BaptistCare seeks to address in its responses to families and individuals impacted by domestic violence.

BaptistCare men’s behaviour change program has at its core the safety and well-being of the women and children impacted by the violence and the belief that individual men can change. The NSIU Minimum Standards for Men’s Behaviour Change Programs or No to Violence program (Victoria) provides a wealth of resources and best practices for organisations to develop or measure their own programs against.


Using ‘Not in My House’ Vignettes in Group Work

Groups can be a powerful and liberating experience for people, as they hear through shared experiences how their own lives are mirrored in the lives and stories of the others in the group and that they are not alone. The dynamics of the group can provide a therapeutic experience where the individual’s own experience can be shared in an atmosphere of welcome and trust and tested against other’s stories and experiences.

Effective group work involves using a variety of interventions and strategies and willingness to access and work with the underlying beliefs, values, thoughts, and emotions of participants as they arise. The following material is limited in its focus to the training of professionals in recognising and responding to domestic violence and the use of the vignettes in men’s behaviour change work.

Gender and socialisation issues for women and men around power and control and how this impacts intimate and family relationships is a key for working with family violence, as is the distinction between anger and violence. Therefore, central to all of these vignettes is the immediate emotional and cognitive responses that participants have to each vignette, and being able to process and work with these reactions in the training or group session. The immediacy of individual’s responses informs the alert trainer or group leader to particular issues that may need to be followed through with individuals or can be used to tailor the session for the participant’s levels of awareness, experience and readiness for change.

Trainers and group leaders need to decide which vignette meets the aims, objectives and outcomes they are expecting for the group and activity, and to evaluate whether the vignette will meet these needs. Central to effective use of the ‘Not in My House’ vignettes is the trainers and participants willingness to engage with the material emotionally and cognitively with key questions always including:

- What is your emotional response to watching this vignette?
- What thoughts and feelings are you having as you watched this vignette?

Using ‘Not in My House’ Vignettes for Training Professionals

This material seeks to provide a basic outline of some of the issues that counsellors and community workers need to be aware of in dealing with domestic and family violence. It is designed primarily as a ‘resource’ for training workers in recognising and responding to domestic violence and in men’s behaviour change programs.

The questions or discussion starters listed below are dependent on the expertise of the group facilitator/trainer to draw out from participants a growing awareness of gender, power, abuse, accountability, respect (or disrespect), secrecy, shame, marginalisation, safety and well-being, and invite reflection as to best practice models for intervention and treatment. Philosophical and theoretical underpinnings of BaptistCare’s work in the field of domestic and family violence are informed through feminist analysis of violence and gender, narrative therapy, attachment and systems theory, psychobiological responses to stress and trauma and ethical approaches to working with violence.

Prior to using these vignettes, training programs will need to address issues that are raised earlier in this material around what is domestic and family violence, its frequency, incidence, gender issues, personal values around violence, equality and respect, myths and facts and cycle of violence etc. The vignettes can be used to draw out awareness of the various forms of abuse and violence and invite discussion on the impact of domestic violence on women and children. Before using this material trainers and participants need to have accessed basic training in domestic and family violence through organisations or individuals recognised as experts in the field e.g. the Education Centre Against Violence, AVERT Family Violence Training, BaptistCare and other service providers who can provide specialist training in family violence.
Discussion/Brainstorming Questions

The discussion questions below can be applied to any of the vignettes:

General:
- What is your emotional response to watching this vignette?
- What thoughts and feelings are you having as you watched this vignette?

Exploring Violence:
- What forms of violence are occurring in this relationship?
- What are the indicators that this is domestic and family violence and not just a ‘relationship problem’?
- What are the dangers of offering ‘relationship counselling’ or ‘anger management’ strategies instead of dealing with the issues of power, control and abuse?
- What safety questions arise for you from this vignette or with working with domestic and family violence? How could you raise this with women and/or with men if you have contact with them?
- If Kathy, Belinda, Fadia, Fetina or friend, neighbour, client etc. spoke to you at work, socially or presented at your organisation what would indicate to you that they might be experiencing domestic violence?
- Where could you refer the person experiencing domestic violence to and what supports are there available for people experiencing domestic and family violence?
- How would you go about engaging a man to work on his violence and where could you refer him to?
- Spend some time identifying with being one of the people in vignettes. What does it feel like, what are you thinking, hoping, fearing, what do you want to happen? This can be the women, man or child.
- What if anything would make it difficult for you to work with women, children or men who use or experience violence in their family relationships?
- What supports does the worker/counsellor need to be able to work effectively and long term in the area of domestic and family violence.

Impact on Women and Children:
- How could you engage/connect with women who are victims of domestic violence in a way that would encourage them to tell more of their story?
- Kathy did not speak about the violence for five years. What made it difficult for her to speak to others?
- The children in the first vignette did not ‘see’ the violence. What did you notice about their reactions and responses to their father coming home, and their mother’s actions?
- How did or could these children show their distress? How might it show in their behaviour/attitudes?
- What feelings, thoughts, fears and issues might Kathy and the children be facing?
- What did you see was happening for Kathy, the children, and friend in the second vignette?
- If the woman in the vignette or with whom you are speaking with wanted to stay with her partner but wanted the violence to stop, how could you respond to this?
- Belinda did not recognise what she was experiencing or the behaviour of Steve as violence. How does she explain her difficulty in naming his behaviour as violence? How common do you think this is?
- Fadia is from a culturally diverse background. What additional pressures and barriers does she face in dealing with and finding safety away from domestic violence? What might trap her in this relationship?
- Fetina is experiencing a number of forms of abuse. What do you think they are and how easily do you think she would recognise or be able to name them?
• Sexual abuse in relationships is often not recognised or named by women (or freely acknowledged by their partners). How could you go about assisting women to recognise this as abuse without them feeling humiliated or exposed?
• What kind of resources would it be helpful to have ready or access to that could assist women escaping domestic violence?
• If the woman was a friend/work colleague how could you provide her with ongoing support? What do you think she might need or value?
• If ….. tells their story to a male what additional awareness must he have to be helpful to her? How could a male be helpful or unhelpful in his responses?
• If ….. tells their story to a female what additional awareness must she have to be helpful to her? How could a female be helpful or unhelpful in her responses

Working with Men and Violence:
• Was the male in the vignette controlling or abusive, if so how?
  i. What was the effect on his partner?
  ii. What was the effect on his children?
  iii. On himself?
  iv. On their relationship?
• Did Mark, Steve, Rafik or Peni minimize, excuse, blame or deny that any of his behaviour was abuse? Did he shift blame or responsibility to his partner or other issues (e.g. alcohol, stress, family etc.)?
• If the man was a work colleague/friend/neighbor, where could you refer them to and what would be your role?
• If Mark, Steve, Rafik, or Peni were to tell their story to a male friend/colleague/worker what additional awareness must he have to be helpful and not collusive with the violence? How could a male be helpful or unhelpful in his responses?
• If Mark, Steve, Rafik or Peni were to tell their story to a female what additional awareness must she have to be helpful to them and not be collusive or blaming? How could a female be helpful or unhelpful in her responses?
• How would you go about engaging the abuser to begin to explore what is happening for himself, his partner, children and then his relationship?
• How would you go about assisting him to name and work with his violence?
• Discuss how engaging with men to work with their violence concerns working with issues of safety, responsibility and choice. Explore how you can do this without being punitive or blaming.

Using ‘Not in My House’ Vignettes with Women who have Experienced Violence

BaptistCare would advise against using vignettes from the ‘Not in My House’ DVDs with victims of domestic violence as the material is graphic and emotionally evocative. There is a very real potential for such evocative material to further traumatise victims of violence. The DVD interview with Belinda may be an exception. Trainers/counsellors/therapists need to determine:
• Aims
• Expected outcomes
• Potential impact on women who view it
• Debriefing and support for women
• Describe how this forms part of an integrated response to women
• Does showing the vignette increase women’s safety and well-being?

Story 4: Belinda

In an ongoing women’s domestic violence support group this vignette may assist women to identify with Belinda’s story and the forms of violence used. Belinda’s ambivalence towards the longevity or genuineness of Steve’s changed behaviour should not be seen as a sign of weakness but rather strength in her desire to see changed behaviour not promises.

DVD Viewing, Reviewing and Debriefing

Women watching the DVD will need to have the opportunity to express and explore the following:
• What is your emotional response to watching this vignette?
• What thoughts and feelings are you having as you watched this vignette?
• How is Belinda’s story similar or different to your own?
• What assisted Belinda in identifying her experience as domestic violence?
• What difference did it make to you (women in the group) when someone listened to your story?
• How important to Belinda was the role and actions of the ‘women’s support worker’ from the men’s behaviour change group?

• What kind of pressure do you think Belinda could be facing to be ‘nice’ to Steve because he is attending the men’s group and give him another chance?

• How easy or hard would it be for Belinda to maintain her current stance in the face of Steve attending a men’s behaviour change group?

• If your partner is, or is not, attending a men’s behaviour change program, how does this impact your hopes and expectations for safety and no further violence/abuse or relationship change?

• List the steps you have implemented to ensure your own and your children’s safety.

• What kinds of behaviours and attitudes would Steve need to demonstrate to show that the changes he is making are genuine and not just part of ‘buy back’ or the ‘pseudo calm’ phase of the cycle of domestic violence?

• The facilitators can explore with the women ‘What are your own early warning signs that your (ex) partner’s behaviour is controlling or becoming abusive?’ Here the facilitator needs to draw out the women’s physiological awareness that their fear has been triggered so they can pay attention to their bodies and what they have learned about abuse.

• How can you set healthy boundaries to maintain or increase your own and your children’s safety? Work with the women so they can name their own boundaries and what they can do if this is challenged or breached by their partner (or others).

Using ‘Not in My House DVD’s in Men’s Behaviour Change Groups

The scope of ‘Not in My House’ DVDs in working with men who use violence in their interpersonal relationships is on stopping their violence in all its forms and developing self awareness around beliefs, values and behaviours that perpetuate violence. First and foremost it is about safety for women and children. It involves holding men accountable for their violence and seeking to draw out from them ‘the man they most want to be’, and enhancing personal choice for creating respectful and safe relationships regardless of the behaviour/attitudes of ones partner. The vignettes from ‘Not in My House’ and support material supplied are only a fraction of the knowledge, skill, expertise and personal awareness and embodiment of non-violent actions and beliefs that are needed to work effectively in men’s behaviour change programs.

These vignettes are not a standalone men’s behaviour change program, but rather a resource for use within an integrated model of working with domestic and family violence that incorporates group work with men. Specific thought and adaption of the material may be needed to work with men from culturally diverse communities or Aboriginal and Torres Strait Islander men.

Story 1: Kathy, Mark and the Children

This vignette can be used in a number of ways which can focus on the forms of abuse, cycle of abuse, effects on Kathy and effects on the children. An effective use of this vignette can be to draw out how children ‘witness’ violence and the effects that violence has on them. When men begin to identify that the abuse or violence they have used has impacted their children they often connect to their own childhood and the direct or indirect abuse they experienced from their own fathers. Group facilitators need to be able to respectfully acknowledge and work with this material, however gently redirect the men back to the impact of their own behaviour on their children. Traumatic memories and responses from the men’s own childhood need to be processed in individual sessions separate from the men’s behaviour change program.
Facilitators are urged to watch the reactions and non-verbal responses of the men while the vignette is played for indicators that the vignette has connected the man emotionally.

- What is happening for you in your body and for you emotionally as you have watched this story?
- What thoughts and feelings are you having as you watched this vignette?
- What forms of violence and abuse do you see occurring?
- Do you think that this is the first time violence has occurred?
- How does Kathy respond to Mark coming home? What does this tell you about what she is expecting to happen?
- What stands out to you concerning the children’s reactions and behaviour?
- How do you think these children could be impacted by living with this violence?
- As you reflect on your own children what are you thinking and feeling?
- Does this story bring up any memories from your own childhood?
- What do you see in the children’s reactions and behaviour that tells you that they do not feel safe?
- In being ‘the man you most want to be’ what kind of father/dad, role model do you most want to be to your children?
- What does it say about you that you are prepared to face up to how your abusive attitudes and actions towards your partner could have impacted your children and be prepared to change?
- How would you like your children to be able to respond to the following questions:
  i) The things I loved/respect my dad for are ........
  ii) What I most remember about my dad is ........
  iii) I am proud of my dad because he ..............

When violence is present in the family home (or continues to be present when the parents live separately) the children can often be the forgotten victims. The children’s father may be unaware of the impact of the violence on his children or believe that because they never saw his abuse that his children were unaffected. Facing up to the effects of domestic violence on his children can be devastating to the man, but also be a major catalyst for owning his violence and commitment to change.

It is important that these vignettes are not used to shame or manipulate men into changing their behaviour but rather as entry points into clarifying abusive behaviour and its devastating effects on women and children. The second of these vignettes can be effective in assisting men to understand that the effects of children living in relationships where violence is present continues to impact the children long after the violence has ceased.

- What do you think Mark wanted to do by visiting his children in the park?
- What emotions/struggle do you think that Mark was experiencing?
- Where do you think Mark went wrong?
- Acknowledging that it would be difficult for Mark to organise seeing his children how could he go about it in respectful way?
- What do you notice about the children’s reactions? Why do you think they were wary?
- What do you see was happening for Kathy and her friend during this exchange?
- What do you think Kathy and her friend were thinking and feeling?
- Where do you think Mark was in the cycle of violence? What could he do differently?
Story 3: Belinda and Steve

Often women and men find it difficult to name what is occurring in their relationship as being domestic violence because there is no physical violence. The scenario in this vignette is common (there has been no physical violence) therefore it is important to explore nuances of behaviour and what they mean to the victim and perpetrator and the level of fear and being controlled by their partner that women might experience.

- What stands out to you from this vignette?
- Is Steve’s behaviour caring or controlling? What are the indicators?
- How do you think Belinda feels in this relationship?
- Where in the ‘cycle of violence’ would you place Steve’s actions?
- Others might interpret Steve's actions (e.g. flowers, texting, picking her up from work) as being supportive. How could Steve's behaviour be interpreted as abusive?
- Do you think Steve makes any threats to Belinda, if so what are they?
- What do you imagine it is like for Belinda in this relationship?
- Do you think Belinda is afraid of Steve? What gives you that impression?

Story 4: Belinda

- Belinda says she was not sure initially that it was domestic violence. How did she figure out that it was not ‘love’ but controlling behaviour that lead her to feeling afraid of Steve?
- Belinda says that she is afraid that Steve is ‘not salvageable’. What does she mean? What would confirm or disprove her fear, stress or feelings of hopelessness that he will change?
- Belinda says she won’t take anymore of Steve’s ‘shit’. What do you think she means?
- If you were Steve how could you go about proving to Belinda that you were determined to not be controlling? How could you sabotage your efforts?
- Belinda talks about ‘mind games’. What do you think they are and how do they undermine a relationship?
- How long do you think it might take Steve to prove to Belinda that he was no longer controlling or abusive?
- How could you work with Steve to be ‘the man he wants to be’?
- An option is for one of the men in the group to role play being Belinda and for the group leader to interview her about her experience of Steve. Alternatively one of the men in the group can role play being his own wife with one of the group facilitators interviewing him about her experience of him when he is controlling and abusive and then how she experiences him if he has changed his behaviour. The group facilitator needs to be alert to drawing out the woman’s hesitancy and disbelief that the change is genuine or permanent.
- Steve can be role-played by a group member with the counsellor drawing out his motives for change, what a respectful relationship with Belinda might look like, what someone looking in on the relationship might notice. This can also be implemented with a group member being ‘himself’ and inviting exploration of his own change processes and how his partner sees him or remains wary and distrustful.
The story of Rafik is common irrespective of the man’s cultural and religious background. Often the kinds of beliefs that Rafik espouse are not clearly articulated but rather are subtle and named as ‘supportive and caring’ by the man in his behaviour towards his wife or partner. Working with men requires that these beliefs are able to be identified by the man and then examined as to their effect on his partner, their relationship, children and himself. The man then needs to develop and integrate new beliefs and actions in which equality and respect towards his partner occurs.

Often men will object saying that when their partner treats them with respect or stops being abusive they will offer the same to her. This is an unhelpful expectation because it makes light of the inequality that exists in the relationship, the level of fear experienced by his wife/partner and controlling behaviour demonstrated by the man. Women can be abusive towards their partners and husbands but the men need to be invited to being able to offer respectful and non-controlling behaviour regardless of how they are treated. Developing one’s personal integrity, self-respect and respect for others requires drawing from deep within oneself to live out these values.

Men usually find it easy to identify such beliefs in others, hence showing the interview of Rafik before the vignette on Rafik and Fadia provides opportunity for men to identify with Rafik and his struggle of what it means to be a man and how he is going to live this in his relationship. Rafik genuinely wants his relationship to work; the challenge for the group leaders is to draw out this desire without minimizing his abusive behaviours or not addressing his controlling beliefs about marriage.

• What are Rafik’s beliefs about women’s roles in the home and outside the home?
• How much freedom does Fadia have to express herself in this relationship?
• How does Rafik struggle with ‘some stupid things he has done’? On a scale of 1 – 10 with 1 being minimal and 10 being taking full responsibility, where would you place Rafik on taking responsibility for his abuse? Where would Rafik place himself?
• Does Rafik use any minimization, denial or blame in what he says?
• Where do you think Rafik is on the change cycle?
• Rafik talks about having ‘one more chance, he can make it work’. What do you think his expectations are as compared to what Fadia’s might be?

Story 5: Fadia and Rafik

• Can you name the forms of abuse and controlling behaviours demonstrated by Rafik?
• What threats does Rafik make?
• What do you notice about Fadia’s behaviour, her verbal and non-verbal responses?
• What would it be like for Fadia to be living in this relationship?
• How easy or difficult would it be for Fadia to be believed if she told someone about the violence or to be able to leave such a relationship?
• Do you think that Fadia believes that Rafik loves her? Why or why not?
• After viewing this vignette what are your thoughts about what Rafik says when he is interviewed?
• What kinds of behaviour and attitude would Rafik have to demonstrate to have any chance of proving to Fadia that he is changing? Would three months be sufficient?
• Discuss the ways that Rafik could be invited to see his own behaviour differently?
• How could you draw out from Rafik ‘the man he most wants to be’?
Sexual abuse and sexually coercive behaviours are common in relationships characterised by domestic violence. It is often overlooked by practitioners due to the very personal nature of the abuse, but also by the practitioners’ own discomfort in exploring these issues. In men’s behaviour change groups sexual abuse needs to be named with the subtle and not so subtle forms of sexual abusive behaviours explored, named by participants and owned by them. Ignoring or minimizing such behaviours means that practitioners are colluding with the man not to name his behaviour as abusive and will erode any remaining trust the women might have for her partner or in the change process.

Before or after viewing this vignette the men can brainstorm the types of sexual abuse (overt and subtle) that could be present in abusive relationships. They can then be invited to explore what might be required to offer repair in their relationships with their partner (sexually) from her perspective.

- What are the signs that Peni is self-escalating as Fetina comes home?
- How does Peni wind himself up, what is his self-talk?
- What forms of abuse do you see Peni actioning?
- Fetina stands up for herself a number of times but then she backs off. Why do you think she changes and goes along with Peni?
- How do you see Peni bringing himself back from physically assaulting Fetina only to then become sexually coercive and abusive?
- How does Peni justify his behaviour?
- Fetina does not overtly say no to sexual intercourse with Peni. Does this mean it is not sexual abuse?
- What could be the effect of his behaviour on Fetina?
- What are Peni’s beliefs about sex and intimacy in his relationship with Fetina?

### Online Resources

- Australia Domestic Violence Resource Centre Victoria
- AVERT Family Violence
- Domestic Violence Clearing House
  [http://www.adfvc.unsw.edu.au/](http://www.adfvc.unsw.edu.au/)
- Education Centre Against Violence
- Law Link NSW
- Men’s Line Australia
- National Sexual Assault, Domestic Violence Counselling Service
- No to Violence
- Reach Out
- The Line
- White Ribbon Australia
References


NOT IN MY HOUSE

(02) 4624 8700

ask@baptistcare.org.au