

### **Additional information provided by Sike Meyer**

**Jackson TAYLOR:** Thank you very much, Chair. Thank you very much both for coming along today and for answering our questions. It was kind of already asked just then, but with your discussion around people using violence and having a greater need for screened identification during contacts with a lot of those different places like healthcare settings and AOD settings, what are the practical ways in which that data could be used to help identify risk and change that algorithm with different individuals?

**Nicola HELPS:** I guess the first thing to say is that there is a big risk to actually doing the risk assessment—not risk, a big barrier to actually doing the risk assessments in those settings. A big one is time. People do not have the time to sit and go through a risk assessment in the context of a very short GP appointment, for example. There are also barriers. Silke unfortunately dropped off, but Silke led some research that we did looking at screening and risk assessment across a range of settings, and one of the barriers was a perception of it not being core business. One of the things that we often heard was, ‘We’re screening for so many different things. Adding DFV into the mix is too much; it’s beyond what’s practical.’ It is whether or not that is being prioritised within any given service setting. So there are lots of different barriers. I guess on the sharing of the information, if we are not doing the risk assessment in the first place, there are steps to address before. That comes into play as well, I think.

**Jessica SEAMER:** I would just jump in to say that I think the training is really important—to make sure that if we are going to expect that, then they have to have adequate training on how to have those safe, appropriate conversations, because adults who use violence are extremely adept at manipulating conversations, making professionals hear their narrative and going along with that. So without the appropriate training in how to deal with that and non-collusive practice and those kinds of things, it can be quite dangerous. I think there is merit to it, but I think it needs to be done with—the MARAM exists for that reason. Even GPs, I think they are supposed to do the identification level of MARAM training, which is the lowest level, and I would be wanting to see that increased if that was something we were going to be looking at using.

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I would add to what’s already been said that most frontline practitioners in health, including mental health and AOD service settings are well aware of the high prevalence rate of DFV among their service users and the need to identify and respond. As Nicola has said, time constraints and a lack of professional development around family violence are key barriers here and this goes back to a lack of an authorising environment. In my research with health, police and child protection departments – all service areas that constantly respond to a crisis in an under-resourced practice space – I have seen what difference family violence-informed leadership that frames family violence as core business makes. It creates an authorising environment where people recognise family violence as core business and are given the time and practice space to respond in a trauma- and family violence-informed way. And that includes practice confidence to screen for family violence perpetration, related risk and support needs and capture that data in a consistent manner.

I think another critical area of current data gaps and opportunities for data and information exchange and recording is the intersection of family violence civil and criminal court matters with family law matters. We currently know very little about family law involved fathers who use family violence because many abusive family law involved fathers manage to bypass our traditional intervention systems like community-based MBCPs. Family court statistics suggest that over 80% of matters going through the Family Court involved family violence. Yet in our evaluations of MBCPs we’ve never had more than 10% of fathers report having a family law parenting order in place or at least in progress. So where are the abusive family law involved fathers captured in data and visible in our intervention efforts? I think Family Court responses are still very siloed and there are plenty of opportunities to contribute to data collection and information sharing within state and territory jurisdictions.

**Jackson TAYLOR: Just to follow up on a different topic, how should long-term and follow-up evaluations of perpetrator interventions, not just men's behaviour change programs, be conducted?**

**Jessica SEAMER:** They should be asking wherever possible to talk to the partners or ex-partners of the men. That is the best gauge of whether change has happened or whether there is increased safety regardless of, like you said, whether it is men's behaviour change programs, Caring Dads or whatever the program might be. You would probably want to use Project Mirabal, if you are familiar with that at all. It is a UK project that was done a few years ago, but it is considered the gold standard in terms of the types of questions that should be asked around safety. Failing that, where you cannot speak to partners or ex-partners, that is through partner contact work, then I think you need a holistic approach. You cannot just rely on the men obviously or the adult who uses violence because they are not a great gauge. But you can do holistic things. You can look at completion reports, you can talk to facilitators or the people who ran the programs, those kinds of things. You need to check in multiple times. It needs to not just be 12 months afterwards, but if you can it should be as much as you can afterwards. Harm minimisation tells us with this type of thing that it is often something where relapse happens, especially if a crisis occurs. There are also things like post-program support, which is really important. I think at the moment we are a little bit stuck. They do their 27 weeks or 24 weeks of a program or whatever, and then we are like, 'Great. See you later.' But that is not necessarily the best way to tackle this issue. They are likely going to need further support after that.

**Nicola HELPS:** Just to add as well, longitudinal studies post program are really rare, first of all. Where they do exist there is a tendency to focus on things like recidivism data because it something that we can measure. I think we would both argue that that is incredibly flawed. Recidivism data does not necessarily tell you if someone is continuing to use violence. It only tells you if it is coming to the attention of authorities and if it is being reported. There are lots of reasons. You might have a victim-survivor who has gone through the process of their partner going through a program and had a really poor experience with that. They might be completely disillusioned by the whole process and even less likely to report again. What that tells you meaningfully is really questionable. And just to reiterate Jess's point, where we do see post-program check-ins or evaluation it is very rare for that to be more than six months post program or 12 months post program. And we know that behaviour change is not a linear process by any means, so that is really limited. We do not really know how well programs are working in that longer sense.

**Jessica SEAMER:** I saw men where halfway through the program you could say you could see really positive change, and then a break-up would happen a few weeks after or a court hearing would happen and custody of the kids would change, and you saw an entirely different human being right towards the end. How you evaluate that would be really different, so it is an interesting space.

**Nicola HELPS:** It came up a little bit in the last session as well with something Hayley was saying around those transition periods—transition into parenthood or transition into relationships or relationships ending; all of these kinds of points. Across the life course there are lots of different things that can happen in someone's life post program, and we do not have visibility usually post program at all.

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To add further to the question of how these should be conducted, I think we need to take one step back and ask how these should be resourced and facilitated. We keep funding new pilots and innovative programs and interventions without building the evidence base from the start. Government departments really need to think about funding interventions holistically and by that, I mean including resources to build the evidence base. This starts with funding organisations and programs to allocate staff time to developing a core data base and entering data consistently in preparation not just for annual reporting requirements but for future evaluations. This would enable service providers to conduct internal evaluations as well as support externally funded evaluations by having rigorous program data available for evaluation purposes. At the moment, evaluations are often funded when interventions are well underway but aren't funded long enough to capture data over time and most services haven't been funded to collect data in preparation for an upcoming evaluation either. So a key aspect of how we do and support future evaluation work is attaching evaluation funding to program funding. And then we need evaluation timeframes of 24-36 months, not 12 months because as Jessica and Nicola already stated, the program itself may take 6 months and then we have 6 months left to gather follow up data if the evaluation relies on intake, exit and follow-up surveys or interviews. And just to reiterate the other key point, all evaluations of perpetrator interventions should at the very minimum include the voices of adult affected family members and, where possible and age appropriate, the voices of child victim-survivors of family violence. This evidence base remains scarce but if we're serious about recognising children growing up with family violence

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as victim-survivors in their own right, we should consider their voices in data collection around what makes a difference in their lives and how with regards to responses to the parent using family violence.

**Annabelle CLEELAND:** Thank you. We have heard a lot about the information sharing and data sharing amongst service providers, and I guess this is some of the first we are hearing about the research—sharing data to allow better research. So what are those barriers to accessing? Are you able to access government service provider and criminal data and all of that information to guide your research? And I will also ask: what is the timeline on the data requests until you receive it, and what databases do you use?

**Nicola HELPS:** For both of us the kinds of data that we have worked with are from men's behaviour change program providers, so I have not worked on anything that has used criminal justice system data, for example. So speaking to that service system data context, there is a real desire for collaboration, I think, in sharing that data and in having the research projects. Obviously, it depends on the relationship that you are building with the service providers. Barriers are limited resources for that data collection. We have just recently finished a project looking at program engagement, attrition and participant engagement strategies, and I think it was eight or nine programs that shared data with us in the context of that study. The variation was huge. Some providers are really well set up to easily extrapolate information and provide it to us. Others we were getting given single PDFs for each participant who was in a program and we were manually doing that, so there is a huge manual process to get that data into any kind of format that you can work with. I do not know if you want to speak to that.

**Jessica SEAMER:** Yes. For my PhD I was fortunate that the Men's Family Violence Intervention Centre were extremely forthcoming so I got demographic data, I got all the case note data from a cohort of men, mid-review interviews, exit interviews and completion reports—all of it. But then as Nicola said, I was looking at those PDFs and went through that myself in terms of analysing it and I had the luxury of doing it as part of a PhD, so it was a much bigger project. I think one of the biggest issues is that it is siloed, so like Nicola said, I was fortunate that that was an intervention where they were very forthcoming. It is not the same as necessarily the information that other centres collect on men, and they all seem to do it individually without thinking—it is for their own purposes and their own data collection as opposed to anything bigger than that, so if you get someone that comes along like me doing a PhD on it, that is great, you can capture that data, but otherwise it does not necessarily get shared anywhere else unless you are trying to do a research project. It is on the researcher to try and work through it all.

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Adding to that I would say that it very much depends on the research project, its priority for the industry partner and the industry partner's capacity. I have worked with police, court and child protection data as part of different projects. Once a project is approved, data access is usually pretty quick in my experience. It's the approval process that can take a very long period of time (sometimes 6-12 months, depending in the research request and nature of data to be included) and sometimes what we as researchers may think is important to examine, may not be a priority research area for the industry partner we require data from so some research applications don't get approved. Part of the challenge here I think is the lack of a shared data warehouse across key service systems that tend to cater for a shared service user pool (e.g. health, housing, police, courts, child protection, youth justice) in most jurisdictions. I think Victoria is actually better equipped than some other jurisdictions here with the Centre for Victorian Data Linkage. While it also has its limitations in terms of working with secondary data vs a purpose-built family violence data base, it offers extensive opportunities for research around family violence and its intersections with health, including AOD, mental health and ED service settings, child protection, housing, and so forth.

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**Annabelle CLEELAND:** We have heard a lot about—I am not going to do it justice—how data collection is focused on grants or funding, rather than effectiveness. What do you hope—and I would like to ask Silke this as well—would be a recommendation out of all that you are seeing from research and that integration and collection of data? What do you hope we will achieve from this inquiry?

**Jessica SEAMER:** I will make one point. One thing that I want to say is that, for example, with the intervention order where I collected data, some of the data I had was the abusive behaviour index. So the men say, ‘This is the abusive behaviour I have done when I started, this is the abusive behaviour I’ve done in the middle and this is the abusive behaviour I’m doing at the end.’ Just analysing that all on its own it looked like these men did lots of abusive behaviour when they started, very little at the midway point and, for almost all of them, no abusive behaviour at the end, according to this index. But looking at the qualitative research—so when I spoke to the facilitators, when I analysed the case notes, just literally the men’s own words at the end of their exit interviews—it was very clear that in no way had abuse ended. A lot of the physical and sexual abuse had, but the coercive control and that kind of stuff was still continuing. So one thing I guess I want to say is you absolutely cannot just focus on quantitative data, because it can really muddy the waters and it can give us, in this instance for me, a really concerning picture of success when actually it could not have been further from the truth for the majority of men.

I think that whenever we are talking about data and we are looking at this kind of stuff we just have to be careful. If it is grant funded and someone just looks at that, then they can tick their box and say, ‘Yes, this is great,’ but we do not actually have a true picture of these individuals at all. I think that is a problem when you think that what we are seeing is that we have got a bunch of men who are then going back out there who are still abusive and are still going to be abusive in a follow-on relationship and we have not actually solved this problem. I think that the qualitative data is really important connected to that. That would be something I would want to come out of this—the value placed on it being also important to get that information, even if it is in the completion report, so we can see what the people who have worked with these people are saying. There is a lot in that as well.

**Nicola HELPS:** I would just add that there is a tendency to focus on data collection for reporting requirements. So one of those points is attrition data, right? You are often reporting completion rates, but we know that that is not necessarily a meaningful measure of engagement. Someone might be completing the program to meet the compliance requirements; they may not actually be engaging. In the context of the engagement study that we just finished, there were definitely some providers who spoke about how their funding was based on those completions. I know that is not the case across the board and I do not actually know what the breadth of funding models is for programs, but this one provider did speak about that and did talk about how that then has flow-on effects for the fact that it ends up being about getting the person through the program so that they can secure that funding. I guess I would say that funding requirements can really hamper efforts for innovation and efforts to be creative in how you are working with people, so there is a recommendation there around building in flexibility in funding so that you can have innovation in how you are doing the work. But then there are implications from that for reporting requirements as well. If you are going to allow flexibility, you need to have reporting requirements that are also able to be flexible so that you do not end up spending all of these resources reporting something that is not meaningfully telling you about behaviour change.

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I would hope that this inquiry will provide some directions, not just for researchers but for data custodians. I think we have opportunities for more strategic investment of family violence funding into interventions and building the evidence base. This goes back to the evaluation work and related resourcing I spoke about earlier. But it also relates to the data linkage efforts and data warehouse capacity in terms of administrative data. There are opportunities for the funding of big data projects that are able to track cohorts across service system contacts and over time. And with regards to the latter point of time, the other thing I would hope comes out of this is the recognition of the need for a population-based longitudinal study that follows birth cohorts over the life course. We do these kinds of studies in criminology to capture a number of criminal behaviours, onset and desistance of offending, related health outcomes, etc. We should be able to do the same for family violence, in terms of tracking over the life course how childhood experiences of family violence play out in people’s lives, what factors increase or reduce the risk of adverse life outcomes, including the intergenerational transmission of violence and what desistance pathways look like for different people. We have a lot of evidence around what happens with men who use family violence and their families when violence occurs, and to some extent what happens in the immediate aftermath, but we know very little about how men who use violence get there, how it

manifests, how it may vary over time and targeted victim-survivors and how behaviour change is achieved and maintained. I think there's a lot we can learn from the criminological life course research space to better understand the life course trajectories of men who use family violence.

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**Chris COUZENS:** Okay. And can you expand on the effects of needing to consider who is captured by the data, which users of violence are in scope and what might be overlooked due to the framings used?

**Nicola HELPS:** Yes. I guess when we think about where we look to screen and identify, if we are looking at mental health settings, if we are looking at AOD settings, we are obviously picking up people that are coming into contact with those settings and we are not coming into contact with people who are not coming into those settings. We have to think about the intersections of marginalisation and stigma. Those in society who might be less likely to need to go to a service are not going to be seen, so I think it ultimately reflects privilege. That is really important to keep at the fore. That is not to say that we should not look at those settings. We know that there are associations, and AOD is one that has been heavily researched, but care needs to be taken with how that is done, the flow-on effects of that and the harms that we might be reproducing as a result of that work.

**Jessica SEAMER:** Which is why I think GPs do represent a real opportunity that is perhaps a bit more general, in terms of the people that might come into contact. They still might have a good capacity I think to be able to at the very least conduct risk assessments, especially if there is adequate training. I think that there is an opportunity there to try and help to capture. We are aware—I did a research report for the Monash Gender and Family Violence Prevention Centre looking into partner homicide–suicide, and from some of that research it became clear that with a lot of individuals who went on to commit partner homicide–suicide, those perpetrators had said something to people. In some instances that was a GP. In others it was mental health professionals, and in other instances it was friends and family. But it would be an excellent opportunity to be able to reiterate to GPs that if they have got a client that comes in and talks about suicide ideation and these kinds of things, it might be pertinent to consider doing a family violence risk assessment, because we know that that could be something that occurs right before a homicide.

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I would like to add to that that we currently have a significant gap in self-reported perpetration data. I think the gaps Nicola and Jessica have highlighted equally apply to victim-survivors of family violence. We know most about the most visible populations who are engaged across different service systems that may identify and record their victimisation status (such as healthcare settings, child protection, police and courts for example). There are many victim-survivors who sustain significant emotional injuries but may never disclose their experiences and may never come in contact with the criminal justice or child protection system. So the concerns are the same, but we have our national population-based victimisation surveys, like the Personal Safety Survey, and thus have a much better understanding of who experiences family violence. And that's a much broader population in our national survey that what we would be able to glean from any high-risk population if we only had access to hospital or refuge data for example. So we should be thinking about the same for perpetrator self-report surveys. We have done and seen other self-report surveys on perpetration behaviours. Prof Kate Fitz-Gibbon and I led Australia's first study on young people's use and experiences of violence in the home and young people were certainly willing to engage and disclose diverse patterns of use of violence in the home. Similarly, Prof Michael Salter recently completed a national survey-based project on men's perpetration of sexual offence against children. And the findings showed much higher offending rates than anticipated or documented in official data. So people using violence, including quite stigmatised forms of violence, are disclosing these experiences in anonymous survey-based research. This suggests that it's worthwhile investing in at least a Victorian, if not a national survey – with the support of federal government – to get a better understanding of the nature and extent of men's use of family violence. As you would be aware, ANROWS recently funded a group of researchers to commence this work with a NSW-based pilot survey. This may be an opportunity for Victoria to have conversations about a Victorian survey component. If we want to stop violence where it starts, namely with the person using violence rather than by constantly focusing on crisis responses to victim-survivors, we need to get a better sense of the nature and extent of our perpetrator populations.

**Chris CREWETHER:** Thank you, Chair. Thank you very much for your evidence today. Mine is a two-part question. In your opening statement, Dr Helps, you talked about not getting data or being careful about getting data on various groups of perpetrators. I do understand the risk of sometimes underprivileged or susceptible groups being targeted, particularly if that information is made public or is misused, but conversely, if used well and potentially used privately, wouldn't that data also assist in helping target investment and so forth to such groups, and without this data, might the need for targeted investment be missed? Just adding to that as well, how can the Victorian Government also better support the better collection of data on the co-occurrence of sexual violence, child sexual abuse and adolescent use of violence in the context of family violence? That is a two-part question.

**Nicola HELPS:** I guess to the first point, it is more a risk that you then potentially are misidentifying within that cohort. If you have a hyperfocus on a particular group of people, just continuing with the AOD example, if you are concentrating your efforts in that space and if you are potentially feeding into stereotypes of greater risk within those cohorts, you are going to likely have flow-on effects of things like misidentification. There is a risk of inaccuracy in the data as well. I guess that is maybe the missing piece there.

In terms of co-occurrence, I would say there needs to be far greater collaboration across all of these settings—you know, collaboration between the sexual assault service sector and the DFV sector, the AOD sector and the DFV sector. There is some great collaborative practice already. We have both worked on a program that was focused on comorbidity of AOD and DFV. There is some really cool work, but there is also resistance to some of those collaborative practices, particularly where resources are limited and you are often put in competition—well, it is kind of presented as if you are in competition for limited resources, so there is difficulty there. But I think collaboration across all of the relevant settings is the key to picking up co-occurrence and addressing that.

**Jessica SEAMER:** Yes. I would just second that and say I think that with child protection there is an opportunity there as well. I think we could have greater oversight in child protection, because it is actually an area that comes up a lot when I am doing training with other areas. Child protection are also doing training in the MARAM space, for example, but it would be great to up that. They are doing identification training. I think they could do that at a higher level as well, because I think that they actually see the intersection of a lot of things coming in there, particularly with the children that are involved in those situations. I think that it would be good to collaborate further with them and have them trained at a higher level. That would help as well.

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I would just add to that that the collection and sharing of data over time is a critical point, especially when we're talking about young people using violence, especially in the home. In the national study I referred to earlier about children and young people's use and experiences of violence in the home, we identified a very clear link between childhood experiences of abuse, including experiences of parental or carer intimate partner violence, and young people's use of violence in the home. While 1 in 2 young people with childhood abuse experiences reported later use of violence in the home, 9 in 10 young people who reported regular use of violence in the home also reported experiences of child maltreatment. So when we are talking about young people using violence to an extent that comes to the attention of support services or police, we can assume that the vast majority are also victim-survivors in their own right. But unless we capture or identify that somehow, we won't meet young people's support needs. And if we don't address that underlying trauma, we won't change the presenting behaviour. So screening for intersecting experiences, such as childhood trauma and victimisation, and capturing that information, is critical in informing interventions for people using violence then. It would also help us to identify the scope of therapeutic interventions required for people using violence, and that doesn't stop when young people turn 18. There is definitely a need for therapeutic accountability work in the perpetrator intervention space but without capturing the intersecting childhood experiences of people using violence, we won't know how substantial that need is.



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**Cindy McLEISH:** Just following on from that, we are hearing, and I am certainly hearing, that a lot more younger people are being violent in their homes towards family members, whether that is a sibling or a parent. I am not sure if that is anything around entitlement or underlying values. Have you got any sense about why that might be?

**Jessica SEAMER:** I have a concern that we are seeing a little bit more polarisation now than we ever have before. It is almost like a kickback from the Me Too-type movement, where you are sort of seeing your Andrew Tate taking, I guess, a lot of popularity, and I think there is a younger cohort of people who are getting drawn into that. I have a concern—and I do not have any research to back this up, but I think that they are watching a lot of that type of thing, that type of rhetoric, and starting to feel a sense of entitlement based on what they are getting from those types of individuals and what they are hearing and then enacting some of that and taking that up.

**Cindy McLEISH:** He has been recent, though, and this is not a brand new thing.

**Jessica SEAMER:** No, but I do think it is more –

**Cindy McLEISH:** I mean, I only heard of him a couple of months ago, so it has not been in the last four or five years.

**Jessica SEAMER:** There is a guy that was doing his PhD with me who is looking at incels, and some of the groups on Facebook, for example, like the private groups, the language and the things that are being said in those sorts of private spheres is deeply concerning.

**Cindy McLEISH:** Absolutely.

**Jessica SEAMER:** And I think it is kind of festering in those places where they then feel safe to be able to, you know, connect in those ways. But I am certainly not an expert in that area.

**Nicola HELPS:** I might just say, I think that might be one Silke might want to comment on, on notice possibly.

### **Additional information provided by Silke Meyer**

I can add to this and expand on what I already added under the previous point. Our evidence suggests that young people using violence in the home are predominantly victim-survivors of some form of childhood trauma. And our most recent analyses suggest this doesn't have to be physical trauma or injuries. In our latest paper we unpack the significant adverse effects of non-physical forms of maltreatment (including direct emotional and verbal abuse of children and children's experiences of parental or carer domestic violence) that were the strongest predictor of an intergenerational transmission of violence. Children with regular experiences of those types of maltreatment experiences were 5.5 times more likely to use violence towards other family members. Regular physical abuse on the other hand only increased the risk of using violence in the home 1.5-fold. I think there are other factors at play when we look at adolescent dating violence. We don't have any national prevalence data on this form of violence, but I certainly hear from youth services, police and courts that they see an increase in service users affected by or using violence in their dating relationships. And in addition to the increase in cases they seem to see an increase in severity, including sexual violence and non-fatal strangulation in the dating context. I haven't done any dating violence specific research. We applied for grant funding a couple of times to run a national study but weren't successful. But from what I see from other work in this space is that the nature and accessibility of pornography plays a critical role of the normalisation of violence, including severe violence especially directed at girls in the younger cohort. The 'It's time we talked' campaign and its projects and resources led by Maree Crabbe is a great source to better understand this through the voices of young people. I think the other challenge for young people is the normalisation of use of technology, which brings some positives but also a lot of challenges, including the normalisation of information and location sharing, the sharing of personal and nude images. I don't think we've even begun to capture adequate data on any of this and what comes to the attention of police or courts is likely only the tip of the iceberg, as with any form of victimisation. So we really need a national survey to establish the nature and extent of young people's use as well as experiences of dating violence and that needs to be a separate piece of work to our adult victimisation or perpetration survey attempts because there are different nuances to capture for young people using and experiencing dating violence.

The other thing to add, not so much from a data collection perspective but rather from an intervention perspective is the need to engage with boys and young men in our prevention efforts. I think we're seeing growing awareness of great examples like the Victorian Man Cave and Brother Nature approaches to engaging men and boys, but I think we've also missed plenty of opportunities to engage with boys and men as allies in ending domestic and family violence. I agree that Andrew Tate is not the reason for young people's use of dating violence but there are a lot of disenfranchised young men out there and the messages of Andrew Tate and the likes are appealing if we don't have anything better to offer and counter them.